



SAFE & TOGETHER MODEL OVERVIEW TRAINING

PARTICIPANT GUIDE

DOMESTIC VIOLENCE-INFORMED

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SAFE & TOGETHER™ MODEL

NORTH AMERICA OVERVIEW TRAINING



Concrete solutions. Meaningful tools. Real change.

DOMESTIC VIOLENCE-INFORMED OVERVIEW TRAINING

Safe & Together Institute

Objectives

- ✦ To introduce a perpetrator pattern framework
- ✦ To introduce and understand the Safe & Together Model principles and components and how those guide practice in various roles
- ✦ To introduce how to use the Safe & Together model as a way to enhance good practice in various roles
- ✦ To share information about the range of activities and offerings from the Safe & Together Institute.

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Concrete strategies.
Meaningful tools.
Real change.

Mission

To create, nurture and sustain a global network of domestic violence-informed child welfare professionals, communities and systems.

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What Does Safe & Together Offer?

Suite of Tools & Resources

- Organizational Assessment & Consultation
- CORE and Advanced Training
- Mapping and Other Practice Tools
- Coach, Trainer and Advocate certifications
- Data and Research
- E-courses and Companion Guides



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Where is Safe & Together?

USA

- Alaska
- California
- Colorado
- Delaware
- District of Columbia
- Florida
- Iowa
- Maryland
- Michigan
- Minnesota
- Ohio
- Oregon
- Nebraska
- New Jersey
- New Mexico
- New York
- North Carolina
- South Carolina
- Tennessee
- Texas
- Virginia

Canada

- Manitoba
- Ontario

UK

- Barnardos Scotland
- 16 Local Authorities across Scotland
- Ministry of Defence
- Manchester
- 2 London Boroughs

Asia

- Hong Kong

Australia

- PATRICIA project
- Invisible Practices
- Queensland
- Western Australia
- Northern Territory
- Victoria
- South Australia
- New South Wales



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SAFE & TOGETHER™ MODEL IN-PERSON & VIRTUAL EVENTS

In addition to our trainings, find S&T Institute-hosted events and programs tailored to practitioner needs and goals, from regional summits and free webinars to multi-day conferences, Safe & Together™ Model CORE training, and the intensive Trainer Certification Program. Learn more about dates & offerings at safeandtogetherinstitute.com.



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Safe & Together™ Model

Better Outcomes for Families & Systems

Domestic Violence Informed Child Welfare System

- Improved Competencies
- Improved Cross System Collaboration

Better Outcomes for Families: Safety, Wellbeing & Permanency

- Better Assessment
- Better Partnerships
- Better Case Plans

Practice Tools

- Mapping
- Pivoting
- Case Planning Guide
- Supervisor Matrix
- Pathways and Planning

Foundation

- Model Characteristics
- Principles
- Critical Components

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Safe and Together Institute

4-day CORE

- ✦ 4-day CORE Training includes lecture, discussion, videos, exercises and modeling from experienced trainers to develop participants' skills around 4 practice areas:

- ✦ Assessment
- ✦ Interviewing
- ✦ Documentation
- ✦ Case Planning

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DOMESTIC VIOLENCE AND CHILDREN

IN NORTH AMERICA

17.9%  Nearly **20%** of children of all ages have been exposed to **DOMESTIC VIOLENCE**

324,000 of women who experience **DOMESTIC VIOLENCE** each year are **PREGNANT** at the time



DOMESTIC VIOLENCE is a leading cause of **HOMELESSNESS** for **WOMEN & CHILDREN**

DOMESTIC VIOLENCE has a measurable and substantial **ASSOCIATION** with caregiver and **FAMILY FUNCTIONING**, which in turn has a substantial **ASSOCIATION** with **CHILD HEALTH & BEHAVIOR**



DOMESTIC VIOLENCE AND CHILD WELFARE

IN NORTH AMERICA and ABROAD



As many as **2** in **3** **CHILD FATALITIES** or critical incidents have **DOMESTIC VIOLENCE** as a factor

The vast majority of **PERPETRATORS** of **DOMESTIC VIOLENCE**, still see their children. One study found that **70%** see their children frequently.



Between **40-75%** of **CHILDREN** in caseloads who are exposed to **DOMESTIC VIOLENCE** are also victims of physical violence.

National Survey for Child & Adolescent Well Being Data ²⁰¹³
RATES of recent **DOMESTIC VIOLENCE** incidents disclosed by **PARENTS** were more than **DOUBLE** what **CHILD WELFARE WORKERS** identified



Safe & Together Principles

1

Keeping child Safe and Together with non-offending parent
Safety | Healing from Trauma | Stability & Nurturance

2

Partnering with non-offending parent as default position
Efficient | Effective | Child-centered

3

Intervening with perpetrator to reduce risk and harm to child
Engagement | Accountability | Courts

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Negative Effects on Child

What are the negative effects of domestic violence perpetrator's behavior pattern on child and family functioning?*

***Coercive control and actions taken to harm the child**

(1st, 2nd and 4th critical components)

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A Perpetrator Pattern Approach

Changes The Work

- ⑩ Looks at the perpetrator's behavior, not the relationship or the survivor's behavior, as the source of the domestic violence child risk and safety concerns
- ⑩ Beyond current relationship: 360 degrees assessment of perpetrator pattern
- ⑩ Strong nexus between domestic violence perpetrator's behaviors and child safety and wellbeing
- ⑩ Highlights the choice(s) to be violent, abusive and controlling as parenting choices

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Multiple Pathways to Harm

Perpetrator's Pattern

- Coercive control towards adult survivor
- Actions taken to harm children

Children's Trauma & Safety

- Victim of physical abuse
- Seeing, hearing or learning about the violence

Effect on Partner's Parenting

- Depression, PTSD, anxiety, substance abuse
- Loss of authority
- Energy goes to addressing perpetrator instead of children
- Interference with day to day routine and basic care

Effects on Family Ecology

- Loss of income
- Housing instability
- Loss of contact with extended family
- Educational and social disruptions

Harm to Child

- Behavioral, Emotional, Social, Educational
- Developmental
- Physical Injury

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Strengths Based Approach

What is the domestic violence survivor doing to promote child and family functioning in response to, or in the context of the domestic violence perpetrator's behavior pattern?

