

# ADULT & CHILD SURVIVOR- CENTERED APPROACH *for* ADDRESSING DOMESTIC VIOLENCE

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# THE ADULT & CHILD SURVIVOR-CENTERED APPROACH

## *for Addressing Domestic Violence*<sup>1</sup>

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The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)<sup>2</sup> was established to test interventions that are designed to improve how child welfare agencies work with community partners to serve families who are experiencing domestic violence. The QIC-DVCW developed the “Adult & Child Survivor-Centered Approach” (the Approach)—an innovative, collaborative approach for addressing domestic violence and co-occurring child maltreatment in families who are involved in the child welfare system. Both adults and children who experience violence in their families may be significantly impacted; thus, both are regarded in the Approach as survivors. The Approach also provides guidance about establishing mechanisms of accountability that support positive change among individuals who use violence<sup>3</sup> against their intimate partner. The Approach is being tested in three Research and Capacity Building Projects by the QIC-DVCW.

Domestic violence (DV) is defined in the Approach as a pattern of coercive control<sup>4</sup>; that is, a pattern of strategies used by a person to gain or maintain power and domination over

their intimate partner.<sup>5</sup> “Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.”<sup>6</sup> It is essential to respond effectively to *incidents* of domestic violence (e.g., planning for safety, providing medical attention, sometimes engaging protective services). However, the Approach underscores the importance of also actively responding to the *impact* of the various forms of domestic violence on adult and child survivors in order to promote the individual and relational attributes, as well as environmental and social conditions, that contribute to their safety, healing, and well-being.

The Approach builds on more than 25 years of work by child welfare and domestic violence practitioners and policymakers, and is grounded in research on violence prevention, human development, trauma, and resilience. Six guiding principles and two frameworks are the foundation of the Approach.

# GUIDING PRINCIPLES

## *of the Adult & Child Survivor-Centered Approach*

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The following guiding principles articulate the fundamental priorities and values of the Adult & Child Survivor-Centered Approach. Together these principles provide the foundation for expanding the range of responses and improving outcomes of families who are experiencing domestic violence and are involved in the child welfare system.

### ***Principle 1: Collaboration***

**Collaboration among multiple partners is essential to more effectively promote the safety of child and adult survivors and accountability for the person using violence and other forms of coercive control; help families access needed resources; and support the healing and well-being of all family members.**

Collaboration drives the Approach. Addressing the needs of families impacted by domestic violence cannot be accomplished by a single system or program. The Approach emphasizes the need for a variety of sectors to work together as collaborative partners in order to more effectively facilitate adult and child survivors' journey to safer and more stable conditions, healing, and well-being. Key sectors include domestic violence programs that serve survivors and offenders, child welfare, courts, law enforcement, public housing, education, and health care.<sup>7</sup> Additional partners could include mental health and substance use treatment providers, faith-based communities, child care centers, homeless shelters, and other child- and family-serving organizations. Although partners

have different roles, collaboration should occur at multiple levels within and across organizations. Family-level (or case-level) collaboration involves domestic violence and child welfare practitioners, and their collaborative partners, working in partnership with DV survivors themselves, with DV offenders in ways that are safe for survivors<sup>8</sup>, and with staff of other agencies. Institutional- and community-level collaboration focuses on partners aligning their policy, practice, organizational culture, and programming across sectors in order to effectively implement the Approach.

### ***Principle 2: Connectedness***

**The safety and well-being of child and adult survivors of domestic violence are inextricably linked.**

Although adult survivors and child survivors of domestic violence are heterogeneous groups with varied experiences, reactions, and needs, DV negatively impacts both child and adult survivors in a family. Numerous research studies have documented various impacts of domestic



violence on adult survivors, a substantial rate of co-occurring domestic violence and child maltreatment, the harmful impacts of exposure to domestic violence and maltreatment on children, and evidence that a child survivor's best interests are inseparable from their survivor parent's.<sup>9, 10, 11, 12</sup> Thus, improving outcomes for child and adult survivors requires domestic violence to be treated as a family matter where the safety, healing, and well-being of adult and child survivors are addressed interdependently based on each individual's specific needs.

