<table>
<thead>
<tr>
<th>Coercive &amp; actions to harm children (1st &amp; 2nd Components)</th>
<th>Maltreatment</th>
<th>Circumstances</th>
<th>Child Functioning</th>
<th>Adult Functioning</th>
<th>Parenting</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>When domestic violence is the reason for the hotline call:</td>
<td>When domestic violence is not the reason for the hotline call:</td>
<td>When domestic violence is the reason for the hotline call:</td>
<td>When there is an identified domestic violence perpetrator:</td>
<td>When there is an identified domestic violence perpetrator:</td>
<td>When there is an identified domestic violence perpetrator:</td>
<td>When there is an identified domestic violence perpetrator:</td>
</tr>
<tr>
<td>Use the following questions to guide information gathered in this domain:</td>
<td>Use the following questions:</td>
<td>Answer the following questions:</td>
<td>How does the domestic violence perpetrator support the overall safety and well being of the child, including his custody?</td>
<td>How would the perpetrator's behavior impact the child?</td>
<td>How might their current or prior abuse be connected to the current adult parental functioning of the perpetrator?</td>
<td>How might their current or prior abuse be connected to the current adult parental functioning of the perpetrator?</td>
</tr>
<tr>
<td>• During the alleged domestic violence perpetrator, including the perpetrator’s pattern of coercive control and actions taken to harm the child?</td>
<td>• Are there indicators of the perpetrator’s pattern of coercive control, including actions taken to harm the child?</td>
<td>• If there are indicators, how are these patterns related to the reported maltreatment and family functioning?</td>
<td>• Employment: Has the domestic violence perpetrator lost his job as a result of his violence and abuse?</td>
<td>• How does the domestic violence perpetrator weaken their own relationship with the child?</td>
<td>• How does the perpetrator’s behavior support the overall safety and well being of the child, including his custody?</td>
<td>• How would the perpetrator’s behavior support the overall safety and well being of the child, including his custody?</td>
</tr>
<tr>
<td>• What has been the immediate physical, emotional and behavioral impact of the perpetrator’s behavior on the child?</td>
<td>• If there are indicators, how are these patterns related to the reported maltreatment and family functioning?</td>
<td>When there is a prior history of documented domestic violence perpetration by caregiver: Answer the following question: What are the connections between any prior documented incidences of domestic violence?</td>
<td>• Social Support: Have the roles of the support and kinship network of the domestic violence perpetrator been disrupted?</td>
<td>• What is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
<td>• In what ways has the domestic violence perpetrator’s behavior weakened their own relationship with the child?</td>
<td>• In what ways has the domestic violence perpetrator’s behavior weakened their own relationship with the child?</td>
</tr>
<tr>
<td>To ensure accurate assessment, safety planning and partnering with the family, the domestic violence perpetrator should be identified as the sole source of the maltreatment related to the domestic violence.</td>
<td>• Is coercive control currently occurring but not the reason for the referral?</td>
<td>What has been the overall impact of the perpetrator’s ongoing behavior pattern on the child across multiple domains?</td>
<td>• Criminal behavior: Is the domestic violence part of larger pattern of anti-social or criminal other financial issues? If so how?</td>
<td>• What is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
<td>• Does the perpetrator support or hinder the child’s academic success?</td>
<td>• Is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
</tr>
<tr>
<td>When domestic violence is not the reason for the hotline call: Other maltreatment such as bone fracture, sexual abuse, and inadequate supervision may be perpetrated by a caregiver who is abusive to the adult partner, and therefore part of their overall pattern of abuse. Using a lens that focuses on how domestic violence perpetrators directly or indirectly harm children will allow the best understanding of the maltreatment. More over maltreatment perpetrated by the adult domestic violence perpetrator may be the direct or indirect result of the domestic violence.</td>
<td>• Is the perpetrator’s overall pattern of coercive control and actions taken to harm the child?</td>
<td>It is important to consider the following incident-based harm such as physical injury and emotional trauma and more abstract or subtle effects such as harm to the home, family functioning, academic performance, social relationships, and healthy behavior and development.</td>
<td>• For example, could a child’s aggression be the result of domestic violence?</td>
<td>• How does the perpetrator support or hinder the child’s academic success?</td>
