



**TEXAS**  
**Department of Family  
and Protective Services**

**DOMESTIC VIOLENCE RESOURCE  
GUIDE**

**Updated June 2020**

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## Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It is important to remember that the information in Resource Guides *does not substitute for policy*. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [2281](#) Reaching Dispositions for the Allegations and Alleged Perpetrators:

Once the caseworker gathers enough information, he or she must give each allegation of the depositions described below.

See the [Disposition Guidelines for Domestic Violence Resource Guide PDF Document](#).

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. If you have questions, always follow the policy in the Policy Handbook.

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS and CPI will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS and CPI staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

## PREFACE

This resource guide is developed with assistance from representatives of Signs of Safety®, Safe and Together™, the National Council on Crime and Delinquency, and the Texas Council on Family Violence.

## INTRODUCTION

This practice guide provides a balanced understanding of how the use of domestic violence affects the safety needs of children and their family members.

This resource guide is aligned with the Child Protective Services and Child Protective Investigations Practice Model.

## BACKGROUND

The National Intimate Partner Violence and Sexual Violence Survey<sup>1</sup> conducted by the Centers for Disease Control in 2010-2012 indicated 1 in 4 women and 1 in 9 men are the victim of a person using domestic or sexual violence and/or stalking in their lifetime.

Because most victims of domestic violence are women abused by a male partner, this guide will often use “she” and “woman” when referring to a victim of domestic violence. However, be aware that:

- Not all men use violence;
- Some men are themselves victims of violence;
- Some women use violence; and
- Same-sex partners may also use violence against their partners.

Whatever the situation may be, all victims of domestic violence deserve safety, financial security, support and advocacy regardless of their race, age, sex, or sexual orientation.

## DEFINITIONS

### **What is domestic violence?**

Domestic violence is an ongoing pattern of assaultive and coercive control behaviors that operates at a variety of levels – physical, emotional, or sexual – that one partner does to the other partner. The pattern of behaviors is neither impulsive nor “out of control,” but is purposeful and instrumental in order to gain compliance or control. It can include assault, destruction of property, isolation, and acts or threats of abuse against the victim parent, children, and pets. Abuse is likely to increase at the time of separation.

### **What is coercive control?**

Coercive control is a host of repeating behaviors that are part of a pattern of interactions in the form of demands or threats that are intended to control one’s partner at almost every level of functioning. Below are some samples of what coercive control looks like:

- Unreasonable and non-negotiable demands

- Stalking – surveillance and unwanted contact
- Destroying the partner’s other relationships and isolating her/him from friends, family members, coworkers and others
- Restricting daily activities
- Excuses, rationalizations, and blame
- Stifling the partner’s independence
- Controlling partner’s access to information and services
- Reproductive coercion; forced pregnancy
- Financial exploitation

## **EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN**

Children may:

- See the violence
- Hear the violence
- Try to step in and protect a family member
- See the aftermath
- Have Injuries
- Cry
- Experience physical or emotional isolation

Children who witness violence may exhibit behavioral changes and learn behaviors that may not serve them well. Further, the person using violence may enlist children in assisting them. For example, a child may be expected to spy or report to the person using violence when someone breaks “the rules”. Other ways that children are affected include being denied basic needs such as financial support or being directly harmed or maltreated.

As a consequence of witnessing violence children may learn certain behaviors or bias such as:

- Violence and threats get you what you want in the moment
- A person has two choices: be the aggressor or be the victim
- Victims and children are to blame for the violence
- When people hurt others, they do not get in trouble
- Bias against the gender of the victim (usually women) labeling them as weak, helpless, incompetent, stupid, or deserving of the violence used against them

## **IMPORTANCE OF BEING TRAUMA-INFORMED**

When a child’s safety is compromised because of his or her parent’s violence, a child’s relationship with the other parent is strained. On top of this, a child may be traumatized by what she or he has seen and/or heard. It is possible the child has been left feeling terrorized, fearful, and frightened for his or her own and family member’s safety and ongoing stability. Reminders of the violence through triggers can leave a child with any number of behaviors including:

- Nightmares
- Hyperarousal

- Being tense and on edge
- Withdrawn
- Quick to become angry

Witnessing violence is traumatic for children at all stages of development and all ages. Repeated witnessing of violent conduct often leaves children with low-level fear and stress.

Consequences of the trauma of witnessing the use of domestic violence may include:

- Excessive irritability
- Clinginess
- Jumpy or nervous
- Immature behavior
- Excessive repetitive play or rumination about the event in which violence was used. Young children use play to learn. When an event is unusual, upsetting or frightening, children use play to act out the events over and over in an effort to try to make sense of it.
- Passive or overly compliant behavior and/or aggressive behavior
- Sleep disturbances and/or nightmares
- Emotional distress or limited range of emotions
- Fear of being alone
- Fear of being near places where the violence was committed
- Self-harm
- Drug or alcohol use

For children who are placed outside of their home, it is important to consider how these behaviors may impact the child's ability to adjust to a new placement or school setting. It may also impact the child's relationship with other family members or caring adults who may have intervened on behalf of the family to keep the children safe.

## ENGAGING

Engaging with children and families requires caseworkers to have some overarching consistencies in their practice and requires tailoring aspects of their approach to the individual and their role in the family. In approaching each person, the caseworker will be most effective if he or she uses a respectful, professional and patient approach and provide an honest description of why they are there and how everyone's input will be needed to ensure child safety. The actions taken at the beginning of the case and how the caseworker engages the family can influence each of the subsequent actions.

## ENGAGING CHILDREN

The suggestions in this section may assist the caseworker in building rapport with children who have witnessed domestic violence during any stage of service and may be shared with parents or caregivers to educate them on the specific needs children may have after experiencing the trauma of witnessing domestic violence. The information below is adapted from the work by FUTURES Without Violence<sup>2</sup> which is a national organization working towards ending domestic and sexual violence.

