LEARNING FROM the VOICES of FAMILIES and PROFESSIONALS

Listening Sessions Report
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Acknowledgements

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It was an honor and a privilege to listen and learn from the women and men who shared their experiences, and from our colleagues across the country who are working tirelessly to improve our systems’ responses to child welfare involved families experiencing domestic violence.

With respect,

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INTRODUCTION

The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) was funded in October 2016 by the Children’s Bureau, part of the U.S. Department of Health and Human Services’ Administration on Children, Youth and Families, to test interventions that have the potential to improve how child welfare agencies work collaboratively with partners to serve families experiencing domestic violence and to improve adult and child survivor safety, child permanency, and family well-being. This five-year project will generate and disseminate knowledge to the child welfare and domestic violence fields and other interested stakeholders.

In an effort to understand the current opportunities and challenges of working with families who are involved in child welfare and experiencing domestic violence, and to hear the perspectives of the families themselves, the QIC-DVCW conducted a series of 17 listening sessions with 140 participants from January to April 2017. Listening sessions were conducted with the following groups:

- People with lived experience of domestic violence and child welfare system involvement (Spanish and English-speaking mothers and English-speaking fathers)
- Child welfare agency administrators
- Child welfare supervisors and frontline workers
• Domestic violence community-based advocates and staff of programs that work with people who use violence
• Dependency court judges
• National domestic violence leaders
• Domestic violence advocates who work directly within child welfare
• Tribal leaders¹ and advocates

Some listening sessions were held virtually, and others were held in person. The virtual listening sessions allowed for broader, national participation of key constituencies, while the local sessions allowed for a deeper understanding of what is happening in particular communities. Facilitators included individuals who were part of the constituency participating in the listening session. Audio recordings from all sessions were transcribed and coded to identify common themes.

This report shares the lessons learned from these listening sessions, including some key takeaways from the unique perspectives of system professionals, tribal members, and families with domestic violence experience and system involvement; an overarching narrative running through all the sessions; and five key themes that emerged with greatest frequency across the groups. The takeaways in this report have been instrumental in helping us refine our evaluation design and technical assistance plans and will be shared with QIC-DVCW project sites as they begin to create their local implementation plans.

¹. For purposes of this report, the term tribal leaders refers to individuals in tribal leadership positions in child welfare or domestic violence, or individuals holding decision- or policy-making authority or influence in the tribe.
TAKEAWAYS FROM EACH STAKEHOLDER GROUP

Although common themes emerged across all the stakeholder groups, each group also emphasized certain topics and approached topics in unique ways based on their perspectives. Each group contributed valuable insights to inform the work of the QIC-DVCW.

A. Experiences of People with Lived Experience

The QIC-DVCW values and honors the experiences of families who are involved in the child welfare system and have experienced domestic violence. To place the experiences of families firmly at the center of the work, the QIC-DVCW hosted sessions to hear directly from family members. As the quotes in the report illustrate, survivors of violence and people who use violence have wide-ranging experiences of the child welfare system, from positive to negative. The quotes included in the report were not selected to point the work in one particular direction based on specific cases, but rather to highlight the range of experiences family members have had and to hear those experiences described in their own words.

These listening sessions were limited in a number of ways. Only 34 participants with lived experience participated in the sessions.

Only adults were included, and the range of perspectives in the sessions was limited by the geography and level of diversity of the groups. The responses were, of course, limited by the questions that were asked.

The facilitators began by asking adult survivors what they would tell a friend or family member who received a call from child protective services. The stories that were shared were powerful and insightful, and reflective of system strengths. But they were also illustrative of the need for new practices that meet families where they are and for a system of care that:

- Empathizes with their experience of violence and coercion;
- Understands the unique experiences of each family; and
- Recognizes their cultural norms and practices.

The QIC-DVCW is committed to hearing from family members throughout this project so that their experiences and input continue to shape this work.
B. Experiences of Child Welfare, Courts, and Community Stakeholders

The listening sessions with professionals offered them an opportunity to share their hopes and fears and to tell stories about what is working well and what remains challenging. Child welfare staff noted, for example, that while they empathized with individuals and families who experience domestic violence, they found it difficult to operationalize their empathy in everyday practice. Other challenges identified by system professionals included the following:

- Fear of working with people who use violence creates barriers for engagement;
- Inadequate training, supervision, and tools limit understanding of each unique case;
- Large caseloads and high staff turnover interrupt practice change and continuity;
- Lack of culturally diverse program staff alienates families; and
- Limitations in each system impede a coordinated community response.