<td>• Does the perpetrator support or hinder the child’s academic success?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>When domestic violence is the reason for the hotline call:</td>
<td>• How have these behaviors manifested over time?</td>
<td>When there is no identified domestic violence in the current referral or in the history: Can any of the current concerns related to the child functioning be caused by unidentified domestic violence?</td>
<td>• Could a child’s academic and/or social issues be connected to frequent moves, or other potential consequences of domestic violence?</td>
<td>• Is our assessment of adult parenting relevant to the current assessment of changes in the caregiver’s parenting behaviors?</td>
<td>• What is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>Use the following questions to guide information gathered in this domain:</td>
<td>• How has prior more severe violence impacted the current situation?</td>
<td>As it relates to domestic violence as a factor, determining how the perpetrator’s behavior directly impacts the child’s behavior in this domain requires the ability to connect what is known from the first two domains about the perpetrator’s pattern of coercive control and actions taken to harm the child to the child’s functioning. For example,</td>
<td>• What is the perpetrator’s overall pattern of coercive control and actions taken to harm the child?</td>
<td>• Is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>• What is the perpetrator’s overall pattern of coercive control and actions taken to harm the child?</td>
<td>• How did the circumstances of the abuse help us understand and further our assessment of the family’s functioning? For example, if this incident of physical violence targeted the caregiver’s contact with her family, what else can we learn about how the perpetrator sabotages contact with family and perhaps other outside contact, including schools and medical providers?</td>
<td>It will also be harder to tie basic needs and care issues, like housing stability and access to appropriate medical care, to the perpetrator’s behavior, or understand the extent of their control and their pattern of coercive control.</td>
<td>• How have these behaviors manifested over time?</td>
<td>• How does the perpetrator’s overall involvement with the child’s social and kinship support networks?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>• What does the perpetrator say about the violence and abuse?</td>
<td>The Safe and Together model offers a clear focus on the broader pattern of the perpetrator’s pattern including the intent behind the abuse, the behaviors leading up to the abuse, actions and statements of responsibility for the abuse, and prior abuse in this and other relationships. In the circumstances section you can include broader themes like jealousy, interference with outside relationships, and other</td>
<td>• How does the perpetrator’s behavior contribute to any of the survivor’s housing instability, anti-social or criminal other financial issues? If so how?</td>
<td>• If so how?</td>
<td>• What is the perpetrator’s overall involvement with taking care of the child’s basic needs including, feeding, bathing, medical care?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>• How does the justification and explanation help us understand the extent of their control and their pattern of coercive control?</td>
<td>• In what ways has the domestic violence perpetrator’s behavior weakened their own relationship with the child?</td>
<td>• Have the perpetrator’s behaviors contributed to any of the survivor’s substance abuse and/or trauma related mental health issues?</td>
<td>• Does the perpetrator’s behavior benefit or hinder the child’s promoting healthy behaviors?</td>
<td>• In what ways has the domestic violence perpetrator’s behavior weakened their own relationship with the child?</td>
<td>• How does the perpetrator support or hinder the child’s academic success?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
<tr>
<td>• How does the circumstances of the abuse help us understand and further our assessment of the family’s functioning? For example, if this incident of physical violence targeted the caregiver’s contact with her family, what else can we learn about how the perpetrator sabotages contact with family and perhaps other outside contact, including schools and medical providers?</td>
<td>• How did the perpetrator’s behavior affect any of the survivor’s housing instability, anti-social or criminal other financial issues? If so how?</td>
<td>• Have the perpetrator’s behaviors contributed to the dissolution of the survivor’s social and kinship support networks?</td>
<td>• Could an adult’s housing issues or frequent changes in living situations be a consequence of domestic violence?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
<td>• How might their current or prior abuse be connected to the current child’s academic performance?</td>
</tr>
</tbody>
</table>

