



# Domestic Violence and the Child Welfare Professional: Tips on Planning

The Domestic Violence and the Child Welfare Professional series supports caseworkers in responding to families experiencing domestic violence and child maltreatment. The series includes six tip sheets that provide core practice considerations. This tip sheet – the fifth in the series – addresses universal, safety, and case planning guidelines to plan services that are accessible, safe, and related to documented issues for both perpetrators and survivors. The tips in this series are based on a compilation of research and promising practices.

## Universal, Safety, and Case Planning: Keys to Better Outcomes

With recognition of the intersection between child welfare and domestic violence in the 1990s, agencies began addressing the behavior of both parents and assessing the particular risks and safety needs of the children involved (National Council of Juvenile and Family Court Judges, 2016, Spring). Responses continue to evolve to integrate plans that consider the impact of domestic violence on families and improve outcomes. Effective plans are culturally competent and a collaborative effort tailored to individual needs (Ganley, 2016; National Center on Domestic Violence, Trauma & Mental Health, 2014, 2011c, 2011d, 2011e; Washington State Department of Social and Health Services, 2010).

While the tips reflect research and practice knowledge from the field, caseworkers are advised to follow agency policies and protocols and the guidance of their supervisors in conducting casework.



### Tips for Universal Planning

1. Develop separate plans for survivors and for perpetrators.
2. Don't assume the same solution is right for everybody.
3. Avoid case plans that ask survivors to control a perpetrator's behavior or be responsible for ending the violence.

#### Language for Accountability

The following is not appropriate: "Mother and father should not engage in further domestic violence," or "The survivor should not allow the perpetrator into the home."

4. Create active plans for perpetrators.

#### Use Active Language in Case Planning

Example: "Do not enter the family home; follow all court orders; refrain from name calling, yelling, or threatening; refrain from use of physical violence toward any family member or pet."

5. Do not give perpetrators access to adult survivors' or children's safety or case plans, if possible.



### Tips for Safety Planning

1. Ask a survivor what has kept her/him/the children safe in the past, and build on that as part of the plan.
2. Create child-centered safety plans for survivors.

#### Child-Centered Safety Plans

Example: "Continue to engage in protective efforts, such as keeping the children in their room, calling 911, or calling a friend to help when the children are potentially unsafe."

3. Refrain from plans that require survivors to end their relationships, especially if the survivor thinks it will pose a threat to safety.

#### Language that Promotes Safety

Example: Avoid writing plans that say "Survivor will obtain a restraining order" or "Survivor will not have any contact with perpetrator."

4. While the perpetrator remains in the home, the survivor has taken the following steps to maintain safety of the children: Developed safety plans; encouraged participation in constructing age-appropriate and developmentally appropriate safety plans, such as establishing a safe word or designated safe place as needed.
5. Talk to children about their sense of safety. Children, when age and developmentally appropriate, can talk with the survivor and child welfare about what will make them feel safer.



## Tips for Case Planning and Service Referrals

1. Develop case plans that require perpetrators to attend services that fit their behavioral patterns. Case plans should note specific behavioral changes required, such as refraining from threats and verbal abuse of survivors or manipulation of the children.
2. Don't refer perpetrators to individual therapy, substance use disorder treatment, or anger management to address their violent behavior.
3. Refer perpetrators to other services, such as substance use treatment or individual therapy, if they have specific substance use or mental health issues.
4. Couples counseling is not appropriate for domestic violence situations.
5. Don't assume all survivors need services. If survivors have a clear safety plan, supports, no active mental health issue, and do not want services, don't require it simply because they've been abused.
6. Ensure that survivors who need or want services have safe access, transportation, and child care available for them to attend.
7. Never require a survivor to go to a shelter.
8. Inform survivors of shelter and domestic violence advocacy services and how they might help.
9. Send children to services that will assist them, including therapy, mentor programs, and peer groups.
10. Don't require perpetrators to have psychiatric evaluations based solely on domestic violence and with no evidence of an active mental health disorder separate from the abuse.

## References

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