



OVERVIEW OF BRIDGES TO BETTER:

*GROUNDWORK FOR BUILDING
SURVIVOR-CENTERED SYSTEMS*

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Bridges to Better is a collaborative approach to designing child welfare systems, dependency courts, and community based programs that are responsive to the needs and experiences of survivors of domestic violence and co-occurring child maltreatment.¹ The approach builds on more than 30 years of work by child welfare and DV practitioners and policymakers, and the lived experiences of adult and child survivors of DV and of people who have used violence.² Bridges to Better reflects the best of what we know from practice, research, and 21st century science on human development, trauma, and resilience.

Domestic violence (DV) is a pattern of coercive control³ - a pattern of strategies used by a person to gain or maintain power and domination over their intimate partner.⁴ “Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.”⁵ It is essential to respond effectively to incidents of violence (e.g., planning for safety, providing medical attention, sometimes arresting the person using violence) while simultaneously taking steps to prevent future violence and without losing sight of the importance of enabling resilience and healing.

For this reason, Bridges to Better underscores the importance of actively responding to the impacts of domestic violence on adult and child survivors. This requires placing an intentional focus on social factors and environmental conditions (e.g., economic and immigration status, availability of resources, cultural norms, institutional racism) as well as individual and interpersonal factors

(e.g., level of violence, prior traumatic experiences, relationships that support healing) in designing and implementing DV related practices, programs, and policy. Promoting and strengthening individual and relational attributes, and environmental and social conditions that contribute to survivor safety, healing, and well-being requires investments and commitments at multiple levels of the social ecology.

Six guiding principles and two practice & policy frameworks provide the foundation for Bridges to Better laying out a blueprint to inform policy making and guide practice, decision making, and the design of prevention and intervention strategies and approaches to DV.

THE PRINCIPLES OF BRIDGES TO BETTER

The following principles articulate the fundamental priorities, mindsets, and values of the Bridges to Better approach. Together these principles provide a mental map for thinking through and evaluating options, responses, and decisions about how to improve outcomes for families who are experiencing domestic violence and are involved in the child welfare system.

Principle 1: Collaboration

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

Collaboration drives the approach. Addressing the needs of families impacted by domestic violence cannot be accomplished by a single system or program. Bridges to Better emphasizes the need for a variety of sectors to work together as collaborative partners in order to more effectively facilitate adult and child survivors' journey to safer and more stable conditions, healing, and well-being. Key sectors include domestic violence programs that serve survivors and offenders, child welfare, courts, law enforcement, public housing, education, and health care.⁶ Additional partners could include mental health and substance use treatment providers, faith-based communities, child care centers, homeless shelters, and other child and family serving organizations. Although partners have different roles, collaboration should occur at multiple levels within and across organizations. Collaboration at the family (or case) level involves domestic violence and child welfare practitioners and community based organizations working in partnership with DV survivors themselves, with their abusive partners in ways that are safe for survivors,⁷ and with staff of other agencies. Systems level collaboration focuses on partners aligning their policy, practice, organizational cultures, and programming across sectors based on common goals.

Principle 2: Connectedness

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

Although adult survivors and child survivors of domestic violence are heterogeneous groups with varied experiences, reactions, and needs, DV negatively impacts both child and adult survivors in a family. Numerous research studies have documented impacts of domestic violence on adult survivors, a substantial rate of co-occurring domestic violence and child maltreatment, the harmful impacts of exposure to domestic violence and maltreatment on children, and evidence that a child survivor's best interests are inseparable from their survivor parent's.^{8,9,10,11} Thus, improving outcomes for child and adult survivors requires that domestic violence be addressed using a two-generation approach, where the safety, healing,

and well-being of adult and child survivors are addressed interdependently based on their specific needs.

Principle 3: Planning with Survivors

Child and adult survivors are safer, better off overall, and empowered and strengthened when planning is conducted with them, integrates their perspectives, and addresses their self-identified needs.