1 In cases with current or historical domestic violence perpetration, this domain provides another opportunity to look for the perpetrator’s pattern of behavior. Domestic violence perpetrators are diverse in their appearance of overall function. Some domestic violence perpetrators appear very functional in all domains of their life except for their violence and abuse towards their family. Other perpetrators may have multiple issues such as substance abuse or mental diagnoses or wider criminal behavior. From the perspective of a safety and risk assessment, the key question for a domestic violence perpetrator is “How worse does this make the perpetrator?” For example, when he is drinking, the perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetrator who is also an alcoholic, he is more dangerous a domestic violence perpetra\n
2 This doesn’t mean that the domestic violence survivor is not charged with a type of maltreatment when the specific facts to the maltreatment warrant it. Domestic violence survivors should not be charged for failure to protect because of the domestic violence.
<table>
<thead>
<tr>
<th>Undermining Parenting, Financial Control</th>
<th>With respect to and support their parenting and their relationship with the children.</th>
</tr>
</thead>
</table>

Factors that impact the perpetrator’s overall dangerousness can be included here including military or other training to use violence; violence during pregnancy, history of sexual assault, use of weapons, prior threats to kill or harm; threats or history of taking a child. Additionally, social and cultural factors that might help the perpetrator avoid consequences are relevant here as well. *Related to the gender responsive nature of the Safe and Together model, it is important to consciously bring attention to, and describe how, a male caregiver’s overall functioning impacts his parenting ability and the overall household environment for the child.

In domestic violence cases, the meaningful completion of this domain involves identifying and describing how the domestic violence perpetrator’s pattern of behavior effects their own parenting relationship and the parenting of the other caregiver. In order to be gender responsive and accurate in our assessments, we need to ask both these questions. We also need to ensure that we are actively seeking to examine the male caregiver’s parenting role and their indirect impact on the parenting of their partner. For example, in a situation where there has been domestic violence, a series of missed doctor’s appointments might not mean the failure of the primary caregiver, but might be an indicator of control over transportation or other behaviors disruptive of the household functioning. We also ask basic questions like “Has the perpetrator’s behavior pattern made meeting the child’s emotional and other needs easier or harder?” For example, for a child who requires medication to control ADHD, we would want to know if the perpetrator is being supportive, negative or neutral about the child receiving medication. A gender responsive approach requires conscious attention to a male caregiver’s role in the basic parenting of the child; otherwise social expectations will often lead us to attribute the negative (or positive) impact of the male caregiver to the female caregiver.

Similarly, the Safe and Together model’s gender responsive approach to assessing parenting capacity also involves documenting both the heroic protective efforts of domestic violence survivors (injunctions, fleeing, separation and divorce, calling law enforcement) and the day-to-day efforts associated with nurturing, caring for and stabilizing a child who is being impacted by a perpetrator’s behavior. This means ensuring that every day normal activities such as making sure that the child is fed regularly and is medically tended to is documented in the context of the perpetrator’s behavior. For example, this might be written like “Despite the perpetrator’s decision to take the family car when he was ordered out of the home, mother has been able to maintain the child’s routine, including weekly doctor’s appointments, through a network of friends and family.

As in the other domains, when there is no identified history of domestic violence it is important to look for indicators of coercive control such as an authoritarian parenting style. A gender responsive approach suggests that another indicator of unidentified domestic violence may be the presence of a marginalized female caregiver. While a marginalized female caregiver may be the result of other factors such as substance abuse, this situation can result from a pattern of undermining the female caregiver by an abusive partner.

**Choices:** Does the adult domestic violence survivor make decisions to protect the child from the abusive discipline of the perpetrator? How does the fear of the domestic violence perpetrator’s reaction to a child’s mistakes or failure to listen affect the household functioning? The adult survivor’s disciplinary approaches may be shaped by the domestic violence perpetrator’s pattern in several ways. If the domestic violence survivor has been traumatized by the violence, this may result in difficulties regulating emotional responses and impulsive behavior. Also the domestic violence perpetrator’s pattern may result in developmental delays, aggression, or difficult or high-risk behavior on the part of the child. The domestic violence perpetrator may even encourage defiant or disobedient behavior (even when not in the home). The response to these tactics of domestic violence needs to be contextualized in light of the perpetrator’s behaviors.