1. *Normalize feelings.* Children need to know their feelings are normal and that big people like parents can help them.

2. *Do what you can to meet any of the basic needs the child might have.* Think of this as meeting their basic needs first (food, clothing, and shelter) or having a quiet place to play.
3. *Talking about what happened.* Children need to be reassured that what happened was not their fault; and they need a forum for expressing their feelings.
4. *Create a predictable world.* Clearly stated, simple rules and expectations are important.
5. *Add structure and clear expectations.* Routines provide a child an environment they can count on.
6. *Pay close attention to non-verbal cues.* Provide positive verbal reinforcement if physical contact is uncomfortable for the child.
7. *Avoid struggles for power and control.* Restate rules and expectations calmly. Clarify any rules the child does not understand.
8. *Model respectful and caring behavior.* This is a task for staff as well as one that is encouraged with parents.
9. *Give children choices whenever possible.* The simplest choice may help each child feel some sense of internal and external control.
10. *Help children develop their own safety plans.* Help a child think through the steps s/he will take when in danger and practice reciting them 1, 2, 3. These 1-2-3 steps are preventive and protective and can be taught with a child's development in mind. The single most important safety strategy is to teach the child never to intervene and instead find their safe place.
11. *Teach children to put feelings into words.* Help them to identify the feelings they are having, and be a good role model by identifying your own feelings. Use "I" statements like, "I feel very frustrated when you don't do your homework."
12. *Validate children's feelings about their parents.* In a non-judgmental tone, say things like "It sounds like you were really scared and sad when you saw your father arrested" or "It's okay to miss your mom, lots of kids in foster care do."
13. *Create opportunities for children to feel successful and proud of themselves.* Children develop a stronger sense of self when they feel good about an accomplishment.
14. Send the right messages about violence being a choice: the violence is not the child's fault. Say things like:
  - "Your father's behavior was not your fault, no matter what anyone said."
  - "It's not safe to try to stop the violence, even though you might really want to."
  - "It's not your fault that you aren't living with your mom and dad. You didn't do anything wrong."
  - "I don't think your father is a bad person, but his violence is not okay. How you feel about him is okay. It's normal."
  - "If you're angry at your mom, that's okay too. Tell me about this."
  - "It's important to talk about how you're feeling." (Help them think of two or three people they could talk to.)

## **ENGAGING THE ADULT SURVIVOR**

When working with the adult survivor it is important to affirm that they are not to blame for his or her partner's use of violence and abuse. Be mindful of any internalized fear of DFPS which may impact their willingness to engage. It is also important to remember that engagement is a process, not a one-time event, it may take several meetings to develop a trusting relationship.



Often, survivors of interpersonal violence and sexual violence were harmed earlier in their lives by parents, caregivers, or partners. These experiences can impact the adult survivor's ability to engage. Recognizing the trauma and the impact of victimization helps us to understand the behaviors and choices an adult survivor makes that we might question, including subsequent partners who use violence. Here are things to keep in mind when engaging adult survivors:

- It is just as important to talk about how each person who abused them made that choice. The survivor's decisions and choices did not create the abuse. Each person who perpetrated against them made their own individual choice. It is important to communicate this to them often.
- Seek to understand the impact of each abusive relationship on the survivor's functioning. Often being a trauma survivor increases vulnerabilities, e.g. being forced to move away from familiar neighborhoods and inability to be financially stable. Self-medication via substances, aggressive behavior, loss of income, deterioration of support networks all may be the result of the abuse and/or attempts to cope with it.
- Remember they may be trying to navigate plans for safety around more than one relationship. For example they may be worried about the abuse in their current relationship; however, they also may be worried that their abusive ex-partner will try to take the children if they find out about the open DFPS case related to domestic violence with a new partner.
- Partner with them and make sure that any work around trauma issues does not overshadow the need for planning for safety.

Using the Futures Without Violence framework, the suggestions below are written for engaging mothers but are applicable to any adult survivor, regardless of gender.

Eleven Partnering Principles for Engaging with Mothers are:

1. *Each mother is the expert on her life: Respect her choices as self-determination.* You will see common themes and patterns, but each mother's experience is unique.
2. *Safety is the priority: Recognize how mothers make children safe.* A crucial first step in building safety for all children is to engage a mother in conversation about those times she has made efforts to make her children safe.
3. *Seek to understand each mother in all her complexity: Understand her needs.* Don't assume the violence her partner uses or used against her is the only problem in her life.
4. *Support the mother-child bond.* The toll domestic violence has on the mother-child relationship cannot be minimized. You are likely to see difficulties with her role as a nurturing parent to her children.
5. *Do not give advice: Help a mother identify and assess her options.* Giving advice might be seen as telling her what to do. Perhaps that is what her partner did. Giving advice also accentuates the power imbalance between you and her. Solution-building questions around coping and relationships, or future-focused questions will allow her to critically think and analyze some of the choices she has available. Mothers often know what is necessary or needed by the way they respond; what they need is an opportunity to find their best means of putting good options into action.
6. *Be aware of messages hidden in well-meaning words.* Having good intentions does not guarantee our words and actions are helpful.
7. Listen more than talk.

8. *Do not pathologize a mother's coping and survival skills.* It is true she may have unhealthy coping strategies like drinking or using drugs, she may even be violent. However, some or many of these strategies need to be considered in context of the abuse she has experienced while at the same time considering the impact they have on her ability to keep her children safe.
9. Adopt a strengths-based approach: A mother is a survivor, she has strengths.
10. *Bring a message of hope and healing.* A successful relationship with a parent can be one of the best ways to keep children safe.
11. Use Safety and Risk Assessments and the Family Strengths and Needs Assessments to help partner and make sound decisions: This is a check and balance to safety.

