

# Using the Safe and Together™ model to assess domestic violence survivors' protective factors

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Meaningful and accurate assessment of child protective factors must take into account that a large percentage of the Department of Children and Families' families have past or current domestic violence as a significant factor impacting child safety and well being. **In many cases, domestic violence may be a factor whether the current report mentions it or not.** As articulated in the *Safe and Together™* model, domestic violence survivors are often very engaged in the five protective factors identified in the Strengthening Families Practice Model. In the *Safe and Together™* model these protective factors are captured in the critical component referred to as the "full spectrum of survivor's efforts to promote the safety and well being of the child."

Protective factors may manifest in the behavior of domestic violence survivors differently than other parents due to the nature of domestic violence. The following provides some basic assessment guidance regarding the two main assessment scenarios social workers will be facing when working with primary caregivers.

1. Assessing for protective factors when there is a known history of coercive control/domestic violence
2. Using the assessment of child protective factors as a tool to assess for coercive control/domestic violence (when there has been no specific identification of domestic violence as a factor)

## *Assessing for protective factors when there is a known history of coercive control/domestic violence*

***Step 1: Identify the specific behaviors the perpetrator has engaged in to disrupt or interfere with the primary caregiver's protective capacity.***

When assessing a domestic violence survivor for protective factors it is essential to understand the domestic violence perpetrator's pattern of abusive behavior and how that behavior might be interfering with the domestic violence survivor's capacity to act on their actual abilities and desires to engage in protective behaviors. For example, a caregiver may not be able to reach out to social connections because the domestic violence perpetrator has sabotaged or interfered with those relationships. Similarly, a survivor may distance him or herself physically from a child e.g. send them to relatives or friends, in order to reduce their exposure to the perpetrator. A primary caregiver in these circumstances and similar ones may be wrongly assessed as being weak in various protective factor domains.

### Step 1 Practice Points

- Identify and document the specific behaviors the perpetrator has engaged in to disrupt or interfere with the protective factors of the primary caregiver.
- For example, what behavior has the perpetrator engaged in to disrupt or interfere with the attachment between the caregiver and his/her children? These efforts may be direct, such as trying to manipulate a child to think poorly of the caregiver, or indirect, such as interfering with meal times, family activities, stable housing and other factors that promote a nurturing, safe and stable environment. Similarly, have we identified the behaviors the perpetrator has engaged in to disrupt or interfere with social connections or concrete supports? Perpetrators often isolate their families, preventing them from accessing concrete supports like community services, employment or counseling. Domestic violence perpetrators may utilize emotional abuse, threats, intimidation or control over resources like a car or phone to interfere with someone having social connections with family and friends.
- Your documentation should clearly identify 1) the behaviors of the perpetrator and 2) your assessment of how it has disrupted or interfered with the other parent's protective factors. Your documentation should clearly identify the perpetrator as the source of the disruption of the protective factor.

### ***Step 2: Based on a clear understanding of the perpetrator's behavior pattern, next identify the protective factors of the domestic violence survivor.***

Domestic violence survivors are often actively engaged in a wide range of protective activities to promote the safety and well being of their children. Despite their partner's efforts to disrupt or interfere with protective factors such as attachment and nurturance, survivors can be actively working to find creative, sometimes covert, often evolving ways to meet the needs of their children. In many instances what we will see is that the children's basic needs are being met, e.g. fed regular age appropriate healthy meals, daily routines maintained and the children are up to date medically. In situations where a domestic violence perpetrator has created an environment of fear and uncertainty, a survivor's success at meeting his/her children's basic needs to be fully valued for the effort and energy it has required. This might be considered "parenting in a foxhole" and as such deserves a different type of assessment yardstick.

Similarly, the accurate assessment of a domestic violence survivor's protective factors needs to account for adaptive responses to the perpetrator's pattern of behavior, which may initially appear negative or harmful to a child. For example, the survivor who sends her children to stay with relatives or friends may be perceived as not attached to her children while in reality she is making a difficult decision based on their need for safety and security. In other circumstances, a survivor may actively or passively discourage his/her children to reach out to others for help, already having learned from experience that these efforts would actually increase danger.

