

Policy Brief

FUTURES
WITHOUT VIOLENCE

Recommendations to the Administration for Children and Families to Prevent Domestic Violence and Child Abuse

August 2021

Recommendations to Prevent Violence and Abuse and Help Families Be Safe, Healthy & Economically Secure

Domestic violence causes urgent public health problems for our nation. About 1 in 4 women and nearly 1 in 10 men have experienced sexual violence, physical violence, and/or stalking with impacts¹ by an intimate partner during their lifetime.² Members of the LGBTQ communities experience rates of domestic violence that are equal to or higher than non-LGBTQ people.³ Forty-six million children in the United States will be exposed to violence, crime, abuse, or psychological trauma in a given year: 2 out of 3 children in this country.⁴

This violence and trauma affects children and adults across the nation in countless ways every day. Adverse childhood experiences (ACEs), such as experiencing or witnessing violence or abuse,⁵ are linked to chronic health problems, mental illness, and substance misuse in adulthood.⁶ Additionally, children and youth exposed to violence and other adversities are more likely to drop out of school, have difficulty finding and maintaining a job, are less likely to attend college, and are at a heightened risk for later victimization and/or perpetration of violence.⁷

Regrettably, ACEs are all too common. According to the Centers for Disease Control and Prevention (CDC) about 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.⁸ The on-going COVID-19 pandemic has made preventing ACEs, including domestic violence more challenging and more urgent. It also has exposed the structural racism that undergirds our systems and institutions contributing to violence and widespread inequities.

Here's the good news – Violence and the health consequences of ACEs are preventable! FUTURES knows from decades of study, research, and practice that creating safe, stable, nurturing relationships and environments for children and families can prevent violence and abuse. Moreover, nurturing relationships and positive environments can be *designed* and scaled.

Fortunately, the Administration for Children and Families (ACF) is perfectly positioned to increase programs, policies and practices that support nurturing adult-child relationships and

promote positive environments, thereby reducing ACEs and improving the health and well-being of our most vulnerable families. To accomplish this, we offer the following recommendations focused on reducing violence, advancing equity, and promoting healing. ***We also request that you release an Information Memorandum that calls for providers across ACF programs to 1) reduce unnecessary referrals to the child welfare system, and 2) invest in community-based supportive services that children and families need.***

Child Care and Early Education Recommendations

Fully fund child care, Head Start and Early Head Start programs and provide DV-specific trauma-responsive training to caregivers and teachers so that they can recognize and respond to domestic violence and child trauma.

For children exposed to violence and other risk factors and for adults in low-paying jobs, affordable and/or free 24-hour child care as well as early childhood education programs, like Head Start and Early Head Start, are critical. They provide children access to high-quality early care, nurturing and stimulating environments, and education programs that are focused on school readiness, social skills and emotional well-being, language and literacy, and health. Parent engagement is a key component of Head Start services, including strengthening family well-being, increasing the capacity of parents to act as advocates and leaders, introducing fathers to Fatherhood programs, and connecting families to medical, dental, and mental health services.

The Office of Child Care

- Continue to seek more federal funding for child care so that more low-income families can benefit from child care subsidies.
- Incentivize child care programs to be available during non-traditional work hours and during the weekends to accommodate the needs of all low-income families.⁹ This is particularly important for domestic violence survivors who are often forced to leave their children in tenuous circumstances because of lack of child care.
- Require that all child care providers and teachers have domestic violence informed and trauma-responsive training to recognize and respond to families experiencing domestic violence, and to help connect children and families to services so that they can be safe and heal. The training should allow providers and teachers to address their own needs for safety and healing from their own trauma or from secondary trauma.
- Create a partnership between the Children's Bureau and the Office of Child Care that will provide funding for in-home child care for victims of domestic violence involved in

the child welfare system so they can receive child care assistance when they need it most (e.g. after school, bedtime or late at night).