Some important things to remember not to say when trying to engage are:

- Do not promise that the children will thank them for leaving a partner who has harmed them or the children.
- Do not promise the adult survivor that they will get custody of the children just because they were not the ones who used violence.
- Do not promise that involving the justice system will guarantee their safety.
- Do not promise 100% that they will be glad they left.
- Do not promise that getting an abusive partner out of their life solves all their problems.
- Do not promise that you know how they feel.

## **ENGAGING PERSONS WHO ARE USING VIOLENCE**

There is a difference between authoritarianism and partnership when it comes to engaging the person using violence. When using authoritarianism, the position is one of judgment, usually telling the person using violence what they need to do, often with little choice. In partnership with the person using violence, the practice is to find small ways to build a cooperative and positive relationship that are tailored to each situation. It is in our relationship with that individual that engagement develops. Staying engaged is critical while staying focused on behavior and the safety of each child. We can do this by asking lots of good questions and maintain our position of helping the person using violence think more critically about what they are doing, and what they need to do.

### **Questions to Ask**

Here is a set of questions to answer in preparation for any ongoing work with persons using violence.

- What is the full range of their assaultive behaviors, including the most recent incident?
- How have they committed the violence where children have witnessed the behavior?
- What needs to be learned about the extent of their coercive behaviors?
- What is the history of their maltreatment of the children?
- What is the extent of some critical risk factors such as strangulation, access to weapons, threats of homicide/suicide, or assaults in public?
- What is their use and abuse of substances?

Examining as many of the criteria above helps focus on how their behaviors have harmed any children and/or what could happen in the future if nothing changes. Your assessment of the circumstances are likely to lead to better case plans with the person using violence and the safety network.

**Partnering Principles for Engaging with Persons Using Violence**

1. *Focus on the “big picture” as your work begins.* This is done through skillfully asking questions about what has happened, how the children have been affected, and what worries they might have about this. Evaluation of behaviors also takes place by having talked to their partner and children. Meeting with your supervisor during preparation can always be a guide.
2. *Build rapport with persons using violence.* One of your challenges is to give them room to tell their side of things, their perspective, and their story. This does not mean siding with them against their partner. In the next section are a few examples of how you might build rapport based on what a person using violence might say.
3. *Help them develop self-determined goals: Learn what they want.* Self-determined goals are made as a way of helping them change and move towards a different and better future. The benefit is that they will be less likely to blame others because they have chosen to work on their own plan.
4. Treat every contact with the person using violence as an opportunity to build child safety.
5. *Find exceptions to the violence with examples of good parenting.* Expect more from them and provide specific examples of how they can be a safe parent.

**Specific for Fathers:**

6. *Understand his position as a father.* A question each of us must answer is whether fathers too, need to have a voice? Each father has a set of values, beliefs, and perspectives that deserves to be put on the table.
7. *Discover a father’s strengths and resources.* Be realistic knowing that it is possible fathers can embellish themselves, trying to convince you they have done no harm.
8. They may have a limited comfort zone for acknowledging and addressing their abusive behaviors.

**Building Rapport with the Person Using Violence**

What the Person Using Violence might say	Build rapport: What you might say
<p>I was only trying to help; they were off their meds.</p> <p>They are bipolar and unpredictable.</p>	<p>How do you help in ways that makes you proud of being a parent even though things are tough right now?</p> <p>When they are confused what do you suppose they would want you to do or say that would balance things out?</p>

<p>She had been drinking and I thought she'd get in the car with them, so I grabbed her by the neck.</p> <p>She's one big out of control user who only cares about herself.</p>	<p>You sound worried about your children. What message does she or your children get when you grab her by the neck?</p> <p>How do you think your slapping her like that might cause her to withdraw into herself even more? Or to use more?</p>
<p>I am not a liar like everyone thinks I am.</p> <p>No one believes men's side of things anymore.</p> <p>It's a woman's world, right?</p>	<p>How can you and I manage so that I believe you are being honest? I want to walk away believing you are truthful and honest.</p>
<p>What the Person Using Violence might say</p>	<p>Build rapport: What you might say</p>
	<p>The world I want to help you with is how we can plan to make it better for your kids, you and your partner. How does that sound?</p>
<p>I was only defending myself</p> <p>It's not all my fault.</p> <p>She totally loses it. It's not normal.</p>	<p>Everyone has to be responsible for what he or she did. As you look back what are some things you would do differently?</p> <p>What were you hoping to tell her that you were not able to communicate?</p>
<p>I would never hurt my kids.</p> <p>They were sleeping when we got into it.</p> <p>I think she neglects the kids; that's what we fight about.</p>	<p>What do your kids want out of you as their mom or dad? What do you suppose they see you doing that scares them?</p> <p>How do you think your behavior towards your partner impacts how you parent?</p> <p>What do you want them to say about you making their life predictable and safe in another 10 years?</p> <p>Parenting is tough for sure; how do show her respect for what she does as a mother?</p>
<p>I only shoved her.</p> <p>It's not like I hit her and left bruises; yes, the kids saw this but it's not like I was violent.</p>	<p>In what way do you think shoving has an impact on your relationship in a way that you don't want?</p> <p>When you shoved her, what are the smallest messages the kids are picking up about what it means to be a dad?</p>

<p>I was drunk.</p> <p>I blacked out.</p>	<p>What worries you about others like your kids or family seeing you drunk? Is that the real you?</p> <p>What do you think your family worries about when they know you drink and will use violence?</p>
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## **ASSESSING**

Assessing families is part of a continuous process that involves gathering balanced and unbiased information in order to make well-informed decisions. Assessing is done throughout a case, not simply at the beginning or end. This Practice Guide promotes the use of thoughtful questions when faced with issues of domestic violence. It is important to shift the responsibility of finding reasonable outcomes to family members rather than DFPS always telling them what to do. Questions are an effective way to do that.