Since this domain highlights a wide range of parenting strategies to address child behavioral issues and the broader role of teaching and guiding a child, it is an ideal domain for assessing and documenting the following: What kind of role model is the domestic violence perpetrator for the child? Does the perpetrator’s parenting including manipulation that split children from one another, e.g. favoring one child over another, and/or splitting a child from the other caregiver. It is not uncommon for a domestic violence perpetrator to use both fear and rewards to control family members.
When domestic violence is the reason for the hotline call: Describe specifically what was done to manage child safety and well-being before, during, and after the incident. Make sure you use a comprehensive lens and give survivors credit for their day to day actions.

- What basic care activities by the adult survivor were occurring prior and during the incident?
- What were the adult survivor’s specific strategies to minimize, reduce, and prevent the event from occurring?
- What did the adult survivor do during the incident to reduce the physical and emotional danger to the child?
- After the incident, what did the adult survivor do to take care of the physical and emotional needs of the child?

Impact of Perpetrator’s Pattern on Children (1st Critical Component)

When domestic violence is the reason for the hotline call: The strongest documentation will make clear the nexus between the perpetrator’s behavior and its impact on the child. Examples of this might include:

- “The step-father’s attempted strangulation of Charle’s mother produced extreme fear for her life as evidenced by his call to the police and the statement that he was worried that his stepfather was going to kill his mother.”
- “Because of Charle’s fear for his mother’s safety, he didn’t want to go to school the next day.”

Good documentation of the impact the maltreatment has on the child will record each of the perpetrator’s behaviors during the incident and look for connections that may support the symptoms and condition of the child. A picture of the child’s symptoms and impact might include assessing the following:

- What interference in the normal daily family routine by the perpetrator’s behaviors and the

When domestic violence is present in the hotline call or present in the history of the family: What has been the effect of the perpetrator’s behavior on the child’s functioning across the domains of functioning? In essence what is the nexus between the survivor’s efforts and the functioning of the child?

- How does the adult survivor’s behavior support the healing of the child from trauma?
- How does the adult survivor’s behavior provide day to day stability and nurturance for the child?

In this area you need to make sure that protective efforts are contextualized to the situation and that the survivor’s efforts are valued for what was possible before, during, and after the incident versus the ultimate outcomes of the incident which would be the sole responsibility of the perpetrator.

As with all assessment of protective efforts, the assessment needs to be comprehensive. A domestic violence survivor’s continuing relationship with a perpetrator, unwillingness or inability to call law enforcement or get an injunction does not mean she has not engaged in significant and meaningful protective efforts.

When domestic violence is present in the hotline call or present in the history of the family: What has been the effect of the adult survivor’s protective efforts on the child’s functioning? Example:

When domestic violence is present in the hotline call or present in the history of the family: What has been the impact of the adult survivor’s protective efforts on the child’s functioning across the domains of functioning? In essence what is the nexus between the survivor’s efforts and the functioning of the child?

- What information can be documented about the connection between the adult survivor’s pattern of protective efforts and the positive functioning of the child?

In many cases with domestic violence, the children are functioning well in some or all areas of their life. This is often the result of the adult domestic violence survivor’s and other people’s protective efforts.

When domestic violence is present in the hotline call or present in the history of the family: What has been the impact of the adult survivor managed to maintain adult functioning despite the violence?

- What information is documented to describe how the perpetrator has interfered with the adult survivor’s adult functioning?
- What was survivor’s adult functioning in key areas prior to violence?
- How does the survivor’s functioning when the perpetrator is not a factor in her decision making?
- How are we making a strengths-based, contextualized assessment of the survivor’s problem solving, judgment, self-care, self preservation, and stress management abilities?