Head Start and Early Head Start

- Utilize new funding to ensure that all Head Start and Early Head Start programs are trauma-responsive.
- Create new safety standard that includes domestic violence and children's exposure to violence.
- Establish Head Start as a trauma-responsive early childhood environment for all children by embedding a trauma intervention model as a component of the Head Start performance standard.¹⁰
- Establish workplace safety protocols for employees who are victims and survivors of domestic violence and for critical incidents of domestic violence and provide training and technical assistance to ensure that all administrators, teachers, and staff in Head Start and Early Head Start programs are trained on how to recognize and respond to domestic violence and the interventions that work to help children heal. The training should address domestic violence and trauma among staff and allow administrators, teachers, and staff to address their own needs for self-care and healing from trauma.
- Provide ongoing TA on how to integrate universal education strategies into their programs to help prevent family violence and respond to the needs of families who have been exposed to violence by partnering with local agencies and community-based organizations that provide services for both survivors and men who use violence.
- Provide guidance to Head Start and Early Head Start programs on how to establish an MOU between local domestic violence programs, and early childhood programs with regards to referrals, case management, information sharing, and cross training.

Child Welfare and Fatherhood Recommendations

Improve the overall health and well-being of children and families by strengthening and supporting prevention efforts to reduce the likelihood of child abuse and neglect.

As a nation, we want to support children's physical health, mental health, and educational needs and help families meet these needs. The Community-Based Child Abuse Prevention Grants (CBCAP) administered by HHS supports community-based efforts to prevent child abuse and neglect and supports the development of healthy families.

- Continue to seek more federal funding for Title II of the Child Abuse Prevention and Treatment Act (CAPTA Title II) and Promoting Safe and Stable Families (PSSF)

programs so that more children and families benefit from community-based prevention programs.

- Encourage and incentivize states to collaborate and partner with domestic violence programs and anti-violence fatherhood programs to serve children and families impacted by violence and trauma.
- Adopt strategies included in new Alternative Pathways to Child Abuse Prevention Act which calls on states to submit an alternative response plan to provide families with the supports they need without unnecessarily bringing them into the child welfare system. The bill also improves data collection on the co-occurrence of domestic violence and child abuse and neglect, and encourages Tribes to adopt intervention procedures to enhance the safety of children and victims of domestic violence.

Invest in programs that help men who use violence heal and change their behavior.

Programs for men who use violence are designed to help individuals learn nonviolent skills through a combination of educational lessons and a therapeutic process. These small group programs, often referred to as “Batterer Intervention Programs,” have been in existence since the 1970s. FUTURES has observed systems-based programs that are mandated by the courts, police, and child welfare agencies as well as programs that are “relational,” trauma-responsive and culturally relevant that rely on the power of human connections.¹¹ FUTURES’ “deep experience shows that both approaches – systemic and “relational”—have to be balanced, in order for men who use violence to effectively change their behavior.”¹²

- Reduce family violence by supporting a new grant program for men who use violence that focuses on prevention and healing; adopts a trauma-responsive, culturally relevant framework that includes both a systems and a “relational” response; includes family and community; and engages fathers to allow them to examine their own experiences of violence as children and develop empathy for their children as a way to change their behavior.¹³
- Repurpose portions of the Responsible Fatherhood grant program and child abuse prevention funds to better address domestic violence and men who use violence.
- Support training and technical assistance to Responsible Fatherhood programs to educate fathers about domestic violence and connect fathers to helpful resources if they are survivors of violence or use violence in their intimate relationships.
- Support and provide technical assistance to Responsible Fatherhood programs to strengthen their collaboration with local domestic violence programs to allow for more shared training, referrals, and support.

Strengthen the capacity of the Child Welfare System to address domestic violence and help families address child maltreatment.

We need a child welfare system that embraces child and family well-being and race equity. We also need a system that fully supports children and their families and that removes children from their homes only for their immediate safety not because their parents are poor and struggling to make ends meet. It must be a system that “strives to keep families together in their communities with the resources and supports...so that children are not removed from homes where they are otherwise safe.”¹⁴