### ***QUESTIONS TO ASK THE FAMILY***

#### **Questions to ask children**

1. What are the best parts about your dad/mom?
2. What kinds of things do you like to do with your dad/mom?
3. What does feeling safe look like to you?
4. What do you see your dad/mom do that helps you stay safe?
5. On a scale of 0 to 10 where 10 is you always feel safe with your dad, and 0 is you never feel safe, where would you scale it? What about your mom?
  - What brings you up to that number?
  - What is one thing you would need to see to make you feel safer and be able to be one step higher on the scale?
6. Who do you feel safe with?
  - What do you see them say or do that helps you feel safe?
7. What do you see/feel/hear that worries you with your parents?
  - At what point are you really worried?
  - What kinds of things have you done to help yourself feel safer?
  - When do you know you need to do those things to feel safer?
  - What have you tried to do to feel safe in the past, what worked?
  - Was there ever a time when the things you did to stay safe didn't work?
  - What was different about that time?
8. Who all knows about the worries you have about your mom and dad?
9. When you think of people you know including your friends and family, who do you know that can solve their problems without it getting scary?
  - What have you seen them do or say that leads you to believe this?
10. What do you see/hear/feel that tells you things are not going well and could get scarier?
  - What worries you or your brother/sister when your mom or dad is getting scarier?
  - What do you want to say when that happens?

**Questions to ask the partner who was harmed**

1. On a scale of 0 to 10 where 10 is you felt safe during this incident that got DFPS involved and 0 is you felt totally unsafe, where would you scale this particular incident of violence or threats?
  - What brings you up to that number?
  - What is one more thing that would help you feel safer?
2. If we were to ask the children that same question, what would they say?
3. When you think of your time with your partner, what is the highest number you have ever felt?
  - What was going on at that time that brought you up to that number?
  - Who was in the room?
  - What helped you feel safer?
  - What were people doing that made the situation safer?
  - When was that?
  - Where were you at that time?
4. When you think of your time with your partner, what is the lowest number you have ever felt?
  - What made it that number?

5. When you think of when things are starting to get scary with your partner, what are the things that are happening that tell you things are getting scarier and more dangerous?
  - What do you see?
  - What do you hear?
  - What would the kids say they see going on?
6. When you think of your role as a parent, what do you see as your most important role in caring for your children?
  - What role do you see your children should be playing in your family?
  - What role does your partner play in your family?
7. When things start to get scary, what kinds of things have you done to help your children stay safe from what your partner is doing or saying?
  - What kinds of things have you seen your children do to ensure they are safe from the scary stuff?
  - What do you see happening with your children when things are getting scary?
8. When you think about what you know about the impacts of violence on children, what is your worst fear for your children?
  - What do you think your children would say they worry about?
9. When your children are 25 years old, what kind of parent do you want them to say you were?
  - What kinds of values do you want them to understand are important for your family?
10. If your children were adults living out of the home and you heard about an incident where one of your children was using violence against his or her partner and your grandchildren were there, what would you want your child to do?
  - What would you say to them?
11. Has anyone ever told you they are worried about your safety with your partner?
  - What did they see or hear that worried them?
12. What are all the good things you see with your partner?
  - What would the children say they like about your partner?
13. Has there ever been a time when your partner seemed to be headed towards violence and stopped?
  - What was going on then?
  - Who was in the room?
  - What were they doing?
14. Do you have friends and/or family that know what is going on that you can go to for help?
  - Who are they and do you think they would help keep you and your children safe?
15. Consider completing a behavioral continuum chart on a scale of 0 to 10 where 10 is the behavior is positive and supportive to the partner and children and 0 is the partner's behavior is violent; what would you be seeing at each end?
  - At a 5?
  - What would the children say they see?
  - What would the neighbors see?
  - What would those in your support system see?
  - What would the family say they need from your support system at each level?
  - From each other, etc.?

**Questions to ask the partner who was using violence**

1. What are your best hopes for your family?
2. What kind of father/mother do you want your children to say you are to them?
  - What are the values that you want your children to learn from you?
  - How do you teach your children those values?
3. What are the best things about being a parent?
  - What part of parenting upsets you?
4. What kind of parent do you want your children to say you were when they are 25 years old?
5. In the future, when one of your children is an adult in her or his own relationship and you have grandchildren who saw the same kind of incident that got DFPS involved with your family, what would you be worried about for your grandchildren?
  - What would you say to your adult child?
  - What kinds of ideas would you have for them to help the situation?
6. Has there been a time in your relationship with your partner where everything was great?
  - What was going on at that time?
  - Where were you living?
  - Who was living with you?
  - What was different?
  - What changed?
7. When you think of the times where you feel like you were becoming more dangerous to your partner and the child (ren), what was going on for you at that time?
  - Has there ever been a time when you were able to stop yourself from moving towards threats or violence?
  - How were you able to do that?
  - What was better about doing that?

**ASSESSING FOR TYPES AND DEGREE OF DOMESTIC VIOLENCE*****ASSESSING FOR COERCIVE CONTROL***

If it is not known if domestic violence has been used, yet there appears to be signs of domestic violence or tension that demonstrates a pattern of power and control it is important to assess for coercive control. To do this, it is important to look at the context, intent, and effect of the behaviors. This can help determine who is establishing systematic power and control in a relationship. The following questions, adapted from The Northwest Network can help you assess this:

**Context**

- What appears to have been happening in the relationship over time, as well as immediately before and after a specific behavior (i.e., domestic violence)?
- What impact did the behavior have on the self-determination of each person in the relationship?



**Intent**

- What appears to be the goal of the behavior?
- Was the behavior used to establish control over someone else?
- Or was it used by the person to regain control over themselves?

**Effect**

- Who appears to have been controlled, manipulated, coerced, exploited, or hurt as a consequence of the other's behavior?
- Did the behavior lead to someone being frightened or scared?
- Or did it lead to someone getting their way?