Despite these challenges, these stakeholders expressed a strong desire to think critically with peers and to be innovative in their work. They described an interest in learning more about other community partners to build trust across programs so together they can create responses that truly support safety, stability, and well-being for the families. And they communicated a shared commitment to improving practices and policies.

C. Experiences of Tribal Stakeholders

Tribal members noted that state child welfare staff are not knowledgeable about tribal systems, tribal courts, or tribal culture, and some members wondered if this lack of understanding leads to fear of tribal cultures and systems. By the same token, native families may choose to use tribal courts rather than state courts because they are intimidated by non-tribal juvenile court systems and may not understand what is happening or how to get their children back. If they remain in state courts, they may also fail to receive culturally appropriate services.

These listening session participants described other barriers to safety for adult and child

“I mean, if you’re worried about feeding your children, it’s kind of hard to sit in a therapy session and any of that make any difference to you. So by getting some of the basic needs out of the way (using VOCA funding), it’s making room for us to really get to the treatment for the family.”

tribal leader
survivors in tribal communities, including geographic isolation, lack of transportation, and poor housing options. Confidentiality is also a challenge in small tribal communities, as is finding a safe place where the survivor won’t easily be found by the person using violence. Several participants mentioned that Family Justice Centers\textsuperscript{2} may be useful models in remote rural areas to serve as “one-stop shops” and suggested that in-home services can mitigate the lack of transportation.

Tribal members who participated in the listening sessions also emphasized the impact of intergenerational trauma on families who experience domestic violence; one tribal leader outlined how historical trauma is repeated when children grow up in the foster care system and lose their cultural identity. And the trauma is compounded when those children grow up and become survivors or perpetrators of domestic violence. Several participants mentioned the importance of culturally specific programs for

\textit{“In terms of collaboration with non-tribal entities, the domestic violence programs in our area really help us providing services for survivors that have different types of needs.”}\textit{

tribal leader
}

\textit{“There’s no place to go if a perpetrator and victim are in the same village.”}\textit{

tribal leader
}

survivors and for people who use violence; these programs should include:

- Culture as a way of healing;
- Education about historical trauma; and
- Community building.

Participants also raised concerns about the inconsistent enforcement of the 1978 Indian Child Welfare Act (ICWA) and about how the “failure to protect” standard has been unfairly applied to American Indian/Alaska Native (AI/AN) communities. They noted that bias increases the likelihood that AI/AN survivors of domestic violence will be viewed as having failed to protect their children—when it is clear that they are survivors who need help.

Tribal leaders also described opportunities to reduce these problems through increased cross-agency trainings and better collaboration among state and tribal systems. Effective collaborations among state agencies, domestic violence programs, and tribes do exist. For example, one state child welfare agency invested resources in educating tribal members about how to use victim assistance money to help survivors of domestic violence. In other state child welfare agencies, workers provide transportation to AI/AN survivors so they can apply in person for funds to support safety planning and create greater stability for themselves and their children. There are also examples of successful cross-agency trainings among Tribal, child welfare agency, and domestic violence programs to increase compliance with ICWA and to raise knowledge of how to help survivors struggling with substance abuse.
OVERARCHING NARRATIVE

One overarching narrative ran through all the listening sessions regardless of which stakeholders were participating: addressing domestic violence in the context of child welfare is complex, important work requiring resources, strong leadership, thoughtful consideration, deep understanding, practical skills, and flexible approaches. In this work, there are both adult and child survivors, and both need to be safe for the children to thrive. While this dynamic may seem obvious, responding to it effectively can be challenging. Adult survivors need systems to intervene with concrete steps to ensure their safety. Yet current practices in these systems rarely support working with everyone in the family in a safe way.

Adult survivors confirmed that asking for help was complicated by multiple safety needs, and their experiences of violence were largely invisible to the systems they encountered. They could not find safe places to go where their experiences of violence and need for safety would be understood and where their children could also be safe and receive helpful services.

“‘My daughter has a tendency to shy away from men ever since she witnessed the abuse I endured. I went to her doctor, and they said, ‘Oh no, we don’t know anything for her to get into.’

English-speaking mother of a two-year-old daughter

System responses to families are also complicated by the fact that many families face multiple barriers to their safety and well-being. Homelessness, substance abuse, mental health problems, and poverty are also barriers to safety and security. For some families, these challenges are related to domestic violence. However, for other families, these challenges are long-term problems that predate the violence. Child welfare staff may be forced to make quick decisions about the family without help from community partners to assess and address the multiple challenges the family is facing.

“They (child welfare) tried to put us all in the same story and just treat every case the same way, not really looking at your situation and understanding what’s really going on...”