- Promote a new vision for a 21st century child welfare system that uses a public health approach to preventing child maltreatment and supporting strong and resilient families, as opposed to increasing surveillance and reporting of struggling families.¹⁵
- Review all child welfare policies and update them to promote and emphasize race equity in all communications and policy guidance to jurisdictions, grantees, and contractors.¹⁶
- Encourage states to ensure that all child welfare agencies provide counsel for parties involved in all stages of involvement with the child welfare system, including pre-petition.
- Help states implement the Family First Prevention Services Act and encourage and incentivize them to utilize the new prevention funding.
 - Ensure that every state plan includes promoting protective factors for domestic violence and child abuse,¹⁷ domestic violence prevention education and assessments, as well as services and supports for families who have been exposed to violence and trauma.
 - Ensure that every state includes programs that focus on men and fathers to build parenting skills, support family cohesion, and prevent and address domestic violence.
 - Ensure that all of the programs within the state plan are trauma-responsive so that they can respond to the full needs of all family members.
- Implement lessons learned and innovative interventions to improve how child welfare agencies and their community partners work with families experiencing domestic violence from the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW).¹⁸
 - The QIC-DVCW has developed the “Adult & Child Survivor-Centered Approach” (the Approach), that aligns policies, practices and programming across sectors to be responsive to the interconnected experiences of child and adult survivors of domestic violence. The Approach also aligns collaborative efforts to promote healthy accountability and to create meaningful pathways to change for the person who has caused harm. Moreover, the Approach works to sustain and strengthen the safety of survivors, the well-being of all family members, and permanency for children, while not drawing families unnecessarily into the system.¹⁹

- Increase partnerships and expand funding available to place domestic violence advocates in child welfare agencies or provide expert consultation in DV cases.
- Add domestic violence safe practices criteria into child and family service reviews.
- Encourage states and counties to develop child welfare contracts that include a suite of supports for families experiencing domestic violence, including programs for children exposed to violence, fathers who use violence, advocacy programs for survivors and safe visitation and exchange programs.
- Incentivize states to use Title IV-B funds to support collaboration among multiple stakeholders (child welfare agencies, domestic violence programs, programs for men who use violence, early childhood programs, and behavioral health agencies) to effectively serve families who are experiencing violence and are in the child welfare system.
- Encourage states to focus a portion of their Social Services Block Grant (SSBG) funds on providing domestic violence services as well as in-home supportive services to families so that out-of-home placements can be prevented. Critical in-home services include providing child care support for families during busy times of the day, such as mornings, after-school, and evenings.

FVPSA Services and Supports Recommendations

Robustly fund treatment and services for adults and children who have experienced violence.

Children and families who have or are experiencing domestic violence and trauma need to feel safe and secure and have access to services and supports to help them heal. Local domestic violence programs ensure that survivors have access to essential services. These services can include emergency shelter and housing, safety planning and crisis intervention support, health assessment and medical care, mental health and substance abuse treatment, individual counseling and support groups, legal advocacy for court matters, and career and educational support. Local domestic violence programs also help to stabilize families by connecting them to social support systems such as Medicaid, child care subsidies, Supplemental Nutrition Assistance Program (SNAP), workforce development, and other federal and state benefits. Moreover, they offer programs for children that promote their physical, emotional, interpersonal and social, and academic welfare, thereby helping them to heal.

- Continue to seek more federal funds for the Family Violence Prevention and Services Act (FVPSA) program to support violence prevention programs and services for survivors of domestic violence.

- Support more culturally specific organizations and programs that serve LGBTQ survivors and encourage and support domestic violence programs that seek to innovate and create ways to provide some services virtually.
- Encourage domestic violence programs to incorporate lessons learned from the Domestic Violence Prevention Enhancement and Leadership Through Allies (DELTA) Impact program²⁰ into their domestic violence programs and budgets. The purpose of DELTA Impact program is to decrease risk factors in communities that may lead to domestic violence and to increase protective factors to prevent it. Three recommended prevention strategies include: engaging influential adults and peers, creating protective environments, and strengthening economic supports for families.
- Encourage domestic violence programs to incorporate lessons learned and best practices from the Promising Futures Technical Assistance Center to help mothers and children heal and connect following violence.²¹
- Provide guidance to FVPSA grantees on ways to connect survivors to services and supports, including the use of community health workers, community health centers and mobile health services.
- Continue to develop policies to make flexible cash assistance available to survivors of domestic violence.

Economic Security Recommendations

Transform TANF into a survivor-centered program that is more responsive and intentional about meeting the needs of survivors of domestic violence.

Temporary Assistance for Needy Families (TANF) provides survivors of domestic violence with critical financial support.²² Unfortunately, the program, as it is currently structured and administered, does not work well for many survivors for a number of reasons, including: the funding level is insufficient for survivors to maintain self-sufficiency; the program is difficult to access and its policies and practices are challenging to navigate; and burdensome paperwork, documentation, orientation, and work requirements create additional challenges for survivors. For survivors of violence who are transgender, immigrants, or have limited English proficiency, TANF is even more inaccessible and unmanageable.