### **Principle 3: Planning with Survivors**

**Child and adult survivors are safer and better off overall when planning is conducted *with them* and integrates their perspectives.**

Survivors of domestic violence know the most about their own circumstances, including how helpful prior interventions and responses of systems have been to their safety and well-being. Studies have demonstrated that adult survivors were more likely to be right than wrong in their assessments of risk for future violence and other forms of coercive control.<sup>13</sup> Thus, collaborative partners should work closely with survivors to craft safety and case plans that consider both research-based indicators of risk and

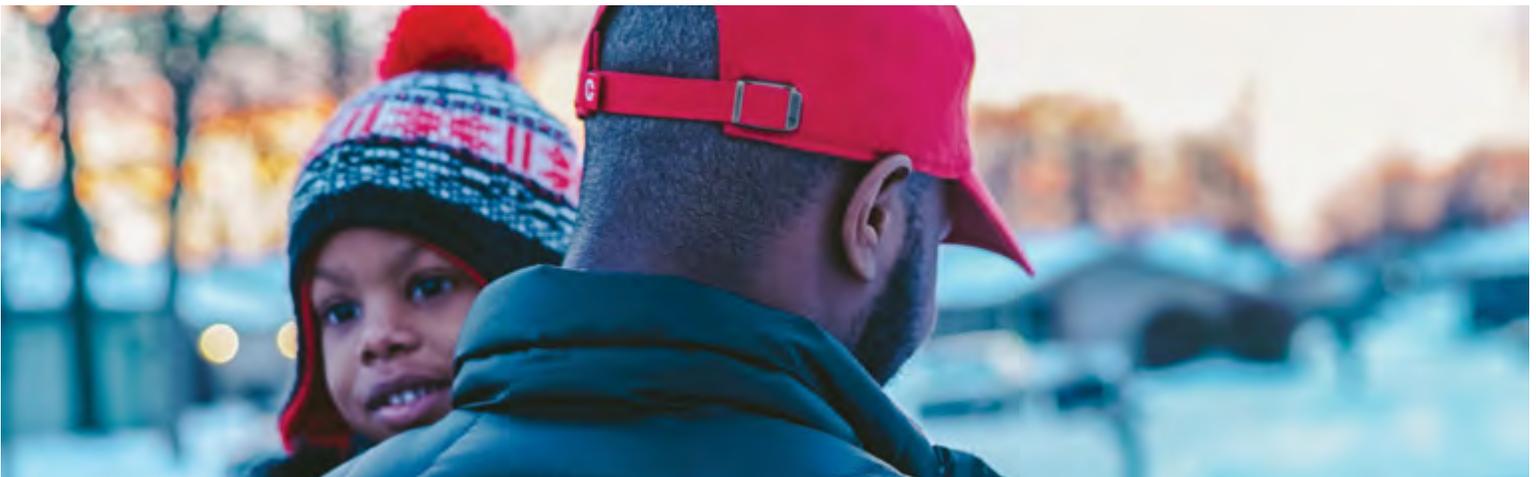
survivors' knowledge and perspectives. Plans should be revised and refined as survivors' circumstances change over time.

### **Principle 4: Unique Strengths & Challenges**

**Planning and interventions should integrate family members' strengths, support nurturing parent-child relationships and address the family's unique contexts and challenges, including prior and ongoing experiences of trauma.**<sup>14, 15, 16, 17</sup>

Domestic violence, children's exposure to domestic violence, and child maltreatment are adverse experiences that may result in significant physical, emotional, or behavioral trauma. Violence can influence the adult and child survivors' relationship and how they engage with others; impair their development; impact their understanding of themselves and their experiences; and affect their demeanor, perceptions, and decision-making.

Intervention strategies must be flexible and individualized in order to address both survivors' and offenders' specific circumstances and characteristics.<sup>18</sup> In addition, while managing risk is necessary, alone it is not sufficient to create optimal outcomes for families. Thus, planning





and interventions should be responsive to indicators of trauma (e.g. diminished energy, anger, emotional outbursts, poor concentration, etc.), build upon individuals' strengths and successes, honor their cultural beliefs, remove barriers to accessing help, leverage parents' love and desire for their children to thrive, and actively address challenges to their healthy functioning (e.g., social isolation, substance use disorders, and housing or employment instability). Survivors should be actively involved in identifying and prioritizing their multifaceted needs.<sup>19</sup> Interventions with these features are more likely to result in *positive* outcomes more frequently than deficits-based, risk management-focused approaches.

### **Principle 5: Equity**

**Domestic violence and child welfare practitioners and their collaborative partners should actively work toward racial, ethnic, and gender equity in their practice, as well as in families' access to resources and services and in their outcomes.**

Studies have provided strong evidence that structural racism and other social inequities related to race, ethnicity, and gender contribute to poorer outcomes for children and adults.<sup>20</sup> In addition, adult and child survivors of DV may experience institutional biases by the systems, organizations, or service providers they turn to for help when they are confronted with victim-blaming and gender-biased attitudes, practices, and expectations for survivors (e.g., blaming the mother for not protecting her children from witnessing violence; holding mothers primarily responsible for parenting). When social inequities related to race, ethnicity, and gender

intersect with institutional biases, DV survivors are at increased risk of inequitable treatment and, consequently, poorer well-being outcomes. Thus, in order to help all families to thrive, collaborative partners should actively work at the individual, institutional, and community levels to maximize adult and child survivors' access to the resources and services they need by understanding the inequities they face and implementing strategies to address them within their systems.

### **Principle 6: Healing & Well-Being**

**Domestic violence and child welfare practitioners and their collaborative partners must actively promote the healing and well-being of adult and child survivors and the DV offender, in addition to addressing their risk factors.**

Assessing and addressing risk factors that increase the likelihood of poor outcomes for adult and child survivors is critically important. But focusing on risk factors should not singularly determine planning and interventions. Strategies should also focus on building adult and child survivors' protective factors to ensure that they are on a trajectory of healthy and productive outcomes<sup>21</sup>, and promoting positive change in offenders in addition to holding them accountable for their behavior.

# FRAMEWORKS

## of the Adult & Child Survivor-Centered Approach

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There are two frameworks within the Adult & Child Survivor-Centered Approach. The *Domestic Violence Risk and Protective Factors Framework* provides guidance about addressing multi-level risk factors that contribute to negative outcomes, as well as building protective factors that mitigate risk and increase the likelihood of positive outcomes. The *Relational and Systemic Accountability Framework* provides guidance about working consistently, safely, and productively with individuals who cause harm to their families by using violence and other forms of coercive control.

### **Domestic Violence Risk and Protective Factors Framework**

This framework includes two components. The first component describes the nature of risk factors for adults and children experiencing domestic violence. The second describes five protective factors that studies have shown lessen the impact of DV on both child and adult survivors and promote their safety, healing, and well-being. While the framework delineates risk and protective factors that are pertinent to all families experiencing domestic violence, each individual and family experiences unique circumstances and navigates those circumstances according to their own capabilities, vulnerabilities, life histories, and social contexts.

**Domestic violence risk factors** exist in all domains of the social ecology. In the context of the Adult & Child Survivor-Centered Approach, risk factors for survivors of domestic violence are individual and relational attributes, as well as environmental and social conditions, that increase the likelihood of poor outcomes for adult and child survivors.<sup>22</sup> Domestic violence risk factors intersect in complicated ways within and across the levels of the social ecology that can create real barriers to safety, well-being, and healing for survivors, particularly for survivors who are members of marginalized communities.

The chart on page 7 provides examples of individual, relational, and institutional/community domestic violence risk factors. Understanding these multi-level factors can help domestic violence and child welfare practitioners and their collaborative partners identify and implement multi-level strategies that contribute to improved outcomes for child and adult survivors. The Approach asserts that healthy outcomes for adult and child survivors cannot be significantly promoted and sustained by singularly focusing on individual and relational risk factors. It is essential to address characteristics, circumstances, and conditions at the institutional/community level that are associated with a higher likelihood of poor outcomes, such as cultural norms that support violence toward others and social policies that create barriers to healthy family development and well-being.<sup>23</sup>



## Examples of Domestic Violence Risk Factors

INSTITUTIONAL & COMMUNITY	Lack of consequences and programming for DV offenders
	Responses of systems that increase risk to families (e.g., housing policy that results in survivors being evicted for actions of the abusive partner)
	Barriers to help for survivors and families (e.g., lack of accessible services, language barriers in service delivery)
	Formulaic interventions that are not responsive to trauma
	Community and social conditions that normalize violence
RELATIONAL	Severity and frequency of the violence, and degree of coercive control
	Offender tactics that undermine the adult and child survivors' relationship and their relationships with others
	Offender tactics that target survivors' vulnerabilities (e.g., mental health coercion, using children to control a partner)
	Multiple forms of exposure to violence
INDIVIDUAL	Child exposed to DV at key developmental stage (e.g., birth – 3 years or as an adolescent)
	Prior traumatic experiences
	How adult or child understands the violence (e.g., blames self)

## Protective Factors for Survivors of Domestic Violence

Within the Approach, protective factors are individual and relational attributes, as well as environmental and social conditions, that help to reduce the impact of DV risk factors, build individual strengths, promote healthy development, and establish conditions that support the safety, healing, and well-being of both adult and child survivors of domestic violence. An environment of on-going violence and coercive control can make it more difficult to reinforce or build adult and child survivors' protective factors. For example, the DV offender often directly or indirectly undermines efforts that build survivors' resilience, such as disrupting their ability to forge relationships, have access to resources, and achieve meaningful goals. There can also be an escalation of violence when offenders observe the growth of survivors' protective factors.



Nonetheless, building or reinforcing adult and child survivors' protective factors is essential for their healing and well-being. These factors can be strengthened even under adverse circumstances, and growth in any one of the protective factors can be the foundation for current or future growth in others. The five interrelated research- and practice-informed protective factors for child and adult survivors of domestic violence delineated in the Approach are described below.

### THE FIVE INTERRELATED DV PROTECTIVE FACTORS



## Safer and more stable conditions

Experiencing safer and more stable conditions while in an abusive relationship, planning to leave, or after leaving are essential for buffering the negative effects of domestic violence, healing from the impact of DV and co-occurring child maltreatment, and promoting healthy development and well-being of adult and child survivors. In this context, safer conditions are those in which there is a lower risk of physical, sexual, or emotional fear and harm—such as threats, intimidation, humiliation, stalking, economic oppression, coercion, and isolation—in one’s physical and social environments and relationships. Consistent and predictable experiences of safety and stability promote healthy development and well-being for adult and child survivors.

However, safer conditions are not absolute and the degree of safety that can be achieved is influenced by many factors. Safer options for one family may not be feasible for another family. Survivors’ personal histories, cultural norms, and adverse experiences—including systemic oppression—influence how safety is perceived, understood, and experienced. The type, availability, accessibility, and manner in which support, help, and resources are offered is another major determinant of safety and stability. The level and types of risk faced by survivors can also vary as circumstances change and the DV offender reacts or responds to maintain control, or modifies their behavior in positive ways.

Thus, it is essential for survivors, domestic violence and child welfare practitioners, and their collaborative partners to engage in ongoing discussions regarding the survivors’ perspectives and rights, safety options and obstacles, and

access to community resources. The goal is to ensure that adult and child survivors’ safer conditions do not provide just a temporary respite but longer-term stability.

Achieving more stable conditions enhances and sustains safety. Stable conditions refer to predictable and consistent positive experiences in one’s physical and social environments and relationships. Examples may include housing, employment, finances, transportation, child care, education, and interpersonal interactions. Unstable conditions — such as experiencing DV or losing a job — can negatively affect adult and child survivors’ choices, decision-making, problem-solving, sense of security, self-efficacy, social interactions, emotional responses, parenting skills, and access to help. Stable conditions can help to buffer the impact of stressful and traumatic experiences on adult and child survivors, and to increase adults’ sense of control over their lives and what happens to their children.



## Social, cultural, and spiritual connections

Research studies have documented that adult and child survivors' healthy and constructive relationships positively impact their healing and well-being.<sup>24, 25, 26, 27, 28</sup> Social, cultural, and spiritual connections for survivors of domestic violence refer to sustained relationships with people, institutions, a community, or a higher power that promote a sense of connectedness and positive identity which results in feelings of trust, belonging, faith, hope, and a belief that one matters. Social, cultural, and spiritual connections are valuable resources for adult and child survivors because they can provide:

- concrete support (e.g., physical and mental health services, restraining orders, safe housing, financial assistance, links to jobs);
- affiliative support (e.g., friendship, connectedness with others who share similar circumstances);
- emotional support (e.g., non-judgmental advice; empathy);
- informational support (e.g., guidance and advice, recommendations for services or resources);
- cultural support (e.g., shared identity, traditions, and a sense of community); and
- spiritual support (e.g., hope and encouragement; a sense of meaning and purpose to life).

Adult and child survivors of domestic violence may not have access to the types of support noted above because DV offenders often isolate them and limit their access to resources and supports.<sup>29</sup> Also, survivors may experience social isolation if they are physically separated from family, friends, and people in their community; experience language or cultural barriers; or have to give up their jobs, change schools, or leave family and friends behind when fleeing from domestic violence.

However, when adult and child survivors are able to access and experience constructive and supportive social, cultural, and spiritual connections, they tend to feel valued by people and institutions that demonstrate concern for their well-being. In addition, survivors are more likely to seek timely assistance and access to resources from people and institutions they trust, which further fosters a more optimistic view of the future. Constructive and supportive social, cultural, and spiritual connections also help to buffer adult survivors from the negative effects of stress and to support nurturing parenting behaviors that promote secure attachments in children.<sup>30</sup> Similarly, child survivors' safe, stable, and nurturing relationships with adults and peers provide a buffer against the effects of exposure to domestic violence and the experience of maltreatment, and are fundamental to healthy brain development. Healthy and constructive relationships help to promote multiple aspects of children's development, such as language skills, social skills, self-confidence, and self-esteem.<sup>31, 32</sup> Researchers also view social connections as vital to resilience.<sup>33</sup>

## Resilience and a growth mindset

The negative physical, emotional, economic, social and behavioral impacts of domestic violence on adult and child survivors should never be minimized. However, survivors are more than their experience of or reactions to violence and coercive control. Adult and child survivors possess the potential to persevere and meet their challenges; that is, to demonstrate resilience.

Resilience is the process<sup>34</sup> of positive adaptation and personal growth—such as coping, problem solving, becoming more resourceful, and functioning well—in response to adversity.<sup>35,36,37</sup> Positive adaptation can take many forms and is influenced by individuals' unique characteristics, life histories, social and cultural contexts, and level of violence and other forms of coercive control in the present.<sup>38, 39</sup>

Demonstrating resilience requires a growth mindset—that is, the optimistic belief that one's abilities, circumstances, and challenges can be improved through a commitment to change and consistent effort.<sup>40</sup> A growth mindset enables adult and child survivors to understand that, although they are currently experiencing and affected by domestic violence, their situation does not have to be permanent. When adult and child survivors have a growth mindset and demonstrate resilience they are able to develop a sense of purpose, take positive action, make good choices, internalize a belief in their own power to change, feel more in control of what happens to them, and see evidence of their ability to face challenges and adversity.<sup>41</sup> Practitioners can promote a survivor's growth mindset by working in ways that are empowering, future-oriented and hopeful.

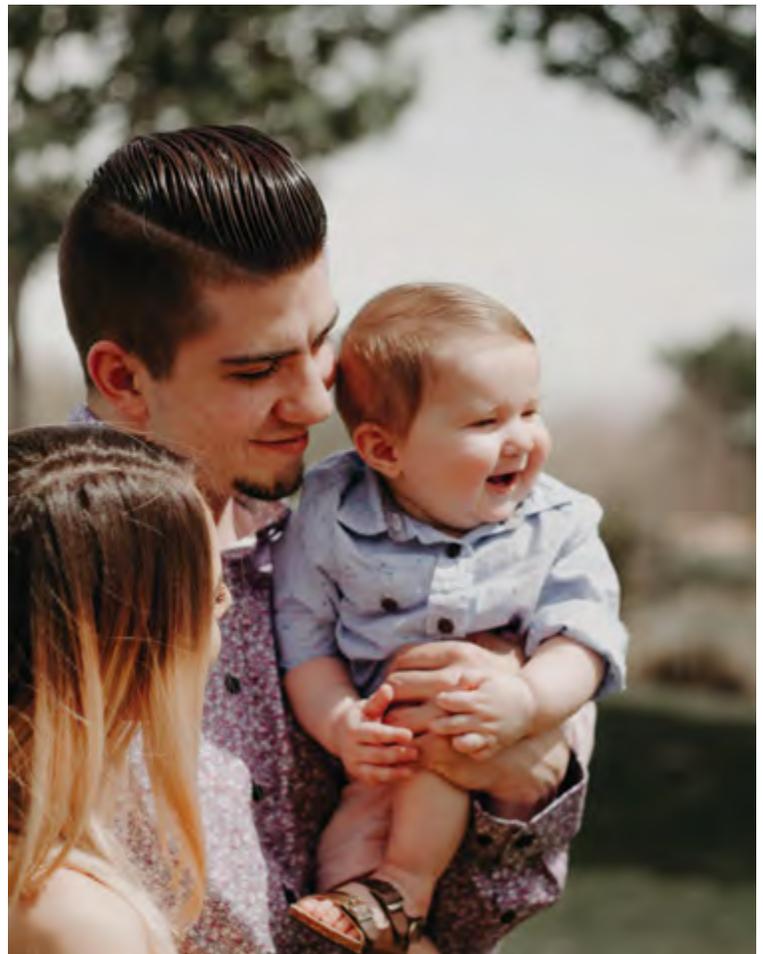


## *Nurturing parent-child interactions*

Research has shown that the single most important resource for promoting children’s healthy development, well-being and healing is having at least one loving, nurturing, attuned, and protective adult in their life, ideally their parent.<sup>42</sup> Nurturing parent-child interactions occur when a parent or parent-figure consistently responds to and meets the needs of a child in an attuned<sup>43</sup>, affectionate, patient, and caring manner.

As the well-being of adult and child survivors is inextricably linked, by strengthening nurturing parent-child interactions, both will benefit and thrive. Nurturing parent-child interactions lay the foundation for a sustained emotional bond of trust, love, and affection between a parent and child, which can help to buffer children from the negative impact of stress and traumatic experiences. These interactions also lay the foundation for a sustained sense of self-efficacy in parents; self-efficacy refers to believing that one is competent and able to carry out the actions necessary to achieve a goal.

Promoting and understanding nurturing parent-child interactions in the context of domestic violence is a complex matter. An adult survivor’s sense of self-efficacy, ability to meet their child’s needs, and the quality of the parent-child bond may be compromised by the offender’s pattern of control, coercion, intimidation, or isolation or by systems, organizations or service providers that fail to provide needed help. Thus, it is important to support adult survivors in strengthening their relationships with their children in ways that are meaningful and helpful to the parent and child.



## *Social and emotional abilities*

There is increasing evidence that strengthening social and emotional abilities in both children and adults should be a priority when serving families who experience highly stressed conditions and circumstances.<sup>44</sup> This is particularly important for adult and child survivors of domestic violence, as DV offenders often model and elicit behaviors in direct contrast to social and emotional abilities.

Overall, social and emotional abilities are the knowledge, attitudes, and abilities necessary to “understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions”.<sup>45</sup>

Social and emotional abilities include:

- Believing that one is competent and able to carry out the actions necessary to achieve a goal;
- Expressing negative emotions in ways that don't cause harm (to self or others);
- Developing healthy relationships and interactions with peers, family, friends, community and others;
- Considering the consequences of one's thoughts, emotions, and behavior before acting;
- Planning and carrying out purposeful actions;
- Persevering when first attempts are not successful;
- Advocating for one's own needs; and
- Developing a sense of right and wrong.

Key parenting behaviors that are essential for establishing, maintaining, and strengthening the parent-child bond, irrespective of the child's age, include providing for basic physical needs; building and maintaining trust; and demonstrating love, care, and affection.<sup>46</sup> The outcome of consistently engaging in these behaviors is a bond of respect, trust, love, and affection between the parent and the child, which will enhance the child's interactions with others. Consistent and reliable access to a supportive and attuned adult in their lives buffers children from the negative impact of stress and traumatic experiences like domestic violence.<sup>47</sup>



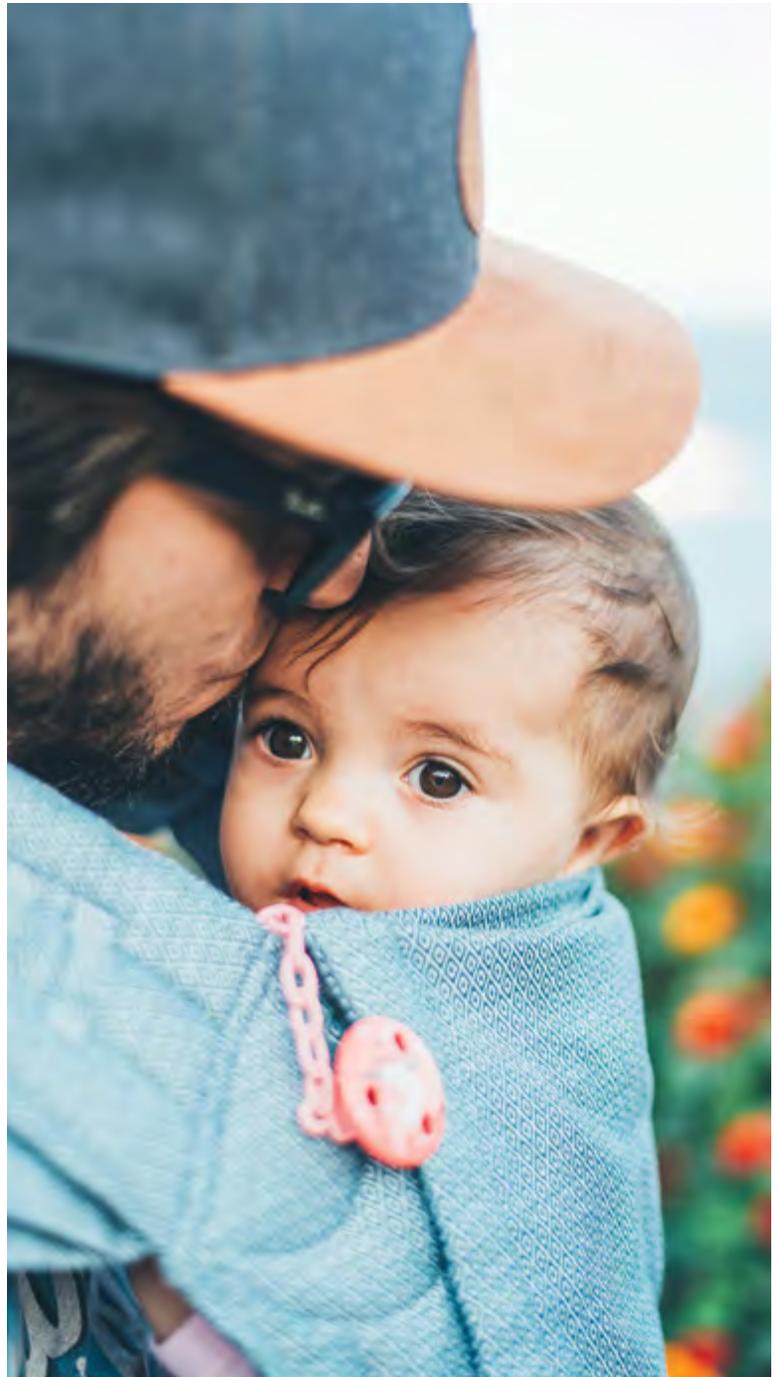
Social and emotional abilities facilitate the development of adult and child survivors' healthy self-concept, self-esteem, and ability to effectively interact, communicate, and collaborate with others. Building a strong social and emotional foundation will help both child and adult survivors be better equipped to handle stress and persevere through significant challenges and adversity in their lives.

## Domestic Violence Relational and Systemic Accountability Framework

The Domestic Violence Relational and Systemic Accountability Framework is an essential component of the Adult & Child Survivor-Centered Approach. It is grounded in the knowledge and observations of practitioners who have long worked with individuals who use domestic violence, as well as in recent research.<sup>48, 49, 50</sup> For example, studies show that participants in battering intervention programs can significantly reduce or eliminate their use of violence and other forms of coercive control with their intimate partner when awareness, accountability, support, and internal motivation are present.<sup>51</sup> Too frequently, however, people who use domestic violence who are also parents or caregivers of children are not meaningfully engaged in child welfare system interventions<sup>52</sup> despite legal requirements that they be contacted and offered services through a case plan. As a result, adult survivors are often held solely responsible for the children's exposure to domestic violence and for "failure to protect" them. Other research found that the lack of engagement of fathers with a history of using DV<sup>53</sup> can increase the risks to children,<sup>54</sup> while meaningful engagement of fathers by child welfare workers can result in fathers reporting improvements in their own parenting.<sup>55</sup>

Thus, this framework provides guidance to practitioners and policymakers about meaningfully engaging individuals who use violence and other forms of coercive control against their intimate partners and children

within the household in ways that are safe for survivors and that promote accountability. The framework focuses on the DV offenders accountability to adult and child survivors, to other key relationships, and to themselves in their journey toward positive change. The framework describes two dimensions of accountability: relational and systemic.



**Relational accountability** involves using the power of relationships, connections, and human interactions to reduce domestic violence and to support positive change. Relational accountability uses existing relationships (e.g., with family, friends, clergy) as well as acquired relationships resulting from the context of domestic violence (e.g., with judges, practitioners, community members). Relational accountability is bidirectional. It involves the ways in which people who use violence interact with others, acknowledge responsibility for their coercive behaviors, and demonstrate efforts to make positive change. Relational accountability also involves how families, practitioners, and others respond to DV offenders, hold them responsible for their behaviors, and encourage positive change and growth. Examples of relational accountability strategies include having honest and caring conversations about the domestic violence; providing connections to professional help; creating a system of ongoing “check-ins”; and setting limits and establishing consequences (e.g., not being invited to family gatherings).



**Systemic accountability** involves using the power of systems to reduce the use of violence and other forms of coercive control and guide people to healthier choices for themselves and their families. Examples of systemic accountability strategies include employing legal sanctions; developing case plans with clear expectations; holding the person causing harm equally responsible for assuring children’s safety and well-being; and removing obstacles to making positive change, such as helping offenders find employment, secure housing, and address mental health needs.

The Adult & Child Survivor-Centered Approach conceives accountability on the part of the person who uses domestic violence as:

- addressing, challenging, and ultimately reducing or ceasing their use of violence and coercive control;
- demonstrating via one’s actions a commitment to healthier beliefs, attitudes, and behaviors that result in positive change and enhanced well-being; and
- accepting consequences for their behavior.

This conception of accountability stands in contrast to the common practice of equating accountability with punishment and the criminal justice system. Research has shown that limiting responses to DV perpetration to punitive approaches is often ineffective.<sup>56, 57, 58</sup>

Thus, accountability does not always need to involve legally punitive measures. However, the specific relational or systemic accountability strategies used must be informed by the level of risk posed by the person using violence, their patterns and tactics of coercive control, and their level of investment in change. When risk is high and the individual who uses violence cannot be safely engaged, it is important to rely more on the power of systems. That is, it may be necessary to involve law enforcement and the court to limit offenders' access to survivors or to impose more serious consequences for continued use of domestic violence.

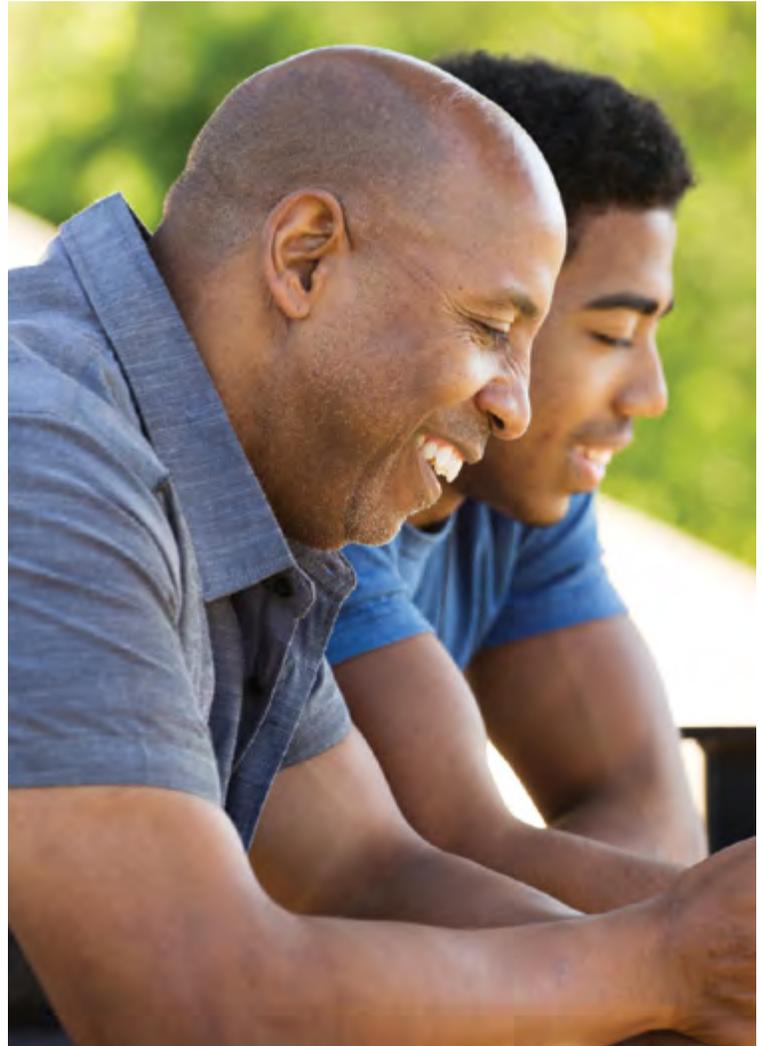
This framework is grounded in the premise that accountability can take different forms, and that supporting positive change is a more viable strategy than relying solely on punitive approaches. Effectively implementing the Relational and Systemic Accountability Framework requires collaboration among the agencies, organizations, and programs that serve people who use violence and their families. Efforts to create positive change can be enhanced when these collaborative partners have a shared understanding and more nuanced vision of accountability, coordinate mechanisms for promoting accountability, and regularly share and critique the strengths, challenges, and results of their efforts.



# CONCLUSION

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The Adult & Child Survivor-Centered Approach is an innovative approach for addressing domestic violence and co-occurring child maltreatment in families who are involved in the child welfare system. It has been purposely designed to fit a variety of child welfare administrative structures and varying local contexts, although it requires specific commitments to collaborating with partners, promoting equity, and providing services to all family members. By aligning practices, policies and programming around the shared principles and frameworks of the Approach, child welfare agencies, domestic violence programs for survivors and offenders, courts, and other community partners should collectively achieve improved outcomes of child and adult survivor safety, accountability and positive change among those using partner violence, enhanced well-being of all family members, and permanency for children.



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agencies and consultants and our National Advisory Committee. Finally, thank you to Julie Fliss and Jean Blankenship at the Children's Bureau for your thoughtful review, but more importantly for your unwavering support and guidance of the work of the QIC-DVCW.

# END NOTES

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1. This document provides an overview of the Adult & Child Survivor-Centered Approach. A more detailed explanation of the approach and guidance for operationalizing it are forthcoming.
2. Established in 2017, the QIC-DVCW is a 5-year cooperative agreement between the Children's Bureau and six partner organizations: Futures Without Violence (lead agency), Center for the Study of Social Policy, National Council of Juvenile and Family Court Judges, the University of Kansas School of Social Welfare, the Center for Health & Safety Culture at Montana State University and Caminar Latino.
3. The QIC-DVCW advocates using person-first language to describe people who use domestic violence/coercive control to gain or maintain power and domination over their intimate partner. Most often "person who uses violence" or "person who uses coercive control" is used. However, the term "DV offender" is also used occasionally in this document for readability purposes.
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