English-speaking survivor
In addition to the overarching narrative, five key themes emerged across all the participant groups regarding needed improvements to system responses. These themes are listed below in order of frequency, based on how often they were raised in the listening sessions. Readers should note, however, that frequency represents just one approach to identifying themes—an approach that doesn’t capture the intensity and passion with which ideas and stories were shared by the listening session participants. For example, the issue of culturally responsive systems came up less frequently than the other themes but with more intensity and emotion. Thus, the order of themes below reflects the frequency, but not necessarily the actual importance of each theme.

A. Improved system infrastructure
B. Effective practices and programs
C. Consistent and authentic collaborations
D. Supportive policies
E. Culturally responsive systems

Listening session participants shared stories that reflected the need for a deeper and more nuanced understanding of domestic violence and for system infrastructures that reflect that level of understanding. Current system infrastructures often lack adequate staff training and supervision, opportunities to address and heal from vicarious trauma, good assessment tools, and integrated service systems. Systems should provide opportunities for the professionals serving families to get the information and supports they need, and should provide services that are integrated and easily accessible.

1. Staff Training and Supervision

Child welfare workers and their community partners continue to struggle with understanding the complexity of the experiences of adult survivors. This lack of understanding sometimes leads staff to employ interventions that may not be effective, or worse, may put adult and child survivors at risk of further physical harm.

“We made a culture shift in our practice. When we work with mothers (now), we meet them where they are at, understand their strengths and challenges, and don’t jump to removal. That was a big change for us”  

*child welfare leader*
homelessness, instability, and the loss of social connections and jobs. Child welfare workers and community-based partners also reported in the listening sessions that they don’t feel they have the skills to effectively and safely engage with people who use violence. Some workers shared that their fear of engaging with people who use violence is a major barrier to even exploring whether domestic violence is present in a family.

Listening session participants said that systems must provide more help for the professionals working in those systems so they can better address the needs of families experiencing domestic violence. People working in the field expressed the need for more frequent, effective, and practical training; for concrete ways to transfer into their everyday work the information they learn in training; and for strong, consistent supervision from more experienced and knowledgeable staff. With adequate training and consistent supervision, workers with less confidence and skill can learn to take precautions necessary to safely work with families who experience domestic violence.

Adult survivors reflected on the negative impact that the lack of staff knowledge, training, and supervision had on them and their families. Survivors reported feeling misunderstood, blamed, and forced to do things that they knew would make them less safe, because their workers did not fully understand how the domestic violence was affecting family safety. For example, one survivor said she asked the worker to help her and her son get the father who used violence “In my office, the workers go through a 90-minute (domestic violence) training and cultural competency for 60 minutes.”  

DV co-located advocate

“They (child welfare and the school) asked my son what he wanted. He said he wanted his dad to leave the house ‘so we could be calm.’ I said the same thing. They did something else.”

Spanish-speaking mother

“When we teach new processes absent the critical work we are already doing, it doesn’t stick. How do I incorporate this into my daily practice?”

child welfare supervisor
out of the house, but instead they ended up having to participate in family therapy with the father. Other women were asked to get restraining orders against their partners, even when they felt unsafe doing so.

2. Vicarious Trauma

Listening session participants who work with families experiencing domestic violence held a real passion for and commitment to helping families, but also described personal experiences of vicarious trauma, burnout, and fatigue. When workers see the aftermath of violence in the injuries to adult and child survivors, it affects them. Over time, in order to protect themselves from these strong feelings, workers can become callous or seem indifferent to the impact of violence—because they have seen it so often. This apparent indifference may look like apathy to the survivor and may affect the worker’s ability to respond with empathy and understanding.

Trauma-sensitive work environments are essential, as are supportive and meaningful supervision and a work culture that values the authenticity and vulnerability of the people engaged in protecting child and adult survivors. Limited investment in creating trauma-sensitive work environments has resulted in overwhelmed staff, high staff turnover rates, and mistrust among agency partners. When workers are not cared for, and workers taking care of themselves is not prioritized, families feel the repercussions.

“I had a really bad case last year, a child was severely injured. The gentleman was just sentenced which was kinda good. But right after that, I checked myself into counseling.”

child welfare worker

3. Assessment Tools

Participants talked about not having good assessment practices that acknowledge and account for the unique circumstances of each family’s situation. Current assessment practices may gloss over differences in families experiencing domestic violence, and these differences may have important implications for appropriate interventions. Participants with lived experience of domestic violence and of child welfare system involvement said that the assessment process made them feel unseen as individuals, and resulted in their unique circumstances being misunderstood or overlooked.

