Intersections

SAFE & TOGETHER MODEL
ADVANCED TRAINING
**Mission**
To create, nurture and sustain a global network of domestic violence-informed child welfare professionals, communities and systems.

**Where is Safe & Together?**

**USA**
- Alaska
- California
- Colorado
- Delaware
- District of Columbia
- Florida
- Idaho
- Maryland
- Michigan
- Minnesota
- Ohio
- Oregon
- Nebraska
- New Jersey
- New Mexico
- New York
- North Carolina
- South Carolina
- Tennessee
- Texas
- Virginia

**Canada**
- Manitoba
- Ontario

**UK**
- Barnardo’s Scotland
- 18 Local Authorities across Scotland
- Ministry of Defence
- Manchester
- 2 London Boroughs

**Australia**
- PATRICIA project
- Invisible Practices
- Queensland
- Western Australia
- Northern Territories
- Victoria
- South Australia
- New South Wales

**Asia**
- Hong Kong

**Better Outcomes for Families & Systems**
- Improved Competencies
- Improved Cross System Collaboration

**Safe & Together™ Model**

**Domestic Violence Informed Child Welfare System**
- Better Outcomes for Families: Safety, Well Being & Permanency
- Better Assessment
- Better Partnerships
- Better Case Plans

**Foundation**
- Model Characteristics
- Principles
- Critical Components

**Practice Tools**
- Mapping
- Pivoting
- Case Planning Guide
- Supervisor Matrix
- Pathways and Planning
Intersections

Objectives

• Explore prevalence of the intersection of domestic violence, mental health and substance abuse

• Describe how mental health and substance abuse issues intersect with the perpetrator’s behaviors and tactics

• Explore how these intersections impact children

• Introduce key practice considerations

Safe & Together Principles

1. Keeping child Safe and Together™ with non-offending parent
   - Safety | Healing from Trauma | Stability & Nurturance

2. Partnering with non-offending parent as default position
   - Efficient | Effective | Child-centered

3. Intervening with perpetrator to reduce risk and harm to child
   - Engagement | Accountability | Courts

Safe & Together Critical Components

A Perpetrator Pattern Approach

Changes The Work

• Looks at the perpetrator’s behavior, not the relationship or the survivor’s behavior, as the source of the domestic abuse child risk and safety concerns

• Beyond current relationship: 360 degrees assessment of perpetrator pattern

• Strong nexus between domestic violence perpetrator’s behaviors and child safety and wellbeing

• Highlights the choice(s) to be violent, abusive and controlling as parenting choices
Intersections

**PREVALENCE IN CHILD WELFARE**

- 41% of FAMILIES had concerns of adult SUBSTANCE ABUSE
- 43% of FAMILIES had concerns of DOMESTIC VIOLENCE
- 46% of FAMILIES had concerns of adult MENTAL ILLNESS

**OF CASES WITH EXISTING DOMESTIC VIOLENCE CONCERNS:**
- 65% had intersecting MENTAL ILLNESS CONCERNS
- 60% had intersecting SUBSTANCE ABUSE CONCERNS

(Ohio case review, 2016)

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**PERPETRATORS & SURVIVORS**

**Perpetrators:**
- 19% of perpetrators in BIP programs suffer from DEPRESSION and 19% suffer from ANXIETY
- One study found about HALF the men in BIPs have SUBSTANCE ABUSE ISSUES
- Perpetrators with substance abuse problems were found to be MORE VIOLENT. Perpetrators found to use substances only about half of the time they were violent.

**Adult & Child Survivors:**
- Women domestic violence survivors have HIGHER RATES of MENTAL HEALTH and SUBSTANCE ABUSE issues than non-survivors
- Child survivors have HIGHER RATES of MENTAL HEALTH, SUBSTANCE ABUSE and BEHAVIOURAL and COGNITIVE PROBLEMS

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**Siloed Thinking & Practice**

Decreased opportunities for:
- perpetrator accountability & intervention
- supporting treatment & safety of adult and child survivors
- systems to work efficiently and effectively

Children remain in placement longer
- Cases remain open longer
- Case plans less effective
- Unnecessary removals
- Increased harm to children

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**Intersections**

Recognizing the interconnections of complex needs, challenges, & conditions with the DV perpetrator’s behaviours

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**#STAP**
Intersections
How perpetrators impact survivors’ issues

Cause
Interfere With
Exacerbate

Negative Effects on Child

What are the negative effects of domestic abuse perpetrator’s behaviour pattern* on child and family functioning?