Survivors of domestic violence know the most about their own circumstances, including what resources they need and how helpful prior interventions and responses of systems have been to their safety and well-being. Studies have demonstrated that adult survivors were more likely to be right than wrong in their assessments of risk for future violence and other forms of coercive control.¹² Therefore, collaborative partners should work closely with survivors to craft safety and case plans that consider both research-based indicators of risk and survivors' knowledge and perspectives. Plans should be revised and refined as survivors' circumstances change over time.

Principle 4: Unique Strengths & Challenges

Planning and interventions should integrate family members' strengths, support nurturing parent-child relationships, and address the family's unique contexts and challenges, including prior and ongoing experiences of trauma.^{13,14,15,16}

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

Intervention strategies must be flexible and individualized in order to address specific circumstances and characteristics of both survivors

and people who use violence.¹⁷ While responding to incidents of DV is important, alone it is not sufficient to create optimal outcomes for families. Planning and interventions should be responsive to indicators of trauma (e.g. diminished energy, anger, emotional outbursts, poor concentration, etc.), build upon individuals' and families' strengths and successes, honor and integrate their cultural beliefs, provide needed resources (e.g., housing, child care, etc.), remove barriers to accessing help, reduce burden and stress, leverage parents' love and desire for their children to thrive, and actively address challenges to their healthy functioning (e.g., social isolation, substance use disorders, inequitable access to quality services, etc.). Survivors should be actively involved in identifying and prioritizing their multifaceted needs.¹⁸

Principle 5: Equity

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

Studies have provided strong evidence that structural racism and other social inequities related to race, ethnicity, and gender contribute to poorer outcomes for children and adults.¹⁹ In addition, adult and child survivors of DV may experience institutional biases by the systems, organizations, or service providers they turn to for help when they are confronted with victim-blaming and gender-biased attitudes, practices, and expectations (e.g., blaming the mother for not protecting her children and placing those children into foster care; holding mothers primarily responsible for routine parenting tasks). When social inequities related to race, ethnicity, and gender intersect with institutional biases, DV survivors are at increased risk of inequitable treatment and, consequently, poorer safety and well-being outcomes. In order to help all families to thrive, collaborative partners should work at the individual, institutional, and community levels to maximize adult and child survivors' access to the resources and services they need and implement strategies to address inequities within systems and organizations.

Principle 6: Healing & Well-Being

Domestic violence and child welfare practitioners and their collaborative partners must intentionally and actively work to promote the well-being of adult and child survivors and of people who use violence and coercion, and contribute to their healing.

DV-related threats to safety must be addressed, but should not singularly determine planning and interventions. Strategies should also focus on (1) building protective factors for survivors to ensure that they are on a trajectory of healthy and positive outcomes,²⁰ and (2) promoting sustained meaningful change with the abusive partner in addition to holding them accountable for their behavior. Because there are multiple pathways to healing, many people and organizations can contribute, directly or indirectly, to an individual's or family's healing process. Systems like child welfare and dependency courts can promote healing by practicing in ways that avoid causing additional harm and trauma.

THE PRACTICE & POLICY FRAMEWORKS OF BRIDGES TO BETTER

In addition to the six principles above, Bridges to Better comprises two frameworks that help child welfare agencies and their collaborating partners to establish DV practice and policy agendas and plans. Pathways to Healing provides guidance about building protective factors for survivors that mitigate risk and increase the likelihood of positive outcomes. Pathways to Accountability provides guidance about working consistently, safely, and productively with individuals who cause harm to their families by using violence and other forms of coercive control.

PATHWAYS TO HEALING

The Pathways to Healing framework describes five protective factors that studies have shown lessen the impact of domestic violence on both child and adult survivors, and promote their safety, healing, and well-being. While the framework delineates protective factors that are pertinent to all families

experiencing domestic violence, each individual and family experiences unique circumstances and navigates those circumstances according to their own capabilities, vulnerabilities, life histories, and socio-cultural contexts.