## ***ASSESSING FOR SERIOUSNESS AND DANGER OF DOMESTIC VIOLENCE***

When a partner has used domestic violence, safety must always be assessed. To determine the degree of potential future harm and danger to their partner and/or children, the following questions will serve as a guide. The more "Yes" answers to these questions, the higher the risk of future harm.

- Does the person using violence blame someone else for their use of violence?
- Do they minimize the violence?
- Did they use or threaten to use a weapon?
- Do they threaten to harm the victim's children?
- Are they often jealous of the victim?
- Do they engage in stalking behavior?
- Have they ever strangled the victim?
- Do they ever threaten or try to commit suicide?
- Have they ever harmed or threatened to harm animals?

Of the above behaviors, stalking, strangulation, and threatening or attempting suicide are major indicators that increase the danger and lethality in a relationship where domestic violence is present.

## **TEAMING**

Teaming is defined as coming together as a team to achieve a common goal. One of the ways you do this in your cases is by helping families to identify and develop safety networks that will play important, long lasting roles in the lives of the children and families. Developing a strong safety network in families creates new levels of safety for the children and establishes more clearly defined roles for the safety net members. Teaming also involves assigning roles to those individuals who agree to be a part of the safety network to hold the family accountable and intervene when necessary to ensure child safety.

### ***TEAMING WITH THE ADULT SURVIVOR***

#### **Use of Constructive Engagement**

Continue to remind the adult survivor that the person using violence is responsible for the abuse and framing that use of violence as a parenting choice.

Increase the likelihood of constructive engagement with the survivor by listing all their strengths as a parent. This is especially true for those efforts taken to protect their child from the violence or trying to mitigate the impact of the person's behavior on their child and family functioning. Validating these strengths can support their relationship with their family or friends who may overtly or covertly engage in victim blaming, (e.g. accusing them of not protecting the children.) This reframing of what they are doing well can help reorient a relationship that has been negatively impacted by the behaviors of the person using violence.

### **Use of Domestic Violence Plans for Safety**

There is a difference between a Safety Plan that is used by DFPS in AR, INV, FBSS, and CVS. A Safety plan will address the actions that are required of the parent to ensure immediate safety of the child. The Domestic Violence Plan for Safety consists of practical steps the adult survivor will take to increase their personal safety and to be prepared in advance for future violent incidents. A template of a Domestic Violence Safety plan can be found at this link: [Domestic Violence Safety Plan](#)

When developing domestic violence plans for safety with the survivor, ensure they are focused on what the parent can do themselves, instead of plans that require the survivor to control the person who uses violence. Plans should include clear expectations for network members' roles and how each person will support the survivor and/or hold the person using violence accountable.

### **Use of the Family Support Network**

The family support network is an ally in building child safety: bring them to the table. Domestic violence almost always happens in secrecy; it is shrouded in silence and isolation. The family support network may or may not know, but it is most likely staff will find one ally that will help make the children safer. There are going to be family members who are worried and who will be committed to helping. One might also hear "there is no one out there;" do not let that be a set back because it is highly unlikely to be the case. Ask about friends, teachers, neighbors, and pastors, in addition to relatives, who can help. The family meeting (i.e. Family Team Meeting, Family Group Conference, etc.) is going to be the strongest intervention for bringing everyone together to think critically about what needs to happen in the day-to-day life of the child.

When the danger and risk to the adult victim is high, a separate family network meeting may need to occur for the parent using violence. This should underscore the need to keep the danger and risk as a priority.

### **Indicators for Separate Family Meetings**

- There are court orders preventing the survivor and person using violence being in the same place.
- The survivor wants a separate meeting.
- The person using violence is not taking responsibility for behaviors or impact.
- The person using violence wants a separate meeting.
- There are concerns about the person using violence's mental health or stability that suggests a joint meeting will be too challenging.

- There are concerns that the family of the person using violence or the family of the survivor will create conflict or use intimidation if in the same meeting.

It is important to always respect the person using violence or the adult survivor's request for a separate meeting.

### ***TEAMING WITH BOTH PARENTS PRESENT***

When attending or conducting meetings with both parents present, preparation, planning, and attention to safety are critical.

#### **Preparation**

Clearly outline the boundaries and expectations of the meeting, including how each party will be asked to focus on their own issues. This should be done prior to the meeting as well as just before the meeting starts. Be clear about language barriers and boundaries. Preparation also includes a plan for how strong emotions will be handled, including how they might lead to a need to end the meeting. It is also helpful to stick to the plan developed collaboratively with the adult survivor around how to structure the meeting.

#### **Conducting**

Cases with a domestic violence component should have meetings led by two facilitators (a co-facilitator) whenever possible. This aids in being able to read nonverbal cues, such as body language, and assess the interactions of the participants to provide a safe environment which allows for open communication. Domestic violence is not a couple's issue. In a teaming meeting it is important to avoid the urge to mutualize the responsibility for violence. If a joint meeting becomes unsafe or unproductive, it should be ended. Throughout the meeting, one should maintain a clear, firm, non-judgmental behavioral focus with the person using violence. Being on the "side" of the family's safety and functioning may be perceived by the person using violence as "taking the other side." This is manipulation that should be avoided. Focusing on behavior, through a domestic violence-informed lens, is "siding" with the family's wellbeing.

After the meeting, it is important to check in with the participants so they can express any concerns or information that they may not have felt comfortable sharing during the meeting.

### ***TEAMING WITH THE DFPS SUPERVISOR***

#### **Five Things to Prepare When Meeting with your Supervisor**

1. Quick, bulleted list of key points found in your documentation of the case (ages, nature of the violence, level of severity, and current services and past services).
2. A list of the things you hope to learn during the meeting to help move the case forward.
3. Guidance on deepening your partnership with an adult victim.
4. Suggestions for enhanced engagement with a person using violence including identifying people who may support the person using violence by holding them accountable for behavioral change.
5. Thoughts on enriching the rapport and relationship you have with the child (ren).