## Step 2 Practice Points

1. Identify and document specific protective efforts of the domestic violence survivor. What is the full spectrum of the domestic violence survivor's efforts to support the safety and well being of his/her children despite the perpetrator's behavior e.g. how has he/she continued to provide loving support, guidance? Consider each of the five protective factors.
  - For example, has the domestic violence survivor been able to build and maintain close bonds with his/her children despite the domestic violence perpetrator's efforts to disrupt or interfere with those bonds? (In some case these bonds may be judged as parentifying the child or sharing too much information with them about adult circumstances. It's important to understand that domestic violence survivors and their children often work together around safety and family functioning as an adaptive response to the perpetrator's control over the household environment.) Similarly, what are the specific strategies the domestic violence survivor has engaged in to comfort his/her children regarding the domestic violence and related stressors e.g. absence of perpetrator from home due to incarceration or living in new location in order to be safe?
  - Your documentation should clearly identify the survivor's protective factors when they are consistent with normal expectations. When the protective efforts have been adaptive, the context for that adaptation and the strengths of that adaption should be clearly identified. (If there have been have been negative side effects to those efforts, clearly address how you will be or have been collaborating with the survivor to mitigate those side effects.)

## *Using the assessment of parental protective capacity as a tool to assess for coercive control/domestic violence*

In many cases referred to the Department there will be no identified history of coercive control/domestic violence in the case record or the current report. Given the high prevalence rate and the Department's commitment to universal screening for domestic violence in all its cases, regardless of the initial report, conversations about protective factors offer a point of exploration around potential dynamics of coercive control.

The following are five *sample* questions, each one related to a different protective factor, which can be built into Protective Factor worksheet to become a standard part of a family assessment. What they have in common is that they explore protective factors through the lens of the partnership dynamic between the caregivers. For the purposes of assessing for domestic violence, you are listening for patterns of coercive control that often played out in the co-parenting dynamics.

**Important:** These questions designed for 1) an interview with the primary caregiver and 2) a private space, at minimum outside of the hearing and sight of the other caregiver/partner.\*

- **Nurturing and Attachment:** What does your partner do day to day to support you in having a strong bond with your child/children?
- **Knowledge of Parenting- Child and Youth Development:** Does your partner demonstrate through his/her behavior respect for your knowledge of child development/your child's needs at their specific age?
- **Parental Resilience:** How does your partner act supportive to you when you feel stressed? How does he/she pitch in when other family members are facing stress?
- **Social Connections:** What does your partner do to support your relationships with community supports, friends and family members?
- **Concrete Supports:** How has your partner supported you accessing outside support/assistance including employment?

Asked in the correct environment, these questions may offer insight into a range dynamics in a relationship including indicators of coercive control/domestic violence. Those indicators could include, but would not be limited to,

- A partner who, physically or emotionally, tries to create distance between the caregiver and her/his children.
- A partner who is hypercritical of the caregiver's parenting and alternatively may even suggest or deliver age-inappropriate disciplines or responses to the needs of the children.
- A partner who shows little or no regard for the needs and stressors of the caregiver and may, during stressful times, become more demanding and self centered instead of supportive.
- A partner who blames the caregiver's history of drug use, poor choice of friends, negative family members or the needs of the children as the rationale for the caregiver's isolation.
- A primary caregiver who isn't working outside the home even though she expresses interest in doing so or unexplained failures to follow through on appointments or connections with resources.

While none of these items guarantee the presence of coercive control, they or other similar items may be indicators of coercive control/domestic violence. If they are present further assessment is necessary. Involvement of the Domestic Violence Consultant is strongly recommended.

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\* With slight modifications, these same questions can be used with the primary caregiver's partner as way to assess their own behavior. For example, "How do you demonstrate on a day to day basis, through your actions, your support for your partner's relationship with his/her children?"