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Moving to a More Comprehensive Strengths Lens

- **Safety: Physical & Emotional Examples**
 - Managing household to reduce children's exposure to violence
 - Sending children away (other room, other house, relatives, after school activities)
 - Verbally or physically intervening to protect children
 - Getting order of protection
- **Healing from Trauma Examples**
 - Talking to children
 - Bringing to counseling
 - Providing normalcy/routine/enjoyable activities
 - Engaging relatives in lives of children
- **Stability and Nurturance Examples**
 - Making sure household continues to function
 - Maintaining children's basic needs
 - Informing children about any changes in household
 - Parenting in a "foxhole"

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Holistic Assessment of Survivors' Strengths

“What else do you know about what she did to promote....”

- Her children’s physical and emotional safety?
- Her children’s healing from trauma?
- A nurturing and stable environment for the children?

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Take-Aways

- ✦ What did you learn about your individual role and practice related to domestic violence cases?
- ✦ What did you learn about your particular agency and community related to systems work with domestic violence cases?
- ✦ What is one take-away you can put to practice immediately in your work?
- ✦ What is something you can change about your practice to influence others to move closer to proficiency on the domestic violence-informed continuum.

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Concrete strategies.
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DOMESTIC VIOLENCE-INFORMED CONTINUUM OF PRACTICE



PRIMARILY DEFINED BY...

<p>Policies and practices that actively harm adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.</p>	<p>Policies and practices that reflect an unwillingness or inability to intervene with domestic violence and/or fail to acknowledge how domestic violence impacts children and families.</p>	<p>Policies and practices that reveal a gap between the stated relevance of and approach to domestic violence and actual domestic violence policy, training practices, and services infrastructure.</p>	<p>Policies and practices that focus on child safety and well-being, recognize survivor strengths, hold perpetrators accountable, and see domestic violence intervention as a core part of child welfare practice.</p>	<p>Policies and practices that reflect domestic violence competency and ensure that domestic violence approaches are consistent, dependable, and utilized throughout the child welfare system.</p>
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WHAT IT SOUNDS LIKE...

<p>"The mother is failing to protect her children from her partner's violence." "The couple has a history of domestic violence." "She picks him over her children."</p>	<p>"Domestic violence is only relevant to kids if they see it or hear it." "If the couple separates, domestic violence is no longer a concern." "She's letting him back in."</p>	<p>"We don't want to re-victimize the mother, but our job is child safety" "We know we need to do a better job with domestic violence cases, but we don't know how to do it."</p>	<p>"The perpetrator's behavior and choices are the source of our concerns for the child's safety." "Our goal is to keep kids safe and together with the domestic violence survivor."</p>	<p>"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."</p>
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POTENTIAL OUTCOMES...

<p>Survivors are at an increased risk of violence, face pressure to leave regardless of consequences (creating family and economic stress especially for poor and minority families), and are less likely to reach out to authorities for help. Perpetrators are able to exert more control over partners and children. Children can face unneeded removal—costing child welfare systems—and court-involvement for fighting the perpetrator.</p>	<p>Assessments are incomplete/inaccurate—focusing on substance abuse/mental health issues—affecting court decisions and survivor legal representation, especially for poor and minority women. Attempts to partner with survivors are weakened by poor practice. Interventions occur only if the violence escalates and are likely to be inappropriate or ineffective, e.g. referral to anger management versus batterer intervention.</p>	<p>Efforts to improve are weak/token because demand for change comes from outside. Perpetrators escape responsibility and take advantage of uninformed fatherhood programs. Privileged perpetrators gain access to children. Workers are aware of the impact on children, but are not equipped to take action, distrust domestic violence agencies, and make unpredictable decisions. Collaboration with domestic violence agencies hampered by tensions.</p>	<p>Adult and child survivors are more likely to remain safe and together due to comprehensive and accurate assessments by informed and gratified workers. Perpetrators are held accountable for their behaviors as parenting choices and receive more support to improve their parenting and remain safely engaged with their children. Unnecessary removals decrease, cutting costs for systems and courts.</p>	<p>Survivors are more likely to see child welfare systems as supportive resources and to receive effective assistance sensitive to cultural and economic issues and responsive to vulnerable populations. Cross-system collaboration is improved—especially with domestic violence agencies—through common frameworks and languages. DV-informed practice extends to foster care, juvenile justice, addiction and mental health. Initiatives such as trauma-informed practice are more likely to succeed.</p>
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APPROACH TO ADULT SURVIVOR EXAMPLES...

Survivors are blamed for violence, listed as alleged perpetrator of child abuse/neglect, and seen as having power to stop the violence by making better choices; dictates steps for the survivor that could increase danger. Poor DV training only increases workers' focus on survivor's choices.	More empathy for and understanding of survivor decisions, but survivors' choices and pathologies still blamed for violence; seen as inept parents uninformed on impact of domestic violence; and divided into "good" victims and "bad" victims. No recognition of survivor strengths or gender issues.	Better understanding of victim services, but survivors and their issues e.g. substance abuse, trauma, are still the focus of child welfare efforts and violence is still seen as a heterosexual relationship based issue. Women's violence quickly equated with men's regardless of if they are survivor or perpetrator.	Workers have difficult, compassionate, non-blaming conversations with adult survivors, recognize full-range of strengths, and make every reasonable effort to partner with them; services, safety plans, and case plans are tailored to survivors. Safety is managed with separate plans, meetings, hearings.	All service providers are expected to demonstrate domestic violence competence in work with survivors.
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APPROACH TO PERPETRATOR EXAMPLES...

Actively, consistently ignores perpetrators—empowering them with focus on survivor; those who present well are given access and even custody of children.	Some understanding of perpetrator's role, but still no specialized engagement or assessment; perpetrators sent to anger management.	Understanding that batterer intervention is the appropriate response without funding or contracting for those services.	Brings the perpetrator more in focus and recognizes impact on children; shift from a relationship based focus to perpetrator pattern based focus.	Referrals to batterer intervention programs that specifically addresses children and provides quality feedback to child welfare.
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APPROACH TO CHILDREN EXAMPLES...

Blames/punishes children for issues created by perpetrator, e.g. behavioral issues, truancy/delinquency. Kids are revictimized, penalized, punished for trauma-caused behaviors; CW punitively and/or unnecessarily removes children from survivor.	Kids may be identified for exposure to and fear of violence but no understanding of link between perpetrator's behavior and child's symptoms, needs, and experience; sees DV as incident and relationship based. Kids only affected if they were present.	No specific policy, protocol or practice to handle information from survivor and children that may increase danger if released unnecessarily to perpetrator. More recognition of DV as issue, but if not part of referral, DV rarely identified.	Removes children only when efforts to partner with the survivor fail and the perpetrator remains an imminent safety threat. Universal assessment for DV in all child welfare cases. Sees broader impact of perpetrator in lives of children.	Child welfare system takes a leadership role in the community around issues of domestic violence and children; coordinates with courts to intervene with perpetrators as parents.
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APPROACH TO INTERSECTIONS & INTERSECTIONALITIES EXAMPLES...