- Continue to seek more federal funds for TANF to help low-income families, including survivors, meet their basic needs.
- Transform TANF into a survivor-centered program that is more intentional about meeting the needs of survivors by strengthening federal policies to increase the level of benefits, reduce barriers and expand access for survivors of violence, and provide additional resources (transportation, child care, living wage work) that promote economic security.

- Amend TANF requirements to allow money to be used to address parents' trauma-related mental and behavioral health issues, which often serve as barriers to successful employment and educational advancement.
- Clarify and minimize the federal processes for screening for domestic violence, the exemptions that are available to survivors, and the documentation required for survivors.
- Provide more TANF funds to states so that they can place domestic violence advocates in state human services and child welfare offices to provide confidential and trauma-responsive services to clients to help them with safety planning, risk and fatality assessment, shelter services, and referrals to other community resources. (The Oregon Department of Human Services has developed and implemented a co-located advocacy program as well as a domestic violence point-person program that is exemplary and could be replicated.)²³
- Ensure that states offer ongoing training for caseworkers on the dynamics of domestic violence and on providing trauma-responsive services and responses. The training should allow caseworkers to address their own needs for self-care and healing from their own trauma or from secondary trauma.

Incentivize states to develop a Temporary Assistance for Domestic Violence Survivors Program.

Cash assistance serves as a critical short-term social support for survivors. It allows them to address emergency and basic needs. Since 1997, the Oregon Department of Human Services (ODHS) has operated a Temporary Assistance for Domestic Violence Survivors (TA-DVS) program.²⁴ This program uses a small amount of the stated federal TANF block grant to provide short term cash assistance to survivors to address their emergency needs. Under the program, survivors receive up to \$1,200 in a 90-day period to help them with crisis related needs. Once the 90-day period ends, survivors can reapply for additional TA-DVS money.

- Encourage and incentivize states to implement a cash assistance program to survivors of violence using TANF funds, similar to Oregon's program.

¹ Violence with impacts may include injury, fearfulness, post-traumatic stress disorder, use of survivor services.

² National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2019). *Preventing Intimate Partner Violence Factsheet*. Retrieved from: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>.

³ Walters, M.L., Chen J., and Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and

Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf; see also, VAWnet. (June 01, 2019). *Preventing and Responding to Domestic Violence in Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ) Communities*. Retrieved from: <https://vawnet.org/sc/preventing-and-responding-domestic-violence-lesbian-gay-bisexual-transgender-or-queer-lgbtq>

⁴ Attorney General's National Task Force on Children Exposed to Violence. (2012). *Report of the Attorney General's National Task Force on Children's Exposure to Violence*, at 3. Washington, DC: U.S. Government Printing Office. Retrieved from: <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

⁵ ACEs are potentially traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt or die by suicide; and growing up in a household with substance misuse, mental health problems, or an absent parent.

⁶ National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2020). *Preventing Adverse Childhood Experiences*. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

⁷ World Health Organization. (June 8, 2020). *Violence against children*. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>

⁸ National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2020). *Preventing Adverse Childhood Experiences*. Retrieved from: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

⁹ Children Now. (2020). *California Children's Report Card 2020*, at 24. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>

¹⁰ First Five Years Fund, Federal Legislative priorities.

¹¹ "Areán, J.C. (2019). Relational and Systemic Accountability for Persons who Used Violence. Futures Without Violence. See also: Areán, J.C. and Strodthoff, T. (May 2020). The Other Side of Domestic Violence: Helping Survivors by Working with Their Abusive Partners, *Medium*. Retrieved from: <https://medium.com/@FuturesWithoutViolence/the-other-side-of-domestic-violence-helping-survivors-by-working-with-their-abusive-partners-8916c9ac72cb>

¹² Ibid.

¹³ Ibid. See also, Decker, M.R., Holiday, C.N., Hameeduddin, Z., Shah, R., Miller, J., Dantzler, J., Goodmark, L. (2020). Defining Justice: Restorative and Retributive Goals Among Intimate Partner Violence Survivors. *Journal of Interpersonal Violence*, 1-24. Retrieved from: <https://doi.org/10.1177%2F0886260520943728>.