Within this framework, protective factors are individual and relational attributes, as well as environmental and social conditions, that can be supported in practice and policy responses to domestic violence. On individual and interpersonal levels, these factors can be strengthened even under adverse conditions, and growth in any one of the protective factors can be the foundation for current or future growth in others. At an institutional or community level, child welfare and their collaborative partners can design practice, policy, and programming to promote or strengthen protective factors. The five interrelated research- and practice-informed protective factors for child and adult survivors of domestic violence delineated in Bridges to Better are described below.

*When integrating protective factors into policy and practice, it is important to remember that Bridges to Better is about improving systems' and organizations' responses to families impacted by domestic violence. It is not about mandating survivors to "do more" to prove they love and are protecting their children, as is too often required in child welfare. The protective factors are also not designed for assessing family functioning within child welfare. **Instead, think of the protective factors as the foundation for significantly expanding opportunities for agency innovation and responses – proven through research and practice to result in positive outcomes for child and adult survivors of DV.** The five protective factors that help both child and adult survivors are described below.*

Safer and more stable conditions

Experiencing safer and more stable conditions while in an abusive relationship, planning to leave, or after leaving are essential for buffering the negative effects of domestic violence, healing from the impact of DV and co-occurring child maltreatment, and promoting healthy development and well-being of adult and child survivors. In this context, safer conditions are those in which there is a lower risk of physical, sexual, or emotional fear and harm –

such as threats, intimidation, humiliation, stalking, economic oppression, coercion, and isolation – in one's physical and social environments and relationships. Consistent and predictable experiences of safety and stability promote healthy development and well-being for adult and child survivors.

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

Thus, it is essential for survivors, domestic violence and child welfare practitioners, and their collaborative partners to engage in ongoing discussions regarding the survivors' perspectives and rights, safety options and obstacles, and access to needed resources. The goal is to ensure that adult and child survivors' safer conditions do not provide just a temporary respite but longer-term stability.

Creating more stable conditions enhances and sustains safety. Stable conditions refer to predictable and consistent positive experiences in one's physical and social environments and relationships. Examples include stable housing, employment, finances, transportation, child care, education, and interpersonal interactions. Unstable conditions (e.g., experiencing DV or losing a job) can negatively affect adult and child survivors' choices, decision-making, problem-solving, sense of security, self-efficacy, social interactions, emotional responses, parenting skills, and access to help. Stable conditions can help to buffer the impact of stressful and traumatic experiences on adult and child survivors, and to increase adults' sense of control over their lives and what happens to their children. Child welfare caseworkers, domestic violence advocates, and others who work proactively

to create safer and more stable conditions with survivors of domestic violence provide a solid, sustainable foundation for their healing and well-being.

At a policy level, child welfare agencies can adopt a case practice model that prioritizes creating and providing resources and services, in collaboration with partners, that families have asked for. In addition, training and supervising staff to work effectively with people who use violence and hold them accountable also promotes safer conditions for survivors. The possibilities for promoting safer and more stable conditions are endless. It might look like providing flexible funds for a survivor to flee abuse, change locks, avoid eviction, meet an immediate need (e.g., car repairs), or advance a personal goal (e.g., completing an education program). It might also include creating new partnerships that facilitate survivors' access to basic resources like food and housing, maintaining stability in children's important relationships and in school, among many other possibilities.

Social, cultural, and spiritual connections

Research studies have documented that healthy and constructive relationships positively impact adult and child survivors' healing and well-being.^{21,22,23,24,25} Social, cultural, and spiritual connections for survivors of domestic violence refer to sustained relationships with people, institutions, a community, or a higher power that promote a sense of connectedness and positive identity which results in feelings of trust, belonging, faith, hope, and a belief that one matters. Social, cultural, and spiritual connections are valuable resources for adult and child survivors because they can provide:

- Concrete support, like physical and mental health services, restraining orders, safe housing, financial assistance, links to jobs
- Affiliative support, like friendship, connectedness with others who share similar circumstances
- Emotional support, like non-judgmental advice, empathy
- Informational support, like guidance and advice, recommendations for services or resources
- Cultural support, like a sense of community, connectedness with others who have shared identity or traditions
- Spiritual support, like hope and encouragement, a sense of meaning and purpose to life

Adult and child survivors of domestic violence may not have access to the types of support noted above because abusive partners often isolate them and limit their access to resources and supports.²⁶ Also, survivors may experience social isolation if they are physically separated from family, friends, and people in their communities, if they experience language or cultural barriers, or if they have to give up their jobs, change schools, or leave family and friends behind when fleeing from domestic violence.