## ***TEAMING WITH FAMILY VIOLENCE PROGRAMS***

Establishing connections with the local family violence program(s) in your area is an important part of domestic violence work and important to the family's recovery. The staff there can be very helpful as a resource and are subject matter experts in meetings: such as staff meetings, family team meetings and family group conferences.

Provide referrals to local family violence programs. These programs have residential and non-residential services; legal advocacy; and children's services (such as counseling). To find a local center connect to the [Texas Council on Family Violence \(TCFV\) Service Directory](#).

Connect survivors with the [National Domestic Violence Hotline \(NDVH\)](#). The NDVH is available 24/7, 365 days per year and all calls are anonymous and confidential. Callers can safety plan with an advocate or get referrals: 1-800-799-7233 or 1-800-787-3224 (TTY).

Each DFPS region has at least one family violence liaison and each of the local family violence programs has a liaison to DFPS. To find the DFPS liaison to the local family violence programs in any region see the [Family Violence Liaisons](#) page.

## **PLANNING**

Much like assessing, planning for safety is part of a continual process that occurs throughout the case and changes as the case evolves. When speaking specifically about cases involving domestic violence you should think of developing plans to help each parent increase safety for children and all family members. These plans will need to be specific to the needs and resources of that particular family, as no two families have the same needs and supports. A reminder that planning for safety with the person using violence and the adult survivor will look different because they play different roles in the family.

### **Key Questions in Case Planning**

With both the person using violence and the adult survivor, these key questions can guide meaningful and effective case planning:

- How can staff and the safety network partner with the adult survivor to support and strengthen her existing efforts to promote child and family functioning?
- How can the safety network and staff intervene with the person using violence to improve child and family functioning?
- How can the parents and safety network create physical and emotional safety for the children, a stable and nurturing environment and healing from trauma associated with violence in the home?

If the family is involved in Alternative Response, utilizing the Family Plan can assist in developing your case plan with the family. The use of Family Team Meetings may also assist in developing case plans for investigations and AR cases.

If the family is involved with FBSS or CVS, CPS Handbook 2541 and 6242.8 require the Family Strengths and Need Assessment be used in developing your case plan with the parents.

## ***CASE PLANNING WITH PERSON USING VIOLENCE***

Planning for safety related to domestic violence for the person using violence needs to start with behavior-based goals that are connected to changing the pattern of behavior, e.g. “ceases all violence and abusive behavior toward mother and children” or “will stop talking negatively about child’s mother.” Then the goal should be written out exactly as what the person should do instead.

When planning around the person using violence the following should be kept in mind:

- Case planning can be collaborative with the person using violence and his network and needs to be grounded in a good assessment of his pattern of coercive and/or violent behaviors.
- The person using violence does not get to decide what he is going to work toward when it involves harmful or dangerous behaviors (agency non-negotiable bottom lines), but he does get input into what actions he needs to take to be successful.

## ***CASE PLANNING WITH THE ADULT SURVIVOR AND THE SAFETY NETWORK***

### **Plans with the Adult Survivor**

Collaborative plans with the survivor begin with their ideas for what will increase the safety and wellbeing of their family. Safety network members share their ideas next. Professionals share their ideas last. The worker must help the survivor plan for every possible scenario and be very detailed in the description. Include what the adult survivor *can do* rather than simply to stay away from the person using violence. Family Violence Programs can be very helpful in developing plans for safety.

- The plan must detail the roles and responsibilities of all network members involved, including who will inform DFPS if the plan is not working.
- Always include timeframes for when the plan will be reviewed.
- Work with the survivor when the plan needs to be deepened or changed. Maintaining transparency and a trusting relationship between DFPS and the survivor is essential to trauma recovery.

## ***CASE PLANNING WITH CHILDREN***

### **Plans with Children**

- Spell out how the children can be involved in their own plan. For example, have the child identify who they feel safe with or who in the safety network they will go to when they feel scared.
- Help the survivor determine how best to share the plan with the children so they will always know who to go to if they become worried.
- Always include timeframes for when the plan will be reviewed.

In instances where DFPS has placed a child in a PCSP or in substitute care, it is essential that this planning occur when planning for the child’s transition back into the home.

## ***DOMESTIC VIOLENCE PLAN FOR SAFETY***

An adult survivor's ability to develop a domestic violence plan for safety with you and the safety network will depend on what we know about the person using violence's behavior and control strategies.

### **Recommendations for Safety to Provide Survivors**

- Know where you can get help and keep a list of important phone numbers:
  - Law Enforcement
  - Domestic Violence Hotline
  - Hospital
  - Neighbor
- Plan with your children. Identify a safe place for them (room with a lock, neighbor's house). Let them know that their job is to stay safe and not to protect you.
- Arrange a signal with a neighbor for when you need help.
- Prepare an emergency kit that you can get to quickly. (You may want to keep it at a trusted friend's or neighbor's house.)
- Plan the safest time to get away. Know how you will leave and which doors or windows you can use to exit safely.
- Discuss a signal with the children for calling 911 or law enforcement.

### **Important Items to Include When Planning for Safety**

- An extra set of car keys and house keys
- Money, food stamps (SNAP benefits card), checkbook, credit card(s), pay stubs
- Birth certificates and other ID for you and your children
- Driver's license or other photo identification
- Social security card or green card/work permit
- Health insurance cards, medications for you and your children
- Deed or lease to your house or apartment
- Any court papers or orders
- Change of clothes for you and your children

Once a plan for safety is developed, the plan should be shared with the safety network, DFPS, and anyone else the adult survivor feels comfortable sharing it with. A template of a Domestic Violence Safety plan can be found at this link: [Domestic Violence Safety Plan](#)

## **INTERVENING**

The interventions you use with the families you engage with will be unique. This is because families all have different strengths and resources available to them. An intervention applicable in a family living isolated from appropriate supports may be overly intrusive for a family with a strong and motivated support network. One of the best and most effective tools available to assist you with your interventions is the safety plan.