It is imperative to start this conversation about domestic violence survivors and adult functioning from a strengths-based perspective. Many domestic violence survivors are able to identify their current skills around problem solving, stress management, impulse control and other key domains of adult functioning. Because domestic violence exists from the choices of the perpetrator and not the adult survivor, the starting point need to be that the survivor may not have any adult functioning issues except for being the target of domestic violence. This is the best starting point for an assessment of adult functioning for domestic violence survivors. Once the survivor’s strengths are identified, they can be contextualized in the ways that the perpetrator’s behavior and desire to control her adult functioning. For example, it’s important to see that an adult survivor might have the skills and desire to work but not be allowed to because of the perpetrator’s control. Similarly, it would be important to understand when the adult survivor’s depression and anxiety was related to the perpetrator’s behavior. It is also important to be able to identify issues of functioning that existed prior to the current domestic violence. For example, some adult survivors have pre-existing substance abuse and/or mental health problems. While it is important to see the specific nature of the domestic violence perpetrator’s behavior and to see it as a parenting choice, it is also important to be able to articulate the significance of that behavior for overall adult functioning as well.

When domestic violence is present in the hotline call or present in the history of the family: How has the adult survivor managed to maintain parent parenting despite the violence?

- What information is documented to describe how the perpetrator has interfered with the child’s basic care needs?
- What information can we document to describe how the perpetrator has interfered with the adult survivor’s parenting?
- What was adult survivor’s parenting in key areas prior to violence and abuse?
- How does the adult survivor function as a parent when the perpetrator is no longer a factor in her decision making?
- How are we making a strengths-based, contextualized assessment of the survivor’s care of the child, satisfaction of being a caregiver, skill level and parenting style, and protective factors?

Domestic violence perpetrator’s behavior can have tremendous influence over a child’s caregiver. It may lead to more lenient parenting as an effort to compensate for the harsh parenting of the perpetrator or it may lead to more harsh discipline in order to protect the child from worse consequences from the perpetrator. The perpetrator’s control over finances or social environment may force a survivor into criminal behavior to make sure that the child’s basic needs are being met or the perpetrator’s tactics may deny her the natural respite support of relatives that she would access except for his control over her and the child. It is bad practice to assess the adult survivor’s parenting without assessing for the perpetrator’s influence over it.

It is important to be able to look at each of the perpetrator’s patterns and its impact on the overall family functioning to get a clear picture of the discipline and behavior management of the adult survivor. For example, when the perpetrator’s choice to expose the child to the abuse leads to academic and behavioral issues the child, how does this control limit or shape the survivor’s options to address these issues? It is often the perpetrator’s control over finances that affects the family’s ability to meet the child’s needs. How is this impact assessed in relation to the perpetrator’s role here in order to ensure that mothers are getting full credit for all their day to day basic care efforts as part of the assessment of their parenting?

Gender responsiveness plays a critical role here in order to ensure that mothers are getting full credit for all their day to day basic care efforts as part of the assessment of their parenting.

When domestic violence is present in the hotline call or present in the history of the family: What is the impact of the perpetrator’s discipline on the children?

Understanding the three dimensionality of the perpetrator is important when assessing this domain. The overall parenting of domestic violence perpetrators varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other person’s parenting, and interfering with the other caregiver’s relationship with the child. Some perpetrators are not engaged in the parenting of their child whereas others may be coaching the child’s sports team. Some are not all at invested in the child and others are highly invested. Some have not identified with a parenting role and others are strongly identified with a parenting role.

Positive parenting by a perpetrator can have multiple effects on a child. Father’s regular employment can be source of stability and strength for a child and at the same time it could be mechanism for economic control. For example, in a situation where the domestic violence perpetrator has undermined the adult functioning of the other’s caregiver, the perpetrator’s own economic functioning can be used as threat to keep the adult survivor in the

When domestic violence is present in the hotline call or present in the history of the family: What is the impact of the perpetrator’s discipline on the children?

Similar to the adult functioning and parenting, the impact of the perpetrator’s dimensionality is important. The overall discipline of domestic violence perpetrators varies widely with some common themes re-occurring: physical abuse, punishments that are inappropriate for age and developmental level, harsh discipline, inability to focus on the needs of the child over their own needs, undermining of the other persons parenting, and interfering with the other caregiver’s relationship with the child. Some perpetrators are not engaged in the discipline of their child and others might do all of it.