4. Fragmented Services

Participants said that the service system was challenging and sometimes fragmented—often with each family member engaged in different

“The worker I have now, I feel like she is just brushing the case off, like she has the mindset of she’s been doing this too long.”

English-speaking mother
services through different programs. Workers do not have enough time to coordinate the different services family members are receiving. With each family member engaging in different services, it is difficult for the worker to hold in mind all of the interventions happening for that family and to guide the plans toward individual and holistic family outcomes.

B. Effective Practices and Programs

Facilitators asked listening session participants to share approaches that were working well in their communities. Survivors and people using violence responded that having access to meaningful services and to effective community programs, groups, and classes was helpful. Survivors appreciated support groups as a way to help break their isolation and to gain comfort from relationships with other people in the group. Additionally, some survivors described therapy, support groups and fun activities for their children as key components of their children’s healing. Both survivors and people using violence described some of the groups they attended as being positive because they offered them new information and increased social, cultural, and spiritual connections.

“As stressful and terrifying as that investigation was, they (child welfare) gave me that nugget that changed my whole perception of what an abusive relationship was.”

*English-speaking mother*

“I took refuge in a church, started looking for God. This helped me move forward because I went through a lot of violence. It wasn’t just psychological.”

*Spanish-speaking mother*

From all sectors including child welfare workers, DV advocates, and judges, listening session facilitators heard the desire for more strategies...
that are effective in working with people using violence. These participants described either not having a good local program to which they could refer people who use violence, or not having faith in existing programs. The lack of available services for people who use violence was identified by child welfare supervisors and frontline workers as a significant barrier in the system’s response to families experiencing domestic violence. Listening session participants from programs that work with offenders experienced little coordination between their programs and local child welfare programs. Some participants also described a real disconnect between their work with people using violence and the efforts of local domestic violence programs to serve adult survivors.

Individuals from across the child welfare system also expressed a need for more trauma-sensitive and culturally responsive programming for people who use violence. One participant noted that until the system starts working more meaningfully with people who use violence, the system will continue to hold adult survivors responsible for the impact on their children of their partner’s violent behavior.

“We don’t have good organized services (for men), and our workers don’t have a good model of working with them.”

child welfare worker

“In my state, child welfare is paying us to work with the men in their caseload, so now I do have men in our groups from child welfare.”

DV offender program
C. Consistent and Authentic Collaborations

Successful strategies for and obstacles to collaboration emerged as another theme across the listening sessions. Communities that described strong partnerships among key stakeholders identified open communication, mutual respect, and regular meetings as important elements of their success. Opportunities to find common ground and create shared values were cited as helpful in overcoming the sometimes-competing priorities of child welfare agencies and community partners. Listening session participants found that when they were able to understand each partner’s roles and responsibilities and to create processes for information sharing and dialogue, they were more trusting of each other.

One participant noted that collaboration is a strategy, not a destination. In other words, it is possible to achieve good collaboration and still not improve outcomes for families. The QIC-DVCW recognizes the need to keep the collective focus of collaborations on the safety and well-being of adult and child survivors. Good community partnerships can contribute to the knowledge base and strengthen the collective ability to implement policies and practices that protect all members of a family. Conversely, poor or no partnerships can weaken the ability to intervene successfully on behalf of all family members.

1. Obstacles to Collaboration

Listening session participants identified two categories of common obstacles to successful collaboration: system obstacles and practice obstacles. System obstacles include high turnover rates for staff and frequent changes in agency leadership, which make it difficult to consistently engage in the relationship-building needed for strong collaboration. Without consistent leadership, it is challenging to maintain the momentum needed to fully implement collaborative policies and practices. System obstacles also include the fact that different funding streams vary in their support for community partnerships and collaboration.

Practice obstacles to successful collaboration include a lack of understanding across agencies of each agency’s priorities and mandates. Agencies may also have very different approaches to interventions for survivors and to engagement with people using violence.

2. Co-located Services

Domestic violence advocates and specialists working within the child welfare system described both the benefits and challenges of working at the intersection of domestic violence and child welfare. Advocates sharing office space in the child welfare agency with direct access to survivors was identified as a real benefit. Similarly, child welfare staff reported being grateful for having a domestic violence advocate close by and available for case consultation and support.

Historically, confidentiality issues, mistrust, and conflicting roles and responsibilities have sometimes created tensions among advocates co-located within child welfare and their peers working in their home agencies. This tension can occur
when different domestic violence organizations govern the responsibilities of advocates who work inside and outside child welfare, and have differing policies about what advocates can and can’t do. For example, one organization may allow advocates working in child welfare to engage directly with people who use violence while another organization may not allow its advocates in a different office to do the same. These inconsistencies can create inequitable responses to families and differing levels of support to child welfare workers working with those families.