There are many services available to assist families seeking help for domestic violence. It is important to remember that services and safety are not the same thing. Safety is created when behavioral changes demonstrated over time provide protection or eliminate dangers for children.

## ***SERVICES FOR THE PERSON USING VIOLENCE***

### **Interventions for the Person using Violence**

Referrals for services for the person using violence need to support behavioral change goals and improved outcomes for child and family functioning. To do this, the person using violence must be required to gather a network of family, friends, and professionals, to define everyone's role in supporting them to make and sustain the identified behavioral changes needed to reduce risk and increase safety for the children. The person using violence must be transparent and share the plan with the network. Also, interventions with persons using violence need to include collaboration with criminal courts and law enforcement so that services are not duplicated and there is an awareness of the progress being made with services. The courts and probation may have leverage that DFPS does not have to require participation in services.

A person using violence may have multiple service needs which could include Battering Intervention and Prevention Program (BIPP), substance abuse treatment and mental health counseling.

### **Battering Intervention and Prevention Program (BIPP)**

The recommended referral for the person using violence is a Battering Intervention and Prevention Program (BIPP). BIPPs are psychoeducational programs that help those who use violence and control in family relationships let go of old beliefs and learn new, non-violent behaviors. The purpose of BIPP is to hold those participating accountable for past abusive behavior and learn the fundamentals of building a healthy, nonviolent relationship. Although BIPPs work directly with persons who use violence, the underlying goal of BIPPs are to enhance the safety of adult victims and their children. BIPPs also challenge ingrained beliefs that men make the decision and are entitled to hold the power. BIPPs provide a designated criminal justice response to family violence that is an economical alternative to incarceration and provides an extension of supervision for those using family violence and child abuse. BIPPs are and should be an integral part of a coordinated community response to end family violence across Texas.

Be aware that anger management courses DO NOT teach the same content as battering intervention and prevention programs (BIPPs). Anger management is not an effective service for a person using violence or coercive control and violence.

For more information on BIPP and for a list of contracted BIPP providers visit the Domestic Violence Intranet Webpage.

### **Substance Abuse Treatment**

Substance abuse is not a cause of domestic violence but influences the likelihood of successful behavioral changes. Substance abuse, should be seen as a central issue to a person using violence's ability to change their behavior. Substance abuse treatment alone should never be assumed to be sufficient for ending the domestic violence conduct. Once sober, the person using violence may change some behaviors but his attempts to control his partner may remain because substance abuse treatment does not target coercive control. Substance abuse treatment is not a substitute for a BIPP.

**Mental Health Treatment**

Similarly, mental health treatment is not an automatic substitute or proxy for a BIPP. Some persons using violence may have mental health issues that may prevent engagement with a BIPP. When the mental health diagnosis is serious, the only choice may be separation either with in-patient treatment for the person using violence or shelter for the family. Some mental health conditions can be treated with the result being an end to the use of violence. However, in most instances, the beliefs and coercive behaviors used by the person using violence are not tied to mental illness and are not changed or diminished by mental health treatment.

***SERVICES FOR THE ADULT SURVIVOR*****Services for the Adult Survivor**

When determining services for the adult survivor it is important to consider how the domestic violence has influenced their negative behaviors and decisions. It is important to consider any other danger indicators that exist including those not related to the domestic violence. In some cases, the adult survivor may also struggle with other behaviors such as substance use, mental health or lack of parenting knowledge that is impacting their ability to safely parent their child. These behaviors may have resulted in abuse or neglect of the child. When any services are identified for the adult survivor not related to the impact of the domestic violence, it is important to reinforce with the adult survivor that the services requested are directed at mitigating other danger indicators identified in the Safety Assessment or Family Strengths and Needs Assessment and not a result of her being a victim of domestic violence.

Because someone is a survivor of domestic violence, it doesn't automatically mean they need to be "treated" for a problem. There may be no other identified needs for the adult survivor beyond support and a safe environment which to live. Individual assessment is key. Burdening an adult survivor with unnecessary services may create more stress which can result in feelings of vulnerability and isolation.

**Substance Abuse**

In certain situations, adult survivors of domestic violence may also have substance abuse issues. Substance abuse issues may have existed before the adult survivor's abusive relationship. For other adult survivors, the substance abuse may have come about as a direct result of being abused and traumatized in the current relationship. In order to engage in both trauma and domestic violence-informed practice, it is important to explore what the relationship is between the person using violence/coercive control and the adult survivor's substance abuse. For instance, did the person using violence threaten to harm them if they refused to participate in substance use? Was the substance use by the adult survivor in an effort to prevent the person using violence from escalating and therefore the children in home were at less risk of harm.

**Mental Health**

It is important to understand the intersection between mental health issues and domestic violence. The adult survivor may need treatment for mental health. However, it is crucial to put the behaviors associated with the mental health in context of the abuse. Without doing this, the adult survivor may be misdiagnosed. Immediate safety needs might be ignored because the mental health issues become the



focus of the interventions instead of the impact of the domestic violence on the adult survivor's wellbeing.

### **Physical Abuse**

An adult survivor can abuse and neglect her children. Any concerns that a child is being abused or neglected must be elevated immediately to your supervisor. The immediate safety of the child is paramount. Once that has been established, it is important to consider the following factors:

- Was the abuse of the child part of an effort to protect the child from worse abuse from the person using violence, (e.g. a mother hitting her child for bad grades so the person using violence doesn't engage in worse violence?)
- Does the adult survivor have a pattern of child abuse separate from being a victim of domestic violence, (e.g. she abused her child prior to meeting the person using violence against her and/or her children)?
- What role does trauma play in the behavior toward the child? (Trauma survivors may respond to stress with aggression.)
- Did the behaviors of the person using violence undermine the parent-child relationship leading to more stress and conflict?

While none of these factors justify the abuse or neglect, they can provide clues to what might help resolve the situation.