Poor women and minority women are primary targets. Violence in same sex couples is invisible. No connections made between intersecting issues, such as substance abuse, and trauma caused by perpetrators. No support for CW workers experiencing vicarious trauma.	No specific programs, policies, and training related to DV and culture or DV and same-sex couples or DV and intersecting issues. Poor and minority women frequently seen as "bad" victims who didn't seek help or try to leave. No integration of DV into other issues.	No response to same sex relationship, no integration with issues related to race and class, nothing related to foster care, courts. Cases frequently become focused on adult survivor's issues e.g. trauma and substance abuse.	Service delivery models for perpetrators, survivors and children specific to domestic violence and cultural economic considerations; protocols and policies address safety concerns for CW involvement. CW workers receive skills-based training for DV cases.	Develops culturally and linguistically competent, domestic violence services. Addresses violence in same-sex couples. Supports high quality integration of services for mental health, and substance abuse.
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APPROACH TO INTER-SYSTEM COLLABORATION EXAMPLES...

Negative/antagonistic relationship to domestic violence services. No services or coordination with criminal court for the perpetrator. No recognition of perpetrator's interference with family receiving services.	DV only identified through violent incidents. CW sees referrals to services for survivor as the answer without coordination with DV service providers or courts. Courts use standard psych, not DV-specific, evaluations.	Participation in cross-systems meetings and collaborations; staff training is focused on "DV 101" without application to CW practice; mostly focused on barriers faced by survivor; doesn't address CW role.	Coordination with courts regarding perpetrators as parents and domestic violence services on progress and safety concerns; supports survivors in civil proceedings.	Commits to maintaining and strengthening relationships between CW and DV services; supports training for partners; DV dynamics and practices included in all new initiatives and services.
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Glossary of Terms

The following is a short glossary of terms associated with the Safe & Together™ Model and domestic violence-informed practice.

Safe & Together™ Model: The Safe & Together™ Model is an internationally recognized suite of tools and interventions designed to help child welfare practitioners and their partner agencies become domestic violence-informed. Continuously refined, through years of experience implementing the Model across the United States and other countries, it helps improve competencies and cross-system collaboration related to the intersection of domestic violence and child maltreatment. This child-centered Model derives its name from the concept that children are best served when we work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). The Model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators to enhance the safety and wellbeing of children.

Domestic Violence-Informed: Like “trauma-informed” or “culturally competent,” this term was developed to provide language related to system change. While developed for child welfare systems, it can be applied to any agency or system where domestic violence is a significant issue for the populations it serves. For example, a domestic violence-informed substance abuse treatment agency would have policies and practices that highlight a commitment to applying a perpetrator pattern-based approach to the intersection of substance abuse and domestic violence. Domestic violence in this context refers to what is also known as “intimate partner violence,” “domestic abuse,” and “women abuse.”

Perpetrator Pattern-Based Approach: The foundation of the Safe & Together Model and domestic violence-informed child welfare practice, this approach has the following characteristics: 1) the perpetrator’s pattern of behavior and choices, resulting in domestic violence, are identified as the sole source of the harm to; 2) the perpetrator is exclusively responsible for their own behaviors and choices; 3) it applies high standards for men as parents; and 4) understands the foundation of good child-centered domestic violence practice rests on the ability to describe the specific behaviors of the domestic violence perpetrator and their impact on child and family functioning.

This is more than a “perpetrator engagement” approach, which has a limited focus on the finding and meeting with the perpetrator. A perpetrator pattern-based approach is applied regardless of whether the perpetrator is engaged or not. It influences the entire case practice on engaging the adult survivor and case planning for the children.

A perpetrator pattern-based approach can help reduce the influence of race, class and ethnic stereotypes by focusing on patterns of behavior. It also helps avoid misidentifying adult survivors as perpetrators.

Intervening with Perpetrators: Intervening with perpetrators is one of the Practice Principles of the Safe & Together Model. While accountability for perpetrators is a critical aspect of intervention, the language keeps the focus on working with the perpetrator to improve child and family functioning, e.g. what perpetrator interventions are available so the family is safer and functions better. These interventions are diverse, e.g. criminal justice and/or dependency court focused; engagement focused, and include effective interviewing strategies, or are service related. In the context of child welfare, interventions are focused on the perpetrator as a parent, whether the perpetrator is in the home or not or whether the family stays together or not. Interventions are focused on producing meaningful and dependable behavior change.

High Standards for Fathers: This refers to a concept central to domestic violence-informed practice and the Safe & Together™ Model. If domestic violence-destructive practice is intertwined with unexamined gender expectations around parenting in heterosexual relationships, (e.g. mothers are more responsible than fathers for children's daily functioning_ then domestic violence-informed practice requires higher standards for men as parents. This shifts policy and practice in alignment with most legal systems' understanding of parental responsibility where both parents are equally responsible for children's basic needs being met. High standards for men is based on the simple premise that a) father's choices and behaviors matter to child and family functioning; b) mother's and children's situations are tied to these choices; and c) interventions with families can often benefit from including fathers, whether they live in the home or not. The foundation of these practices require family assessments include statements about the impact of the father's behavior on child and family functioning in positive and negative ways. It includes an explicit definition of a "good father" about the need to treat the children's mother with respect, whether the couple is together or not. This all comes together in the Safe & Together Model's Multiple Pathways to Harm assessment framework and the perpetrator pattern-based approach.

Partnering with the "Non-offending Parent:" In this context, this phrase includes engagement with an adult survivor that a) assumes the adult domestic violence survivor is the natural ally of a child-focused practitioner; b) communicates to the adult survivor that the perpetrator is 100% responsible, for their own behavior and resulting consequences; c) is focuses on her safety and wellbeing, not just the children's; d) seeks to understand her protective efforts; and e) creates safety plans collaboratively with her for her own and her children's benefit. It assumes not only will the adult survivor benefit from this partnership, but child-centered practitioners will be more effective using this approach. Partnering practices are the antithesis of "failure to protect" practices associated with domestic violence-destructive child welfare practice. While central to the work of domestic violence advocates and others, it can be absent or under-used in different systems.