Hauser, Rebecca Thomforde. (2017). What Courts Should Know: Trends in Intervention Programming for Abusive Partners. *Center for Court Innovation*. Retrieved from: <https://www.courtinnovation.org/publications/what-courts-should-know-trends-intervention-programming-abusive-partners>.

¹⁴ Sandra Gasca-Gonzalez. (May 2020). Let's Boldly Reimagine Child Welfare System to Strengthen Families in Post-COVID-19 World, *Youth Today*. Retrieved from <https://youthtoday.org/2020/05/lets-boldly-reimagine-child-welfare-system-to-strengthen-families-in-post-covid-19-world/>

¹⁵ American Academy of Pediatrics. (November 2020). *Transition Plan: Advancing Child Health in the Biden Harris Administration*, at 9. Retrieved from: <https://downloads.aap.org/AAP/PDF/AAP2020TransitionPlanPDF.pdf>

¹⁶ Ibid.

¹⁷ For more information on the domestic violence protective factors framework, see, Quality Improvement Center on Domestic Violence in Child Welfare. (February 2019). *Protective Factors for Survivors of Domestic Violence*. Retrieved from: <https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-Protective-Factors-Brief-Final-09-1.pdf>

¹⁸ 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 on 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.

¹⁹ Quality Improvement Center on Domestic Violence in Child Welfare. (March 2019). *Adult & Child Survivor-Centered Approach for Addressing Domestic Violence*. Retrieved from: <https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-ACSCA-Overview-05-Final-Online.pdf>

²⁰ Information about Delta Impact can be found at: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/delta/impact/index.html>

²¹ Information about the Promising Futures Technical Assistance Center can be found at: <https://promising.futureswithoutviolence.org>

²² Shaina Goodman. (January 2018). *The Difference Between Surviving and Not Surviving: Public Benefits Programs and Domestic and Sexual Violence Victim's Economic Security*, joint report from the National Resource Center on Domestic Violence, Center on Poverty and Inequality at Georgetown Law, and Economic Security and Opportunity Initiative. Retrieved from: https://vawnet.org/sites/default/files/assets/files/2018-10/NRCDV-TheDifferenceBetweenSurvivingandNotSurviving-UpdatedOct2018_0.pdf

The report represents the findings from a survey conducted from August – September 2017 that included 1,126 responses. A majority of the respondents –86.6% are advocates at domestic violence, sexual assault, or dual programs, but respondents also included those working at legal services, social services, anti-poverty, or housing/homeless agencies. Additionally, respondents worked at the local, state or territory level, national level, and tribal level and represented individuals from every state, DC, and American Samoa.

²³ Recognizing that survivors of domestic violence often have safety needs beyond immediate cash assistance, Oregon has developed an Oregon Department of Human Services (ODHS) Co-Located DV Advocate program. Co-Located DV advocates are individuals from local domestic violence organizations who have a contract with ODHS to provide confidential and trauma-responsive advocacy services in ODHS Self-Sufficiency and Child Welfare offices to ODHS clients. Services include, but are not limited to: safety planning, risk and fatality assessment, shelter services, and referrals to other community resources such as housing, mental health services, counseling, support groups, etc. ODHS also supports a “Domestic Violence Points” Program. Domestic Violence “Points” are ODHS staff located in all ODHS district offices who have agreed to take on a voluntary role as the “go to” person for domestic violence information. DV Points attend quarterly meetings, get updated information and resources, build relationships with Co-Located DV Advocates, and are knowledgeable on how to assist domestic violence survivors in their area.

²⁴ Information about Oregon’s program was obtained through conversations and materials provided by Amber Harchuk, Domestic Violence Programs Lead at the Oregon Department of Human Services. The state adopted into statute the Family Violence Option in TANF and enacted Oregon Administration Rules that sets forth the requirements for TA-DVS. Information about the program can be found at the Oregon DHS website:

<https://www.oregon.gov/dhs/abuse/domestic/pages/tadvs.aspx>. A brochure developed by Legal Aid Services of Oregon & Oregon Law Center provided valuable information for this paper. It can be retrieved at: <https://oregonlawhelp.org/files/CCDACC15-944D-570E-7F1F-7BBF3DEC0018/attachments/38C72FE5-A7DB-6DBD-6714-0ABB0962CA04/tadvs-2017.pdf>.