“I am concerned that what may mean safe in the moment is not really safe at all. They may close a case because they see the mother taking steps. But how do we know there won’t be more (violence)?”

dependency court judge

D.

Agency Policies

Listening session participants noted that agency policies often work at cross-purposes and do not always support effective interventions for families experiencing domestic violence. Child welfare agencies and community partners who address domestic violence have different mandates and so may not respond in an integrated way to the needs of all members of the family. Many agencies or programs are funded and organized to address one member of the family or one aspect of their experience. As a result, they operate in individual silos, although the families’ experiences are all interconnected.

Policies must support interventions that hold up each member of the family and that also acknowledge their intersecting realities. To deliver adult and child survivor-centered practices, agencies and programs must have policies in place that prioritize safety and well-being for the child and adult survivor and simultaneously hold people using violence accountable for their behaviors. Policies regarding the safety and well-being of adult and child survivors should be consistent across partnering agencies and programs so that the interventions truly address safety and do not result in the return of the family to the child welfare system. For example, a child welfare policy that views a restraining order as “safe enough” protection for an adult survivor, may put a family at risk of further abuse and harm
and of re-entry in the child welfare system. Policies should never compromise safety.

Several listening session participants highlighted that even when good policies are in place, practice may not reflect them. Cultural and practice norms in an agency or organization may trump good policies because the infrastructure does not provide professionals with the supports they need. In addition, staff turnover and frequent leadership changes can create barriers or loss of momentum in consistent implementation of good policies. New leaders often want to implement their own signature initiatives at the expense of sustaining effective policies that had been put in place in the past.

E.

Culturally Responsive Systems

Listening session participants identified institutional and individual racism as important issues to address to improve services for families. Advocates and tribal leaders noted the disproportionate number of families of color in the child welfare system and recounted incidences of discrimination against families based on gender, race, class, immigration status, and language. They described a history of racially and culturally biased treatment of families by child welfare, law enforcement, and other systems that intervene when domestic violence is present. Because of that history, people from communities of color, including the tribes, mistrust the child welfare system, and adult survivors from these communities reported fear of losing their children unfairly. They also said they were reluctant to call law enforcement for help because they feared being arrested, whether or not they had tried to defend themselves by fighting back against their abuser.

Listening session participants also expressed heightened fear around immigration policies, including deportation concerns, as a barrier to accessing needed services. System involvement can facilitate access to services, but at the potential risk to families of greater visibility to immigration enforcement agencies. In recognition of these dynamics, domestic violence advocates and child welfare staff reflected a need to deepen their understanding about the multiple oppressions that limit options for mothers and families of color.
Mothers and fathers who were interviewed emphasized a desire for system professionals to understand their cultural norms and practices, including understanding that the concept of child protective services might be foreign to them. Some participants had never heard of child welfare before their involvement in the system, and did not at first understand the implications of child protection laws in the U.S. Other participants said they wanted their social workers to know that the lens utilized to view them didn’t allow the social workers to fully see them, to take into account their cultural context, or to understand how the cultural context affected how they parent their children.

“We have started a new group called Matriarch. It’s specifically for urban Indian women who are away from their homelands. It’s culturally relevant and promotes community building”

tribal leader

“We need comprehensive anti-bias training and cultural awareness training. We all have these biases we bring to work.”

DV advocate
CONCLUSION

The unique perspectives, overarching narrative, and key themes outlined in this report shine a light on the strengths and challenges in current responses to families experiencing domestic violence and involvement with the child welfare system. Listening session participants shared important lessons highlighting the need for enhanced collaboration among child welfare agencies and domestic violence programs, and for practices and policies to be aligned and supported through quality training and supervision. They emphasized that shared language and clear roles are an important part of aligning the work across systems and programs and noted that infrastructure must be strengthened to make and sustain appropriate practice changes.

Addressing the needs of child welfare involved families experiencing domestic violence is complex and requires strategies that are flexible and culturally relevant. Stories from survivors and from professionals across sectors, as captured in the listening sessions, provided the QIC-DVCW with essential perspectives about the need for nuanced practices and responses.

Fundamental to this work is the assessment of safety and risk for both adult and child survivors of domestic violence, and collaboration to effectively address their immediate and ongoing needs as well as the safety and well-being of the whole family. These elements serve as the foundation for the QIC-DVCW as the project defines, tests, and improves interventions with families in the child welfare system who are experiencing domestic violence.