Survivor Strength-Based: The foundation of a "partnering practice" with the adult survivor, a strength-based approach assumes all domestic violence survivors have engaged in some protective efforts related to their children. Behaviorally focused, it concentrates on identifying how a domestic violence survivor has promoted physical and emotional safety, healing from trauma, and stability and nurturance for the children. A strength-based approach does not mean: 1) a child is automatically safe; or 2) the adult survivor may not have concerning behaviors and issues; or 3) a child cannot be removed from a home because of domestic violence. Effectively applied, it requires the use of a perpetrator

pattern-based approach and an understanding of gender double-standards. A strength-based approach looks for a wide range of protective behaviors, especially day-to-day behaviors, and efforts that might not involve “formal” resources such as law enforcement. A strength-based approach may benefit survivors from marginalized and historically oppressed communities by reducing bias because it is not limited to looking for engagement with “formal” systems and services. Adult survivors from these communities may have legitimate reasons to fear engagement with formal systems and services, and may have developed other strategies.

Multiple Pathways to Harm: This approach builds upon the foundational focus of physical safety and trauma associated with incidents of physical violence. It includes the impact of the perpetrator’s behavior pattern on the family ecology and functioning as well as the functioning of the other parent.

This approach embeds higher standards for the male caregiver as a parent into our practice by creating a method for tying the perpetrator to the degradation of family functioning over time. This challenges the historic practice of holding mothers more accountable for problems in the family’s daily functions and the wellbeing of the children. It results in more responsibility on the perpetrator for the impact their behavior has on child and family functioning. This sets the stage for more effective case planning including behavior change expectations for the perpetrator and better partnerships with the adult survivor.

Domestic Violence-Destructive: Anchoring one end of the continuum of domestic violence-informed practice, domestic violence-destructive practice is primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence, and/or make it harder for them to access support and assistance. A common example is expecting an adult domestic violence survivor to demonstrate protective capacity by applying for a restraining order, regardless of the dangers this might present to her and/or her children.

Domestic Violence-Neglectful: Another part of the continuum of domestic violence-informed practice, domestic violence-neglectful is primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or failure to acknowledge how domestic violence’s distinct characteristics impact children and families. This might mean intake or assessment tools that do not truly account for domestic violence. It might also mean standardized, “one-size-fits-all” treatment options do not really account for domestic violence. It also can refer to evaluators or legal guardians who do not have any specialized training in domestic violence. While domestic violence neglectful practice and policy is typically characterized by an absence of training, policy or sensitive practice, the results can be domestic violence-destructive (e.g. an adult survivor losing faith in the systems’ ability to help her and her children because the perpetrator is sent to an anger management program instead of a batterer intervention program).

Domestic Violence Pre-Competent: Policies, practices and visible actions that highlight a commitment to improve domestic violence practice by being supportive of the adult survivor. Some improvements may not be completely supported at this stage.

Domestic Violence-Competent: Policies and practices that highlight a commitment to follow domestic violence best practices. This framework is associated with applying perpetrator pattern-based and survivor strength-based approaches.

Domestic Violence-Proficient: Policies and practices are consistent, dependable, and show a commitment to following domestic violence best practices. Systems have internalized these values and consistently work to develop and maintain domestic violence skills.

Intersection: Refers to the relationship between domestic violence and other issues such as the role of substance abuse, mental health, culture, and/or other socio-economic factors. This is sometimes referred to as co-occurrence. However, the term co-occurrence does not provide a clear connection between a domestic violence perpetrator's behavior and these issues. In domestic violence-informed practice, we seek to understand how the perpetrator's behaviors and their impact intersect with other issues. Example: We may say, "The domestic violence perpetrator's violence and control caused a relapse in his partner's substance abuse." This is a much more powerful, clear and accurate foundation for case planning than "The family has co-occurring issues of domestic violence and substance abuse."

Intersectionality: Refers to the interconnected nature of social categorizations that may lead to discrimination or oppression such as race, class and gender as they apply to an individual or group. For example, an African American heterosexual woman or a Latino gay man may experience difficulties based on the intersectionality of their race, class and/or gender. Domestic violence perpetrators may gain additional power (and their partner may experience greater vulnerability and sense of entrapment) when he comes from a privileged group and his partner comes from a group that has been historically discriminated against or oppressed. At the same time, a perpetrator who has experienced oppression may be both a trauma survivor and a perpetrator of abuse. In domestic violence-informed practice, we seek the whole picture so we effectively partner with adult survivors and intervene with perpetrators from diverse backgrounds

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PERPETRATOR PATTERN V. DOMESTIC VIOLENCE DESTRUCTIVE DOCUMENTATION EXERCISE (CHILI VIDEO)

The following are two examples of documentation. Read both and answer the discussion questions below.

VERSION 1

Mother has history of domestic violence relationships including the father of her youngest children. She has a trauma history and substance abuse relapses. The most recent referral was because her current boyfriend (father of the youngest child) assaulted her in front of the children, giving her a black eye. After he was arrested, she went to the police, denied the violence and tried to bail him out. She insists she wants to maintain the relationship even though interviews with the older children indicate they are scared of him and the youngest was in danger of being physically harmed during the last incident. In preparation for the Family Team Meeting, father's parents have stepped forward and want to be considered as a placement resource for the youngest child.

VERSION 2

Father has a pattern of negatively impacting family functioning through physical violence directed against mother in the presence of the children. This physical violence (including the most recent arrest when he punched her in the head three times, giving her headaches for three days and a black eye; threw her down on the ground and kicked her in the stomach) has led to multiple moves of the children, disrupting their academic attendance (oldest child has missed 22 days of school this year because of family disruptions related to his father's violence). Father is also regularly verbally abusive to the mother and the older two children (not his children). The oldest child steps in to defend his mother verbally and once physically. The older two children express that they are afraid that he will hurt their mother when he gets angry. They indicated he has never physically hurt or disciplined them. The family is less financially stable than one year ago because both parents have lost their jobs because of father's violence and arrests. Mother was kicked out of her substance abuse program 3 months ago when father threatened another client (male) in the parking lot. Since then she has relapsed. Now she is three weeks sober. In the past he has taken their child to his parent's house and not returned for weeks at a time, saying "he's never going to let her see her son ever again." His parents, when interviewed, expressed no concerns about his violence but only concerns about her substance abuse.

DISCUSSION QUESTIONS

1. What is different between Version 1 and Version 2?
2. Which of the two versions is better and why?

3. Discuss the kinds of case plans each of the two versions would lead to? Which do you think will be more successful and why?
4. Given that the definition of domestic violence destructive practice is practice that can increase danger to the family and/or push them further away from services, discuss what about Version 1 might lead to domestic violence destructive practice?

PRACTICE

After watching the “Chili Video,” in the boxes provided and using the above examples as guide, write up the “Chili Video” from two perspective: domestic violence destructive and perpetrator pattern-based.