Any positive healthy discipline and parenting by the perpetrator must be integrated with the overall pattern of behavior. For example, some domestic violence perpetrators may marginalize their partner’s role with the child and take over all the parenting and...
When domestic violence is the reason for the hotline call: Are substance abuse, mental health, culture, other economic issues or other information significant to the maltreatment?

- Was the perpetrator drinking or using other drugs at the time of the incident? Did that use escalate the fear and/or the level of harm?
- Did the perpetrator’ training and/or experience with weapons, martial arts, military service, or gang involvement increase the level of fear and/or harm during the incident?
- Is the perpetrator involved with a profession or have a position in the community that would make family members more averse to access resources or fearful that outside involvement would escalate the situation?
- Are there cultural or socio-economic factors that make the adult and child survivors more vulnerable, e.g. immigration status, language barriers, physical disability, cultural and religious

When domestic violence is present in the hotline call or present in the history of the family: Are substance abuse, mental health issues, culture, other socio-economic issues or other information significant to the circumstances around the maltreatment?

- How has the perpetrator’s drinking or using other drugs over time impacted the family functioning and levels of fear and control? For example, while a perpetrator may not become violent every time he drinks, the family may get scared of the potential for violence every time the perpetrator drinks.
- Does the perpetrator use violence and abuse to facilitate access to money for drugs and alcohol?
- Does the perpetrator use violence and control to deflect questions about the consequences of substance use?
- How has the perpetrator’s standing in the community increased the isolation of the family from resources?

When domestic violence is present in the hotline call or present in the history of the family: How does the child’s functioning intersect with these other issues?

Domestic violence intersects with issues of race, class, gender, immigration status, religion, substance abuse, mental health, as well as an entire range of other issues. Child functioning is shaped by all these things. Consider the following possible intersections as examples of a wide range of factors:

- A gay or transgendered child who’s parent is a domestic violence perpetrator who is homophobic and has rigid gender expectations may be targeted for abuse in the family.
- A mother who is undocumented and partnered with a citizen or legal immigrant may be very susceptible to threats of being deported if there is a call to the police.
- A child’s delinquency or substance abuse issues may become the

When domestic violence is present in the hotline call or present in the history of the family: How does the overall intersection of the domestic violence and other factors shape adult functioning?

Racism and other forms of discrimination can increase the negative overall assessment of a domestic violence perpetrator. For example, our overall assessment of a domestic violence perpetrator who is poor or a person of color is likely to be more negative than someone who comes from a higher socio-economic status or is Caucasian. The behavior focus of the Safe and Together model requires an articulation of the specific behaviors related to the domestic violence, making it less likely that assessment will be biased by cultural, racial or economic stereotypes.

Similarly the assessment of the adult functioning of the survivor can be influenced by the racism, homophobia or other forms of discrimination.

- Is the perpetrator playing on racial or gender stereotypes to increase

When domestic violence is present in the hotline call or present in the history of the family: Does the overall intersection of the domestic violence and other factors shape discipline?

Racism and other forms of discrimination can increase the negative overall assessment of domestic violence perpetrator. For example, our overall assessment of a domestic violence perpetrator who is poor or a person of color is likely to be more negative than someone who comes from a higher socio-economic status or is Caucasian. The behavior focus of the Safe and Together model requires an articulation of the specific behaviors related to the domestic violence, making it less likely that assessment will be biased by cultural, racial or economic stereotypes.

Similarly the assessment of the parenting of the survivor can be influenced by the racism, homophobia or other forms of discrimination.

- Is the perpetrator playing on racial or gender stereotypes to increase

When domestic violence is present in the hotline call or present in the history of the family: How does the overall intersection of the domestic violence and other factors shape discipline? While some of the specific behavior management techniques might be positive, the assessment would not be complete if it didn’t include the broader context of control and marginalization of the other parent.