*Coercive control and actions taken to harm the child (1st, 2nd and 4th critical components)

Multiple Pathways to Harm

Perpetrator’s Pattern
- Coercive control toward adult survivor
- Actions taken to harm children

Children’s Trauma & Safety
- Victim of physical abuse
- Seeing, hearing or learning about the violence

Effect on Partner’s Parenting
- Depression, PTSD, anxiety, substance abuse
- Loss of authority
- Energy goes to addressing perpetrator instead of children
- Interference with day to day routine and basic care

Harm to Child
- Behavioral, Emotional, Social, Educational
- Developmental
- Physical Injury

Strengths Based Approach

What is the domestic abuse survivor doing to promote child and family functioning in response to, or in the context of the domestic abuse perpetrator’s behavior pattern?
Key Practice Considerations

- **Assess** each family and individual. Do not take a “cookie cutter” approach to the issue of intersections.
- **Assumptions** can make assessments and case plans less accurate and effective.
- Consider each parent **separately**: Do not lump together perpetrator and survivor when you talk about mental health and substance abuse issues.
- Seek to **understand** the relationship between the perpetrator’s behavior pattern and
  - the adult (and child) survivor’s mental health and/or substance abuse issues
  - the adult (and child) survivor’s treatment successes and failures
- **Be prepared for complexity**: Cases involving domestic violence and other issues are inherently more complex.
- Expect more challenges related to partnering with the survivor
- Expect more intervention challenges with the perpetrator
MAPPING DOMESTIC VIOLENCE, SUBSTANCE ABUSE, AND MENTAL HEALTH: FOR PERPETRATORS

Safe and Together™ Model Practice Tool

STEP 1: DESCRIBE THE PERPETRATOR’S PATTERN OF COERCIVE CONTROL AND ACTIONS TAKEN TO HARM THE CHILDREN (1ST & 2ND CRITICAL COMPONENTS)

- List the specific abusive, controlling and/or violent behaviors related to the perpetrator’s pattern of behavior:

  Coaching Tip: Do not get caught up in the story. It will come out. If you hear yourself talking about the ‘couple’ or focusing on the survivor, pivot back to the perpetrator, his behaviors and the risk/harm to children.

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1 Types of behavior
Include violence, threats, intimidation, financial, emotional and sexual abuse, undermining the other person’s parenting, using children as weapons against the other person. Physical and emotional abuse and neglect of children are part of this pattern as well. Include violent behavior and threatening behavior to others outside the family in this list including gang involvement, behaviors towards interveners (police, CPS workers), other violent criminal behavior, sanctioned violence as part of work/career e.g. martial arts, military service, law enforcement.

Scope of information
Consider the following related to scope of information: Full range of behaviors during presenting incident: Before, during and after; Pattern in current relationship; Behaviors in prior relationships; Other relevant behavior, e.g. violence in other settings; Indirect and direct actions towards children includes both abuse and neglect.

Sources of information
Consider the following related to sources of information: Child welfare records; Criminal background check; Interviews: Adult Survivor, Child Survivor, Perpetrator; Collateral contacts: Family, Friends, Providers, Adult Probation/Court.
• Identify which of these specific actions or behaviors target or involve any family members’ substance abuse or mental health issues.

*Coaching Tip: Ask: How easy or hard was it to focus on the specific behaviors targeting substance abuse and/or mental health issues? Is this something you have done before? What more do we know, what else do we know?”?

• List what is unknown about his behavior as well. Develop a plan for gathering information to fill in significant gaps.²

*Coaching Tip: A plan gives us something to move forward with.

STEP 2: ASSESSING INTERSECTION OF PERPETRATOR’S SUBSTANCE ABUSE AND DOMESTIC VIOLENCE PERPETRATION

• Is the perpetrator actively using drugs or drinking?*

  NO ☐      YES ☐      UNKNOWN ☐      MORE INFORMATION NEEDED ☐

• Does the perpetrator have a history of substance abuse?*

  NO ☐      YES ☐      UNKNOWN ☐      MORE INFORMATION NEEDED ☐

  *if both above questions had a “no” response, move on to step 3

²What is not known about the perpetrator’s pattern? What’s most important to learn? What is the plan to gather this information?
• When sober, what controlling, violent and/or abusive behaviors has the perpetrator engaged in?

Coaching Tip: What did the answer to this question help you understand? If the case came in because of an incident of violence while drinking or drugging, how much was this explored prior to this discussion?

• When the perpetrator is using/drinking, what behaviors (if any) worsen?

Coaching Tip: How does answering this question help you better understand the experience of his family of him and his drinking? Are his abuse and/or its effects a trigger for his substance abuse?

• Does the perpetrator take responsibility for his/her substance abuse?

   NO ☐   YES ☐   UNKNOWN ☐   MORE INFORMATION NEEDED ☐

Coaching Tip: What does responsibility look like and how far does it go, e.g. does he accept that the violence he has committed while under the influence has broken trust with loved ones?

• Does the perpetrator blame abusive behaviors on substance use/abuse?

   NO ☐   YES ☐   UNKNOWN ☐   MORE INFORMATION NEEDED ☐

Coaching Tip: This can be hard thing to challenge when the perpetrator acts very differently when they are sober or in recovery.

• Has the perpetrator engaged in substance abuse services?

   NO ☐   YES ☐   UNKNOWN ☐   MORE INFORMATION NEEDED ☐

Coaching Tip: And if yes, what do they know about his violence and coercive control? And how has his participation in services changed his controlling behaviors?
• Have the children been directly adversely impacted by the perpetrator’s substance abuse?