DOMESTIC VIOLENCE DESTRUCTIVE

PERPETRATOR PATTERN-BASED APPROACH

DISCUSSION

1. What did you learn about your practice from this activity?
2. What's one thing you would change about your practice based on this activity?

Overview and Evaluation Data Briefing



The Safe & Together™ Model is an internationally recognized suite of tools and interventions designed to help child welfare and their partners become domestic violence-informed.

Continuously refined based on years of experience implementing the Model across the United States and other countries, the Model can help improve competencies and cross system collaboration related to the intersection of domestic violence and child maltreatment. This child-centered Model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). The Model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and well-being of children.

The Safe & Together™ Model, which was developed by the Safe & Together Institute, has been implemented at the statewide level in a number of different states including Colorado, Florida, Oregon, Michigan, Iowa, Connecticut, New York, New Jersey, Wisconsin, Ohio and the District of Columbia. In the last few years, the Safe & Together Institute worked extensively with child welfare and children's services in the United Kingdom. In Australia, the Safe & Together Institute staff

What's new with Safe & Together Institute?

- *More comprehensive and clearer approach to articulating the connection between perpetrator's pattern and child and family functioning*
- *Greater emphasis on "multiple pathways to harm"*
- *Improved, shorter mapping tools*
- *More emphasis on how a gender responsive approach can counter cultural biases*
- *Updated 4 Day CORE Training Curriculum*
- *National Safe & Together Advocacy Institutes*
- *Refined organizational assessment process*
- *Application of learnings from global implementation enhancing Model development*
- *Increased integration with the Continuum of Domestic Violence-Informed Practice*

consulted with elected officials, and provided training and technical assistance to child welfare and their community partner. The Safe & Together Model case reading process was a central part of an Australian review of child welfare domestic violence practice.

Safe & Together™ Model Suite of Tools and Interventions are designed to help child welfare systems become domestic violence-informed. From organizational assessment to Safe & Together Certified Trainers and Advocates to technical assistance, the menu of options supports sustainability and integration with local initiatives, statutes and resources. Certificates recognizing learning and certification in the Model is becoming a more regular part of our packages.

Integration with Differential Response and Other Initiatives

The Safe & Together Institute has an established track record of adapting the Safe & Together Model to the local context and integrating it with other initiatives such as Differential Response and Father Engagement. We are very familiar with the predominant safety and risk methodologies including Safety Organized Practice (Children's Research Center) and the Safety Interventions (Action for Child Protection). We've worked closely with both child welfare and domestic violence advocates in Florida to integrate Safe & Together with the Florida Safety Decision-making Methodology (developed in conjunction with Action for Child Protection). In both Queensland Australia and Texas, we've collaborated with Children's Research Center to integrate Safe & Together Model perspectives into Practice Model. In Michigan, we are working closely with the state to ensure that Safe & Together Model training supports their MiTEAM Practice Model.

What Advocates have said about the Advocacy Institute

"This Monday I was so pumped and ready to make a difference, that I purposely walked around the CPIS building following up on the referrals I had received."

"Immediately, I started using the program by focusing on my participant's strengths and creating a safety plan around their strengths."

"Since attending the training, my conversations with survivors have changed drastically and have definitely improved my advocacy skills."

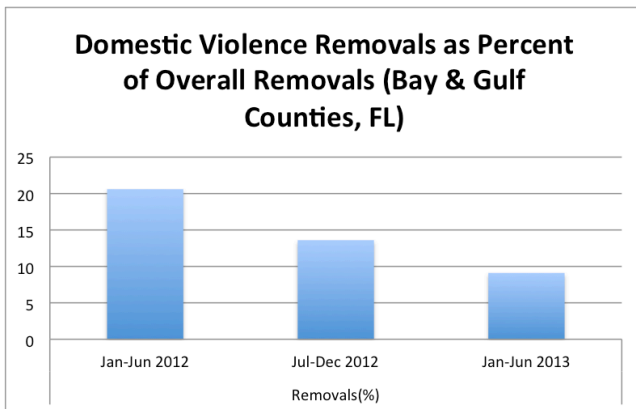
Collaboration with Domestic Violence Advocates and Other Providers

It is difficult to imagine moving towards a domestic violence-informed child welfare system without greater collaboration with domestic violence advocates. The 2010 CAPTA (US) reauthorization recognizes this through its focus on domestic violence in its funding priorities. The Safe & Together Institute has worked closely with advocates around the country and abroad. We believe that their participation in system change is critical. Our recommendations in this area have included inviting domestic violence advocates to participate in training as participants to specialized training to support the co-location of advocates in child welfare offices. Since 2014, we have conducted three six months long Safe & Together Model Advocacy Institutes. These Institutes help domestic violence advocates learn how to apply the critical components and principles of the Model to their advocacy with child welfare, and child welfare-involved clients.

Evidence

The Safe & Together™ Model continues to amass a growing body of data to support its positive impact on practice and outcomes for families.

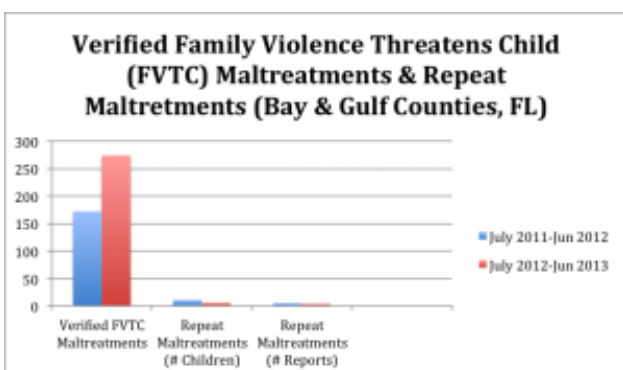
Florida



The Safe & Together Institute has been collaborating with both the Florida Coalition for Domestic Violence (FCADV) and the Florida Department of Children and Families for the past seven years. In the last few years, much of this work has focused on supporting FCADV funded co-located domestic violence advocates as part of their CPI Project. These advocates work closely with local DCF staff to provide expert consultation and assistance on domestic

violence cases. the Safe & Together Institute role in supporting these collaborations involves training co-located advocates, the local DCF staff, Children’s Legal Services and others in the Safe & Together Model. The training is supported with technical assistance and follow-up support and coaching for advocates and CPS staff.

Recently the CPI/Safe & Together project site in Northwest Florida reported strong results from this approach. From January 2012 through June 2012, domestic violence related removals represented 20.6% of removals in Bay and Gulf Counties. This was the first six months of the project when co-located advocates were hired and the staff was receiving Safe & Together Model training. During the next six months, from July 2012 to December 2012, the removal rate dropped to 13.6%. For the most recent six-month period, January 2013 to June 2013, the removal rate dropped even more to 9.1%.



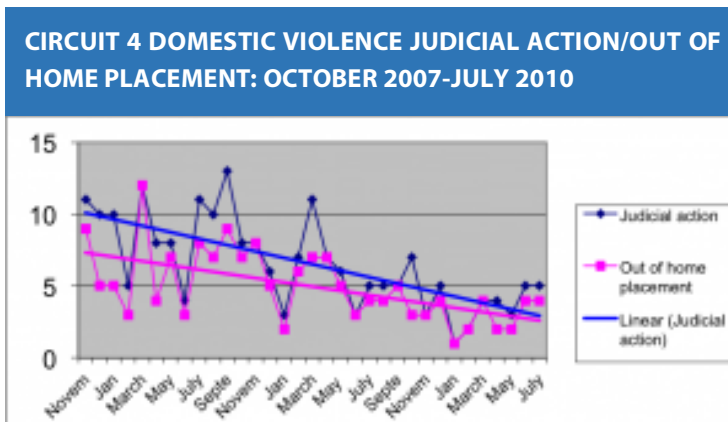
From July 2011 to June 2012 (which includes the benchmark period of Jan to June 2012), there were 172 verified domestic violence specific maltreatments (Family Violence Threatens Child or FVTC). 11 children in those cases had repeat maltreatments, which mean there were two separate verified reports for FVTC. These children represent five families/five reports of repeat maltreatment. From July 2012 to June 2013, there

were 274 verified maltreatments of FVTC. This represents 6 children from four families/four reports of repeat maltreatments.

While this data is only correlative and data collection needs to continue, the increase in verified domestic violence maltreatments (by almost 60%) combined with a serious decrease in removals

(over 50%) and a stable raw number of repeat maltreatments is exactly the kind of results we expect to come from improved child welfare practice and community collaboration in domestic violence cases where children are involved.

Local project staff believe these changes are a direct result of this project including the staffing of co-located advocates, implementation of the Safe & Together Model, and enhanced system collaboration between partners such as: FCADV, DCF, the Salvation Army Domestic Violence and Rape Crisis Program, the Bay County Sheriff's Office, and the State Attorney's Office.



This data tracks similar data supplied by the Florida Department of Children and Families for the period when the Safe & Together Model was implemented in the Jacksonville area. While not a formal CPI site, this training involved DCF staff, local domestic violence advocacy center staff, Children’s Legal Services and community partners. Over almost a three-year period, similar efforts in Florida DCF Circuit 4 produced an approximately 70% drop of neglect filings in domestic violence cases and an approximately 50% reduction in removals of children in domestic violence cases.

Ohio

In Ohio, the National Center for Adoption Law and Policy (NCALP), the Healthpath Foundation of Ohio and ODJFS collaborated to conduct a third party evaluation of the Safe & Together Model trainings in Ohio including the certified trainer Model being used to extend Safe & Together training to all 88 Ohio counties. The evaluators, Sheri Chaney Jones and Kenneth Steinman,

organized the evaluation around “5 data collection activities: (1) an online pre/posttest survey of 837 CPS caseworkers and supervisors; (2) semi-structured interviews with 16 supervisors; (3) semi-structured interviews with 8 community stakeholders; (4) desk reviews of 191 CPS case files; and (5) review of written policies from 15 counties that had completed Safe & Together training.” They collected data from 12 of the counties trained during 2013, as well as 12 Ohio counties that had participated in Safe & Together training during previous years, and 7 local CPS

Strong evidence that:

- CPS staff assign less blame to victims for staying in a violent relationship;
- CPS staff increase their concern about, and documentation of the effects of children witnessing domestic violence.

Mixed Evidence:

- CPS staff increase their understanding of coercive control;
- CPS staff enhance safety planning for victims and children;
- CPS staff increase perpetrators’ accountability.

Little evidence that:

- CPS agencies change written policies; and
- Community stakeholders become more receptive to Safe and Together policies and principles.

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from AR counties that had not yet participated in the training.

The evaluation showed very positive results demonstrated important, clear and positive movement towards a more domestic violence-informed child welfare system. Consistent with the Safe & Together Model, there were changes in child welfare's practice associated with the entire family (adult survivor, child survivor and perpetrator). The results not only demonstrate significant attitude changes (less victim blaming) towards adult domestic violence survivors, but strong changes in on-the-ground case practice. The desk reviews, interviews and surveys indicated that key child welfare practices such as screening and assessment for coercive control were improved. As a result of the training, child welfare became better at partnering with adult victims in order to assess victims' protective capacities and efforts to keep children safe. Because the movement toward a domestic violence informed child welfare system requires enhancements in practice related to perpetrators, we were especially pleased with the changes related to case work with perpetrators. Social work staff reported that engagement and interviewing of perpetrators had become more valued. From a practice perspective, perhaps most importantly, the evaluation showed that the participants trained in Safe & Together were able to better assess and document the impact of perpetrators' patterns of behavior on children.

Connecticut

From 2006 till 2013, the Connecticut Department of Children and Families used external consultants trained in the Safe & Together Model to help them identify, assess, and intervene effectively in cases involving domestic violence. Placed in every child welfare office, these consultants were highly utilized, becoming involved in over 15,000 unique cases a year.

Beyond the consultants, the Department offered specialized Safe & Together Model training to supervisors. These supervisors were surveyed months after the training to determine the impact the training had on their practice. Training was provided at six area offices and the Training Academy, resulting in 88 supervisors trained. Out of those 88 supervisors, 41% responded to the survey. Over a third of those surveyed had been in the training longer than six months earlier. 66% of the respondents identified specific positive changes in their supervisory practice. 62% indicated positive change in their workers' practice as a result of the training. 50% of the respondents indicated positive changes in outcomes for families. 69% of the respondents indicated continued positive or improved utilization of the Domestic Violence Consultants. There is also data on the Model's implication for cross system collaboration and supervisory practice.

Colorado

Funded by the Colorado Department of Human Services, the Safe & Together Institute delivered a series of three day Safe & Together Model trainings for a diverse audience that included large numbers of child welfare staff and domestic violence advocates. Of the 125 people who responded to a survey a few months after the survey, the response was consistent the Connecticut data survey data. 89% rated their experience of the training positive, very positive or excellent. 82% said that the training impacted their practice. 93% said they would recommend the training to a colleague.