As it relates to how the perpetrator impacts the child through impacting the survivor’s adult functioning there is great variability as well. One of the principal pathways to harming a child for a perpetrator is through their control and abuse of the child’s other parent. As indicated above it is important to contextualize the adult survivor’s parenting.
Guide for Integrating the Safe and Together Model, FCADV’s Child Protection Investigations Project, and Florida’s Safety Methodology

<table>
<thead>
<tr>
<th>Safe and Guide for Integrating the Safe and Together Model, FCADV’s Child Protection Investigations Project, and Florida’s Safety Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and Guide for Integrating the Safe and Together Model, FCADV’s Child Protection Investigations Project, and Florida’s Safety Methodology</strong></td>
</tr>
<tr>
<td><strong>Safe and together</strong> Model</td>
</tr>
</tbody>
</table>

- **Is the perpetrator training or experience with weapons, martial arts, military service, or gang involvement associated with fears about accessing law enforcement or related to limitations of incarceration or other interventions to improve the situation?**
- **Are there cultural or socio-economic factors that make the adult and child survivors more vulnerable, e.g. immigration status, language barriers, physical disability, cultural and religious beliefs, medical condition, criminal history, being a member of a group that has been historically discriminated against, or having a substance abuse or mental health history?**
- **Is there a racial, gender, sexual orientation aspect to the overall pattern of coercive control?**
- **Is there an economic imbalance between the perpetrator and the adult survivor that allows for more control?**
- **Does the perpetrator’s family or community tolerate or enable the control?**
- **What aspects of the cultural, community or family relationships support the adult survivor’s protective efforts?**

<table>
<thead>
<tr>
<th>Identified issue instead of the perpetrator’s chronic domestic violence.</th>
</tr>
</thead>
</table>
| **In affluent, privileged families a child may have reason to hide the abuse to protect the family image.**
| **Racism, classism and other forms of oppression and discrimination intersects with a child’s functioning as it relates to perpetrator behavior.** For example, the education system may respond differently to an African-American male who is acting aggressive in school because of his father’s violence than a Caucasian male. Service options to address traumatic responses may be different based on neighborhood, economic status and race. Cultural values about therapy and other outside interventions may also shape child functioning. |

<table>
<thead>
<tr>
<th>their control over the adult survivor?</th>
</tr>
</thead>
</table>
| **Are service providers and others taking an overly pathologized view of the adult survivor because of racism or other forms of discrimination?**
| **When English is not the primary language is the overall adult functioning assessment incomplete or inappropriately being conflated with lower intellectual levels or poor functioning?**
| **Is culturally or circumstantially appropriate parenting misinterpreted as being limited or poor functioning? For example, are stricter limits on child outdoor play because of the dangers of violence in the neighborhood being confused for lack of knowledge about the child’s needs?** |

<table>
<thead>
<tr>
<th>their control over the adult survivor?</th>
</tr>
</thead>
</table>
| **Are service providers and others taking an overly pathologized view of the adult survivor because of racism or other forms of discrimination?**
| **When English is not the primary language is the overall adult functioning assessment incomplete or inappropriately being conflated with lower intellectual levels or poor functioning?**
| **Is culturally or circumstantially appropriate discipline misinterpreted as being limited or poor functioning? For example, is sending difficult children to be raised by extended family interpreted as lack of attachment and care?** |

| Cultural factors may make it harder to label and identify the perpetrators overall patterns of coercive control and actions taken to harm the child. If a community identifies with strict norms it may be hard to see the perpetrator’s pattern. Similarly within the context of home schooling it may be difficult to see a wider pattern of isolation. Cultural values that allow of extremely high expectations of women as parents and low expectations of men as parents will make it harder to identify control e.g. “he’s not making her stay with the children. That’s what women do” or “He’s a good dad because he’s never physically harmed them.” Cultural norms about physical discipline of children may make it harder to identify the perpetrator’s pattern of abuse as well. |

Funding support provided by Children’s Justice Act Program, administered by the Children’s Bureau, Administration on Children, Youth and Families. 
Sponsored by the Florida Coalition Against Domestic Violence and the State of Florida, Department of Children and Families

Written by David Mandel and Associates in collaboration with the Florida Coalition Against Domestic Violence, 2014
mental efforts? How does the perpetrator support those efforts?