## **EVALUATING**

DFPS evaluates families on an ongoing basis to make informed decisions, through contact with the parents and children along with any other caregivers and through input from collaterals from the safety networks. Additionally, we seek guidance from professional collaterals that have worked directly with these families and have built partnerships intended to improve some area of the parents' life. It is important that we make evaluations frequently enough that if any concerns are identified, we can develop a plan in a timely fashion to address the concern.

Each evaluation depends on the safety plan for that individual and for the family. The items that follow offer a general guide for this. The higher the risk level, the longer we need to see the behavior change demonstrated over time. It is important to remember that victims of violence (adults and children) may be making excellent progress on their goals until the person using violence becomes abusive again. It is important to measure their progress separate from his actions.

### ***EVALUATING PROGRESS OF THE FAMILY***

Each evaluation depends on the safety plan for that individual and for the family. The higher the risk level, the longer we want to see the behavior change demonstrated over time. It is important to remember that victims of violence (adult and child) may be making excellent progress on their goals until the perpetrator becomes abusive again. It is important to measure their progress separate from his actions. Example: "Mother was successfully engaging in her substance abuse recovery program for three months until her partner returned from jail. At that point, he began taking the car from her, causing her to miss her meetings."

For cases open to FBSS and CVS, the initial Family Strengths and Needs Assessment, when followed by periodic reassessments, permits CPS and the family to access changes in family functioning together and thus assess the effects of their work and interventions over time.

### **Evaluating the Person Using Violence**

Evaluation of the person using violence is needed even if they are not in the home or not remaining in the relationship. Feedback should be included from their partner and the children. It is important to check-in with the network of family, friends, and professionals who understand the patterns and are willing to step in and hold the person using violence accountable in the future. Progress on other issues such as substance abuse and mental health needs to be evaluated separately. When evaluating these other danger indicators you should look at how any interventions support the behavior changes that must occur to eliminate future violence and abuse.

When evaluating progress towards goals for the person using violence, the focus should be on behavior change not just completion of services. Be mindful of coercive control. Real change needs to include cessation (or meaningful reduction) in controlling behaviors.

### **Evaluating the Survivor**

When evaluating progress of the survivor, consider what needs to change when the violence is their partner's issue?

What do they actually have control over?

What about other issues they may have?

The following topics and questions will guide the evaluation:

#### Substance Abuse

- How might the person using violence interfere with their recovery?
- Is the person using violence using their partner's substance abuse as a way to turn the children, family, friends, and professionals against them?
- Does their sobriety put them in increased jeopardy for more abuse?

#### Parenting

- Is the person using violence supporting or undermining their parenting goals?
- What is their parenting like when the person using violence is not involved with them?
- What kind of support are they getting for parenting a child who has been impacted by the person using violence?

#### Mental Illness

- Is the person using violence negatively impacting their mental health or causing or exacerbating their mental illness?
- Is the person using violence interfering with getting treatment for any mental health issues?
- Has the treatment provider been informed about the violence and integrated that into their diagnosis and treatment?
- Are the abuse issues (safety and trauma) being ignored in favor of their mental health treatment?

#### Family/Kin System

- Who in the family system is aware of the abuse?

- What has been their response in the past, e.g. blaming the survivor, offering to intervene with the person using violence?
- Who in the kin network identifies and supports the survivor's protective efforts?
- Who in the kin network identifies and can intervene with the person using violence around his behavior?

## REFERENCES AND RESOURCES

### References

<sup>1</sup> United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. National Intimate Partner and Sexual Violence Survey (NISVS): General Population Survey Raw Data, 2010. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2016-06-09. <https://doi.org/10.3886/ICPSR34305.v1>

<sup>2</sup>Goodman, Denise. (2009). Connect: Supporting Children Exposed to Domestic Violence. Retrieved from <https://www.futureswithoutviolence.org/connect-supporting-children-exposed-to-domestic-violence>

### Links

#### [Domestic Violence is a Parenting Choice](#)

This video was created for Centacare (South Australia) National Child Protection Week event (<http://www.centacare.org.au/>). It outlines some of the thinking behind the Safe & Together™ Model and domestic violence-informed child welfare practice. The concept that domestic violence perpetration is a parenting choice helps bridge the gap between child abuse and neglect and domestic violence.

#### [Futures Without Violence](#)

Futures Without Violence is a health and social justice nonprofit with a simple mission: to heal those among us who are traumatized by violence today - and to create healthy families and communities free of violence tomorrow.

#### [National Center on Domestic and Sexual Violence](#)

NCDSV provides training, consulting, and advocacy with the goal of ending all forms of domestic and sexual violence. NCDSV's website is an invaluable resource of information and training materials.

#### [National Council on Crime and Delinquency](#)

NCCD's Children's Research Center (CRC) collaborates with jurisdictions around the world to use research to improve service delivery to children and families. NCCD assisted with the development of this guide.

#### [Signs of Safety](#)

The Signs of Safety® is an innovative, strengths-based, safety-organized approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on what those practitioners know works well with difficult cases. The Signs of Safety approach has attracted international attention and is being used in jurisdictions in North America, Europe and Australasia.

### [Safe and Together Institute](#)

The Safe & Together™ Model is an internationally recognized suite of tools and interventions designed to help child welfare professionals become domestic violence-informed.

### [Texas Council on Family Violence](#)

The Texas Council on Family Violence promotes safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from domestic violence.

## **Tools**

### [Domestic Violence Safety Plan](#)

This plan is a template for a personalized safety plan for domestic violence victims and can be used to aid a domestic violence survivor with planning for increasing personal safety and preparing in advance for the possibility for further violence.

### [Power and Control Wheel](#)

The Power and Control Wheel was developed by [Domestic Abuse Intervention Programs \(DAIP\)](#) and illustrates the most common abusive behaviors or tactics used by persons using violence.