The Safe & Together™ Model as a method of creating domestic violence-informed child welfare systems

The *Safe & Together™ Model Suite of Tools and Interventions* is a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioral focus of the Model highlights the ‘how’ of the work, offering practical and concrete changes in practice. The Model has a growing body of evidence associated with it including recent correlations with a reduction in out-of-home placements in child welfare domestic violence cases.

The Safe & Together Model suite of tools and interventions shares some key characteristics.

Perpetrator pattern-based, child-centered, survivor strengths approach to domestic violence

The Model is specifically designed to focus on promoting the best interest of children including safety, permanency and wellbeing, and in this way is designed with the mission of child welfare systems in mind. Using the foundation of strong nexus and high standards, the Model’s use of a perpetrator pattern creates a whole family approach that guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. As it relates to domestic violence survivors, the Model keys assessment and partnership specifically to the safety and wellbeing of children. Instead of a focus on generic strengths, the Model directs the system to articulate the specific actions the adult survivor has taken to promote the safety and wellbeing of the children.

Fact based

The Model's fact-based approach is intimately connected with the strong nexus perspective. Identifying the nexus between the domestic violence and the children is really a question about the nexus between the domestic violence perpetrator’s behavior and the impact on children’s safety and well being. This emphasis on the ‘facts’ of the perpetrator’s pattern has a number of benefits for policy and practice:

Safe and Together™ model: Better Outcomes for Families and Systems



- **Behavioral focus:** The Model uses behaviors as the focal point for assessment and intervention. By mapping the behaviors of both the perpetrator and the survivor, practitioners have a starting point for all their work with the family. Working in parallel process, we also focus on the behavior of the practitioner and the system by exploring the ‘how’ not just the ‘what’. Moving the conversation from “Did you screen for domestic violence?” to “**How** did you screen for domestic violence?” becomes the starting point for practice transformation.
- **Gender/sexual orientation neutral:** With its clear focus on patterns of coercive control and actions taken to harm the children, the Model offers a clear and powerful assessment methodology that focuses on behaviors that are harmful to children versus gender. This fact-based, behavior-pattern approach helps workers sort out the risk and safety issues for children when more than one caregiver is arrested or has been violent. The Model provides the same clear and powerful lens in cases involving same-sex couples.
- **Leads to case plans with measurable goals:** From clear behavioral assessment of the perpetrator’s pattern and the adult survivor’s protective capacities, the Model encourages case planning that focuses on what each parent has responsibility for and can change to determine a behaviorally defined case plan. Services, when necessary, are then identified to support the achievement of those behavior-change goals.

Safe and Together™ Principles



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Gender responsive

As written above, the Model rests on the analysis of the child welfare system being highly gendered. This language and approach dovetail nicely with other policy efforts to improve the response of systems to fathers in general by providing a framework that allows for an assessment of fathers’ overall involvement as positive and negative. It also supports consistent with efforts by the system to be better allies to adult domestic violence survivor by offering a fact-based assessment framework for a mother’s strengths around safety, healing from trauma, stability and nurturance.

Strengths based

A clear analysis of the system’s issues and the source of risk to families from domestic violence makes it easier to focus on the strengths of the practitioner, particularly the child welfare worker, and also those of the domestic violence survivor, as key to successful interventions and outcomes.

Integrative and interdisciplinary

Using domestic violence perpetrator behavior as the organizing framework, our Model is inclusive of safety and trauma issues for the practitioner and family members. It ensures that safety issues can be managed in an individualized manner consistent with each perpetrator's pattern of behavior, and that as systems become more trauma informed, that safety will continue to be addressed. The articulation of the perpetrator's pattern as the source of the concern for child safety and wellbeing allows for direct, non-blaming conversations with the adult survivor about the things she has control over including her own substance abuse issues. The Model's assumptions, principles and critical components provide a framework for working in multi-disciplinary settings and information sharing.

'Beyond services'

In the United States the child welfare system and many other services have become the *sine qua non* of child welfare intervention. Driven by the common interpretation of 'reasonable efforts' as offering the family services to address its issues, child welfare equates interventions with a referral to and completion of services. With the advancement of differential responses in many US jurisdictions, child welfare is recognizing that one type of intervention does not work for every family. With its strong nexus and 'high standards for fathers' foundation, the Model allows for approaches to adult survivors, children and perpetrators from a 'beyond services' perspective. The 'beyond services' quality of the Model has multiple aspects:

- Often case planning occurs at the level of the identification of issues, for example, substance abuse, which then triggers a referral. Often the assessment of the issue and associated documentation is not more detailed. Because of the complexity and danger associated with domestic violence as an issue impacting child safety and wellbeing, this approach is not adequate. In the Safe & Together Model, the quality of the intervention with the family starts with mapping the perpetrator's pattern of behavior. The ability to map the perpetrator's pattern, using a framework of strong nexus and high standards, goes deeper than "The family has a history of domestic violence".
- The understanding of that perpetrator's particular behavior patterns provides a framework for a broad understanding of intervention and accountability that goes beyond a referral to treatment. This means that 'reasonable efforts' to maintain children in the home include communication and coordination with criminal court and/or adult probation. It may mean setting specific expectations for supporting children's therapy, paying bills for children's

Safe and Together™ Critical Components



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basic needs or other specific behavioral expectations. It also means that the work of the social worker doesn't stop with the referral to services but includes meaningful communication with the service provider including sharing information regarding the perpetrator's patterns and case plan goals and independent assessment of change.

- For adult survivors, the 'beyond services' aspect of the Model respects the fact that some domestic violence survivors are not 'broken', meaning that as victims of abusive behavior they may not have any pathologies of their own. And parallel to the pathway with perpetrators, good work with survivors is not led by the services but is driven by a good assessment of protective capacity.
- Finally, children, when the parents are addressed appropriately, may not need services at all. The strong nexus approach also helps determine the level of impact experienced by individual children. Because impact varies widely based on a number of factors, the approach encourages individualized assessment of impact.

'Removal is an option of last resort' approach

The Model respects that there are situations where the domestic violence perpetrator is so dangerous or has done so much harm to the children, the adult survivor has done everything a 'reasonable person' can do promote their safety and wellbeing and outside systems have made every effort to intervene with the perpetrator – that removal might be the decision that's in the child's best interest, at least in the short term.

Contact Us

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Intellectual Property and the Sharing of the Safe & Together™ Model Concepts and Materials

At the Safe & Together Institute (S&TI), we value the passion and enthusiasm that drives practitioners to share best practice and raise awareness of the Safe & Together™ Model. Managing the intellectual property associated with the Model is critical to sustaining our organisation and its role in supporting practice and systems change.