NO ☐ YES ☐ UNKNOWN ☐ MORE INFORMATION NEEDED ☐

*Coaching Tip: How does this in depth look at the intersection of these issues help you work with the family? The perpetrator? Where does this information show up in your record? What would change if it did? What kind of conversations go on between child welfare and substance providers about this? What would change if it were part of the conversation?

STEP 3: ASSESSING THE INTERSECTION OF THE PERPETRATOR’S MENTAL HEALTH AND DOMESTIC VIOLENCE PERPETRATION

• Does the perpetrator have a mental health diagnosis?

NO ☐ YES ☐ UNKNOWN ☐ MORE INFORMATION NEEDED ☐

*Coaching Tip: What mental health diagnosis does he/she have? What kind of domestic violence training did the mental health professional have who diagnosed him? What did the mental health professional know about the domestic violence when they made the diagnosis? (The most common diagnoses are: depression, PTSD, bi-polar, OCD.)

• If the perpetrator does not have a diagnosis are there concerns that the perpetrator has untreated and unknown mental health issues separate from the choice to be violent or abusive?*

NO ☐ YES ☐ UNKNOWN ☐ MORE INFORMATION NEEDED ☐

*Coaching Tip: Undiagnosed mental health issues may exacerbate violence and/or interfere with the success of any interventions around the violence.

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• Has the perpetrator been suicidal, made threats of suicide and/or harming themselves?*

NO ☐ YES ☐ UNKNOWN ☐ MORE INFORMATION NEEDED ☐

*if both above questions had a “no” response, move on to step 4

Coaching Tip: Suicidality of perpetrators’ need to be assessed from three perspectives: danger to self, danger to others and danger of manipulation of partner.

• Describe how the perpetrator’s mental health has, if at all, exacerbated his abusive behaviors?

• Describe how, if at all, the perpetrator’s mental health issues have impacted his/her taking responsibility for his/her behaviors?

Coaching Tip: How did the diagnosis change the experience of the adult survivor? (Was she now supposed to be the supportive partner of someone with an illness?) How did the mental health professional continue to assess for coercive control and violence once the treatment began for the mental health issues? (should raise the siloed non forensic nature of most mental health work, e.g. no partner contact).

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3 Some examples might include: a. saying that he/she cannot change behaviors because of their diagnosis, b. choosing to not take medications at times and then blaming violence on being unmedicated, c. blaming behaviors on mental health issues, d. using therapy or mental health treatment as a time to criticize or be abusive to his/her partner.
Step 4: Write a summary paragraph describing how the domestic violence perpetrator’s pattern (inclusive of abuse, substance abuse, and mental health issues) is impacting the child(ren) and the family functioning:

Step 5: Case planning for perpetrator’s substance abuse
*If the perpetrator has no substance abuse issues, move on to step 6

- Write a plan for addressing the perpetrator’s substance abuse that takes into account the perpetrator’s behavioral pattern and other needs the perpetrator will have:

- Does the perpetrator’s case/safety plan identify specific behavior change goals?
  
  NO  □  YES  □

- Has information about the perpetrator’s pattern and their substance abuse been provided to the perpetrator’s service providers?

  SUBSTANCE ABUSE PROVIDER  NO  □  YES  □  N/A  □
  BEHAVIOR CHANGE PROGRAM PROVIDER  NO  □  YES  □  N/A  □

Coaching Tip: What did you learn from these case-planning activities? What can you implement from this when you return to your office/caseload?

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STEP 6: CASE PLANNING AND PRACTICE FOR PERPETRATOR’S MENTAL HEALTH ISSUES
*If the perpetrator does not have mental health issues, move on to step 7

- Write a plan for addressing the perpetrator’s mental health issues that takes into account the perpetrator’s behavioral pattern and other needs the perpetrator will have:

- Will the perpetrator be asked to complete a psychological evaluation?
  - NO ☐  YES ☐
    - If yes, has it been clarified that the evaluation is to assess for mental health issues and will not be an evaluation of their perpetrating/abusive behaviors?
      - NO ☐  YES ☐

- Does the perpetrator’s case/safety plan identify specific behavior change goals?
  - NO ☐  YES ☐

- Has information about the perpetrator’s pattern and their mental health been provided to the perpetrator’s service providers?
  - MENTAL HEALTH PROVIDER NO ☐  YES ☐  N/A ☐
  - BATTERER INTERVENTION PROVIDER NO ☐  YES ☐  N/A ☐

Coaching Tip: What did you learn from these case-planning activities? What can you implement from this when you return to your office/caseload?
STEP 7: IMPLICATIONS FOR PRACTICE

- How has this mapping tool helped you understand the ways that the perpetrator’s abusive behavior intersects with mental health and substance abuse issues?

- Where is this information already written down/going to be written down?

- How does this information change the way you might talk to the survivor?

- How much does the perpetrator’s treatment providers know about his/her pattern of domestic abuse?

- Although the tool asked you to think about Substance Abuse and Mental Health separately, since they can both occur with one person, remember not to silo them in your case plan or your practice.

Based completing this tool, list the next steps in this case: