

RELATIONAL *and* SYSTEMIC ACCOUNTABILITY *for* PERSONS WHO USE VIOLENCE

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The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) 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*—an innovative, collaborative approach for addressing domestic violence and co-occurring child maltreatment in families who are involved in the child welfare system.¹ Domestic violence (DV) is defined as a pattern of coercive control²—that is, a pattern of strategies used by a person to gain or maintain power and domination over their intimate partner.³ “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.”⁴

The Adult & Child Survivor-Centered Approach (Approach) is grounded in six principles and includes two major components: a risk and protective factors framework for adult and child survivors of domestic violence⁵ and an accountability framework for persons who use violence against their intimate partner. This brief provides guidance for child welfare, dependency courts, programs for survivors of DV, battering intervention programs, responsible fatherhood programs, and other collaborative partners about establishing mechanisms of accountability that help reduce or eliminate abuse and promote positive change among persons who use violence and other forms of coercive control.⁶

The *Relational and Systemic Accountability Framework* grows out of the understanding that working with domestic violence offenders can increase safety and well-being for adult and child survivors and lead to healthier outcomes for persons who use violence⁷ when this work is included as an integral part of a holistic, coordinated response to domestic violence.

Accountability for DV offenders is often equated with punishment and criminal justice system involvement. However, there is growing evidence that limiting the conception of accountability to punitive consequences is often ineffective^{8, 9, 10} and may be counterproductive, especially when working in communities of color.¹¹

Holding DV offenders accountable in ways that protect and support their partners and children is essential, including criminal justice system involvement when necessary. In isolation, criminal justice-based responses are not sufficient to eliminate the violence and other forms of coercive control that impact adult and child survivors, nor to effect behavioral change in persons who use violence.¹² Thus, within the *Relational and Systemic Accountability Framework*, accountability is conceived as strategies that protect and support adults and children who have been harmed by domestic violence by reducing or eliminating the abuse and promoting a trajectory of positive change in persons who use violence. Recent research supports this conception of accountability.^{13, 14} The framework includes two dimensions of accountability: relational and systemic.

RELATIONAL ACCOUNTABILITY

Relational accountability refers to the power of relationships, connections, and human interactions to help reduce domestic violence and support positive change. It focuses on DV offenders' accountability to adult and child survivors, other key personal relationships (e.g., with family, friends, clergy, etc.), and acquired relationships resulting from the context of domestic violence (e.g., with judges, child welfare practitioners, community members, participants in battering intervention programs), as well as accountability to themselves. Relational accountability is bidirectional. It involves the ways in which persons who use violence interact with others, acknowledge responsibility for their violence and coercive control, and demonstrate efforts to make positive change. It also involves how families, practitioners, and others respond to and interact with DV offenders; hold them responsible for

their beliefs, attitudes, and behaviors; and encourage positive change and growth. Working successfully with persons who use violence requires that practitioners maintain both healthy skepticism and enduring optimism that change is possible.

DV offenders often report that they are not aware of what an authentic, healthy relationship looks like. Thus, relational accountability highlights the importance that those in key relationships with DV offenders demonstrate the nature of healthy relationships, including acts of mutual respect, understanding, patience, communication, trust, honesty, compromise, safety, and conflict resolution based on negotiations and fairness rather than coercion and threats.



SYSTEMIC ACCOUNTABILITY

Systemic accountability focuses on accountability within and across systems to support DV offenders in reducing or eliminating their use of violence and other forms of coercive control and in making healthier choices for themselves and their families.¹⁵ Systemic accountability is grounded in research that shows that the effectiveness of intervention programs for people who use violence is dependent on their connectedness to a broader intervention system.^{16, 17} That is, working with DV offenders requires an integrated, coordinated systems response in which multiple partners—beyond child welfare, criminal justice, and domestic violence service systems—work collaboratively to promote accountability for abusive behavior (e.g., mental health, health care, faith organizations, informal supports).

Systemic accountability underscores the need to explore, understand, and address how race, ethnicity, gender, and sexual orientation affect practitioners' perceptions and decision-making, as well as the concern that people of color experience institutional biases and inequitable treatment by the systems, organizations, and service providers they interact with or turn to for help. The systemic dimension of accountability emphasizes the need for child welfare agencies, battering intervention programs, courts, and other partners to actively work toward racial, ethnic, and gender equity in their practice, as well as in DV offenders' access to resources and services, and in their outcomes.

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and elsewhere. We are grateful for your wisdom in addressing trauma, oppression and the need for healing in the work of ending domestic violence. Thanks as well to Dr. Charlyn Harper Browne at the Center for the Study of Social Policy for working through many drafts and asking excellent questions. Finally, the QIC-DVCW extends our deep gratitude once again to Julie Fliss at the Children's Bureau for her leadership and guidance.

KEY ELEMENTS OF THE RELATIONAL AND SYSTEMIC ACCOUNTABILITY FRAMEWORK

Both relational accountability and systemic accountability require that practitioners employ strategies that (a) engage persons who use violence to reduce or eliminate their abusive and coercive behaviors in ways that are safe for adult and child survivors and (b) promote and help to sustain positive change in DV offenders' beliefs, attitudes, and behaviors.

Engage persons who use violence in ways that are safe for adult and child survivors

The ongoing safety needs of families involved with child welfare who are impacted by domestic violence are of primary importance when implementing relational and systemic accountability strategies. In order to respond successfully to the needs of adult and child survivors, practitioners must engage effectively with the person who uses violence and support them to reduce or eliminate their abusive and coercive behaviors.¹⁸ Engagement includes interacting, setting goals, developing case plans, and working with the person using violence to ensure their children's safety, permanency, and well-being.¹⁹ Thus, both relational and systemic accountability strategies can be considered aspects of engagement with the goal of reducing or eliminating a person's abusive and coercive behaviors.



To promote safer conditions for survivors, practitioners must include them in planning accountability strategies for the person who uses violence, and keep them informed of how those efforts are progressing. Without such planning, efforts to establish accountability for the person using violence can result in increased risk and retaliation against survivors. Once accountability measures are in place, strategies for minimizing risk include:

- ongoing communication with adult and child survivors about whether change is occurring, in either positive or negative directions, and about their current degree of safety;
- regular, planned communication among all parties involved in establishing accountability; and
- adjusting plans based on what is occurring in real time (e.g., modifying the frequency of contact with the person who uses violence and/or survivors, including or excluding specific people from the plan, etc.).



Too frequently, however, DV offenders who are also parents or caregivers of children are not meaningfully engaged in child welfare system interventions,²⁰ in spite of legal requirements that they be contacted and offered services through a case plan. Studies show that lack of engagement of fathers with a history of DV can increase the risks to their children.²¹ Conversely, meaningful engagement of fathers by child welfare workers can result in fathers reporting improvements in their own parenting.^{22,23} In addition, actively including adult survivors—and child survivors, as appropriate—in decision-making about how to safely and meaningfully engage persons who use violence is important because practitioners' and survivors' views and motivations may differ. For example, some mothers who are survivors want the father, or father figure, who perpetrated violence to remain involved in the lives of their children for a variety of reasons, although practitioners may prefer that no contact occur.

When child welfare staff work with DV offenders, some systemic accountability strategies should always be used. For example, documenting the person's responsibility for causing harm and developing plans to address their violence are systemic strategies that are both necessary and

appropriate. Beyond this, the combination of relational and systemic strategies to engage DV offenders should be informed by the level of risk they pose to the survivors, their specific patterns and tactics of abuse and coercion, their parental capacity, and their level of commitment to changing their behavior.

In situations where DV offenders pose a low or moderate level of risk to their families and demonstrate some motivation or investment in positive change, strategies for engagement related to the power of relationships may be prudent. In contrast, when risk is high or the person who uses violence cannot be safely engaged despite good efforts, it is important to rely more on the power of systems. In these situations, it may be necessary to require additional services for the DV offender, limit their access to the child and adult survivors, or involve law enforcement or courts to impose more serious consequences for continued use of violence. While it may not be safe for a person using violence to interact with survivors, practitioners can still meet with them and connect them to services that could eventually lead to positive change.

Promote positive belief, attitudinal, and behavioral change

Actively working to promote healthier and non-violent behaviors among DV offenders requires practitioners to perceive them as complex human beings—with both flaws and strengths—who are more than the sum of their worst behaviors, and to believe that people who use violence have the capacity to make changes. Employing relational and systemic accountability strategies can enhance the well-being of all family members—including the adult and child survivors as well as the offender—and support a trajectory of positive change for the person who uses violence. Positive change includes:

- accepting responsibility for one’s use of violence and the resulting consequences;
- addressing one’s use of violence and other forms of coercive control;
- developing empathy towards child and adult survivors’ experiences and understanding the consequences of the violence;
- showing motivation to change, and understanding one’s expectations for change;
- learning more adaptive beliefs, attitudes, and behaviors;
- actively demonstrating a commitment to safer, healthier beliefs, attitudes, and behaviors; and
- reducing or ideally ceasing the use of violence, power, and control against one’s partner and children.