We are deeply committed to our mission: creating and sustaining a network of domestic abuse-informed communities, systems and practitioners. We want nothing less than the global transformation of practice in domestic violence cases involving children. There are no shortcuts to deliver the goal of shifting practice from a “failure to protect” to a perpetrator pattern-based approach. To support the achievement of this paradigm shift, we are constantly seeking multiple ways to promote change. We want to highlight different ways that dissemination of learning can be achieved whilst

- a) maintaining the fidelity and quality of the model
- b) promoting broad, open sharing of ideas and concepts associated with domestic abuse-informed practice and
- c) maintaining clear usage boundaries.

No cost options to disseminate learning about S&T - open to anyone

The following options have been developed by the S&T Institute specifically to support wider dissemination of learning at no cost:

Access to FREE materials on the Safe & Together Institute website:

- [Videos](#)
- [Testimonials](#)
- [Core training data](#)
- [Data on the Model](#), including:
 - [Melbourne multi-agency triage project](#)
 - [Edinburgh Implementation Report](#)
 - [Overview and evaluation data briefing](#) - Florida, Ohio, Connecticut and Colorado
 - [Survivors who are Parent Partners reflect on the Model](#)
- S&T in action, including:
 - [Connecticut Judicial Guidebook](#)
 - [Ohio Supreme Court Benchcard](#)
 - [New York Colocated Advocates](#)
 - [Oregon, Colorado and Florida Child Welfare and Integration Guides](#)
- [Articles and chapters by David Mandel](#)
- [Reports from the S&T Institute and their partners](#)
- [Outreach and awareness materials](#)
- [Domestic violence-informed blogs](#)
- Access to FREE videos on the [S&T Institute YouTube Channel](#)

Articles & Papers (partial list)

There are many websites, articles and papers which reference S&T and its use in practice. The following is a partial list of those articles. Visit our website as we update this list periodically.

The City of Edinburgh Council. (2017): [Safe and Together Edinburgh: Implementation Report The City of Edinburgh Council](#).

Brittany DiBella, MSW, DVS; Judy L. Postmus, Ph.D., ACSW; Cassandra Simmel, MSW, Ph.D.; Catherine Buttner, MSW; Caitlin Eckert, MSW, LSW. (2016). *An Overview of Systems Collaboration Efforts to Address the Co-occurrence of Domestic Violence and Child Maltreatment*. Retrieved from Rutgers School of Social Work website: <https://socialwork.rutgers.edu/file/2832/download>

Heward-Belle, S., Humphreys C., Toivonen, C. & Tsantefski, M. (2019). *Invisible Practices: Interventions With Men Who Use Violence and Control*. *Affilia: Journal of Women and Social Work*, 34(3), 369–382.

Humphreys, C., & Healey, L. (2017). *PATHways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report*. Sydney: ANROWS.

Healey, L., Humphreys, C. & Mandel, D. (2018): [*Case Reading as a Practice and Training Intervention in Domestic Violence and Child Protection*](#), Australian Social Work, DOI: 10.1080/0312407X.2017.1413666

Healey, L., Humphreys, C., Tsantefski, M., Heward-Belle, S., Mandel, D., & Australia's National Research Organisation for Women's Safety Limited. (2018). *Invisible practices intervention with fathers who use violence*. Retrieved from <https://www.anrows.org.au/node/1971>

Humphries, C. & Nicholson, D. (2017): [*Multi-agency Triage Project: Final Report*](#). The University of Melbourne.

Mandel, D. (2009). [*Batterers in the lives of their Children*](#). In Stark, Evan, and Eve Buzawa. Violence against women in families and relationships. Evan Stark & EVE BUZAWA. ABC-CLIO, 2009.

Mandel, D. & Rankin, H. (2018). [*Working with Men as Parents: Becoming Father-Inclusive to Improve Child Welfare Outcomes in Domestic Violence Cases*](#). Columbus, OH: Family and Youth Law Center, Capital University Law School.

Rothman, E. F., Mandel, D. G., & Silverman, J. G. (2007). [*Abusers' Perceptions of the Effect of Their Intimate Partner Violence on Children*](#). Violence Against Women, 13(11), 1179-1191.

Use of S&T Slides

The following slides can be used in briefings, presentations or training with permission and citation. They should be used in a way which is consistent with the model – using the language from the 'Glossary of Terms'

- Domestic violence informed continuum
- Principles
- Critical Components
- Multiple Pathways to Harm (can only be used in presentations only by people who have completed the CORE Training)

Shared slides should include the S&T Copyright statement:

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If you are seeking to share slides please request permission using the website contact form. We may share additional slides with you which outline the S&T Institute's contact information, existing or new materials and upcoming local and international events.

Use of S&T Handouts

The following handouts can be used:

- [Domestic violence-informed continuum of practice](#)
- Glossary of terms

Citation for Handouts is in the following format:

Mandel, D. (2015). Safe & Together Model: Domestic Violence Informed Continuum of Practice. Safe & Together Institute.

Mandel, D. (2019). Safe & Together Model: Glossary of Terms. Safe & Together Institute.

To access the handouts please contact us using the [website contact form](#).

S&T Practice Tools received during training are for use in relation to case practice. For example, the Mapping Perpetrators' Pattern tool can be used in relation to specific cases:

- by individual workers
- during supervision
- in group case discussions
- during case consultations

Use of S&T Concepts and Terms

The S&TI institute has developed terminology that helps describe the Model and domestic violence-informed practice. They are outlined in the Glossary of Terms. We respectfully request citation back to the S&TI for certain key terms within in the Glossary and that terms are used in line with the definitions within the document. This includes:

- Safe & Together™ Model
- Perpetrator pattern-based approach
- Perpetration as a parenting choice
- Pivoting to the perpetrator
- Multiple pathways to harm
- Domestic violence-informed
- Domestic violence-destructive
- Domestic violence-neglectful
- Domestic violence pre-competent
- Domestic violence-competent
- Domestic violence proficient

Citation for Concepts and Terms is in the following format:

Mandel, D. (2019). Safe & Together Model: Glossary of Terms. Safe & Together Institute.

S&T materials which cannot be used

Only Certified Trainers and Safe & Together Faculty can train on the material. Anything which is not explicitly stated above cannot be shared. This includes:

- Any training videos including demonstrations of domestic violence-informed interviewing
- Any slides or handouts not explicitly identified above

S&T Practice Tools received during training are for case practice use only. These tools cannot be used in training settings unless you are a Certified Trainer.

S&T e-learning modules should only be accessed by the individual user.



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