RELATIONAL ACCOUNTABILITY STRATEGIES

Examples of relational accountability strategies for engaging persons who use violence and increasing their motivation for positive change include:

1. Discussing and thinking critically with the person who uses violence about their abusive and coercive behaviors, without shaming them
2. Delineating the legal and non-legal consequences resulting from the person's behavior²⁴
3. Focusing on the well-being of the whole family by sensitizing the person to the negative impact that their violent and coercive behaviors can have on their children and other family members
4. Helping the person develop cognitive and emotional empathy by promoting an understanding of the perspectives and emotions of adult and child survivors
5. Using parenthood as a reason and motivation for positive change
6. Helping the person understand how engaging in violent and coercive behaviors negatively affects their own life and well-being, and encouraging them to imagine and articulate a vision of a better future for themselves
7. Identifying and addressing possible barriers to change
8. Guiding the person in reflecting on their own childhood exposure to domestic violence and other forms of family violence, and addressing their trauma history



9. Considering cultural factors and the lived experiences of the person who uses violence, including the challenges they face
10. Recruiting family members, friends, and other key relationships (e.g., clergy, members of a religious congregation, employers, coworkers) to create a community of accountability and support for change
11. Discussing and thinking critically with the person about social and gender norms that create environments that tolerate interpersonal violence, power, and control (e.g., patriarchal power relations, male privilege, and the historical oppression of women), and refusing to accept these norms as an excuse for violence
12. Encouraging the person to identify positive cultural models that elevate non-violence and responsible, healthy parenting
13. Creating a plan for ongoing “check-ins” with the person who uses violence

SYSTEMIC ACCOUNTABILITY STRATEGIES

Examples of systemic accountability strategies for engaging persons who use violence and increasing their motivation for positive change include:

1. Supervisors and managers ensuring that practitioners have the requisite training, skills, and organizational support to work effectively with persons using violence
2. Creating child welfare case plans that promote safety and well-being of adult and child survivors, and that clearly articulate expectations that the person adopt non-coercive ways of interacting with their family (in other words, create plans that describe what the person should do, rather than only describing what they should stop doing)
3. Creating child welfare case plans that hold both parents to the same standards of parenting, within the family’s cultural norms (i.e., parents may have different caretaking roles with children, but both should be expected to ensure children’s safety and well-being)
4. Ensuring that referrals to certified battering intervention programs (BIPs) and responsible fatherhood programs include clear descriptions of their abusive and coercive behaviors



5. Removing possible barriers for positive change by providing connections and referrals to services and resources based on individual needs (e.g., emergency shelters and housing services; medical and mental health services; legal, economic, educational, and employment supports)
6. Participating in or establishing coordinated community responses, high risk teams, roundtables, and work groups that promote coordinated strategies and communication about risk and behavioral progress
7. Creating mechanisms to monitor behavior when warranted (e.g., supervised visitation) and using legal remedies to keep adult and child survivors safe from the offender (e.g., child welfare securing a restraining order on behalf of a child and after planning with the adult survivor)
8. Documenting—in case records and court affidavits—the occurrence of violent and coercive behaviors, and their impact on family members
9. Petitioning the court to mandate that the person who uses violence attend a certified BIP, when available
10. Opening child welfare cases in the name of the person who uses violence rather than in the name of the survivor parent

Both relational and systemic accountability can result in persons who use violence and other forms of coercive control feeling personally challenged to take responsibility for and stop or reduce their abusive behavior, as well as to acknowledge the harm they have caused and accept the consequences of their actions. Both dimensions of accountability require that those who use violence be encouraged to adopt new, healthier behaviors, improve parenting, practice self-care, and embark in a process of self-examination with emphasis on changing destructive attitudes, beliefs, and behaviors. Both types of accountability can be healthy and positive forces for people who use violence, their families, and their communities.

END NOTES

1. Download the *Adult & Child Survivor-Centered Approach* issue brief here: <https://dvchildwelfare.org/resources/overview-of-the-adult-child-survivor-centered-approach/>
2. Stark, E. (2007). *Coercive control: The entrapment of women in personal life*. New York: Oxford University Press, Inc.
3. The terms “domestic violence” and “coercive control” will be used interchangeably in this document.
4. Child Welfare Information Gateway. (2018). *Definitions of domestic violence*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau, p. 2. Retrieved from <https://www.childwelfare.gov/pubPDFs/defdomvio.pdf>
5. Download the “Protective Factors for Survivors of Domestic Violence” issue brief here: <https://www.dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/>
6. 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 the phrases “persons who use violence or other forms of coercive control” or “persons who use violence” are used in this document. However, the term “DV offenders” is also used for readability purposes.
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14. Silvergleid, C. S., & Mankowski, E. S. (2006). How batterer intervention programs work: Participant and facilitator accounts of processes of change. *Journal of Interpersonal Violence*, 21(1), 139-159.
15. Systems also need to be accountable to families and communities; however, this kind of accountability is not covered in this framework.
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19. McCarthy, J. (2012) *Guide for developing and implementing child welfare practice models*. Retrieved from <http://muskie.usm.maine.edu/helpkids/practicemodel/PMguide.pdf>
20. Pence, E., & Taylor, T. (2003). *Building safety for battered women and their children into the child protection system: A summary of three consultations*. Retrieved from <https://praxisinternational.org/wp-content/uploads/2015/12/buildingsafety.pdf>
21. Ibid.
22. Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., & Ismaila, A. (2012). Looking at engagement and outcome from the perspectives of child protection workers and parents. *Children and Youth Services Review*, 34(1), 112-118.
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