However, when adult and child survivors are able to access and experience constructive and supportive social, cultural, and spiritual connections, they tend to feel valued by people and institutions that demonstrate concern for their well-being. In addition, survivors are more likely to seek timely assistance and access to resources from people and institutions they trust, which further fosters a more optimistic view of the future. Constructive and supportive social, cultural, and spiritual connections also help to buffer adult survivors from the negative effects of stress and to support nurturing parenting behaviors that promote secure attachments in children.²⁷ Similarly, safety and stable, nurturing relationships with adults and peers buffer child survivors against the effects of exposure to domestic violence and the experience of maltreatment, and are fundamental to healthy brain development. Healthy and constructive relationships help to promote multiple aspects of children's development, such as language skills, social skills, self-confidence, and self-esteem.^{28,29} Researchers also view social connections as vital to resilience.³⁰

Clearly, how child and adult survivors experience interactions with professionals in child welfare, courts, schools, and other family-serving systems matters a great deal. Establishing family-centered practices that are responsive to the survivors' resilience and reduce shame as a norm and training staff to provide empowering, compassionate, affirming, and truly helpful responses is critical

to buffering, rather than exacerbating, the effects of domestic violence. Policy and practice can be designed to include centering survivors and their needs in team meetings, inviting people who love and support them into planning, prioritizing and providing support for keeping children in the care of their non-abusive parent and family, and validating all of the ways that survivors work to protect their children and support their well-being.

Resilience and a growth mindset

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

Resilience is the process³¹ of positive adaptation and personal growth – such as coping, problem solving, becoming more resourceful, and functioning well – in response to adversity.^{32,33,34} Positive adaptation can take many forms and is influenced by individuals' unique characteristics, life histories, social and cultural contexts, and level of violence and other forms of coercive control in the present.^{35,36}

Demonstrating resilience requires a growth mindset – that is, the optimistic belief that one's abilities, circumstances, and challenges can be improved through a commitment to change and consistent effort.³⁷ A growth mindset enables adult and child survivors to understand that, although they are currently experiencing and affected by domestic violence, their situation does not have to be permanent. When adult and child survivors have a growth mindset and demonstrate resilience they are able to develop a sense of purpose, take positive action, make good choices, internalize a belief in their own power to change, feel more in control of what happens to them, and see evidence of their ability to face challenges and adversity.³⁸ Practitioners can promote a survivor's growth mindset by working in ways that are hopeful and solution-focused, and by providing resources to support their personal goals and vision for their future.

Nurturing parent-child interactions

Research has shown that the single most important resource for promoting children's healthy development, well-being, and healing is having at least one loving, nurturing, and protective adult in their life - ideally a parent.³⁹ Nurturing parent-child interactions occur when a parent or parent-figure consistently responds to and meets the needs of a child in an attuned,⁴⁰ affectionate, patient, and caring manner.

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

Promoting and understanding nurturing parent-child interactions in the context of domestic violence is a complex matter. An adult survivor's sense of self-efficacy, ability to meet their child's needs, and the quality of the parent-child bond may be compromised by the abusive partner's pattern of control, coercion, intimidation, or isolation or by systems, organizations, or service providers that fail to provide needed help. Thus, it is important to deliberately consider whether professional or organizational mindsets, norms, expectations, and actions impede child-parent connections or the adult survivor's parenting intentions, capacities, and capabilities. It is critical to support adult survivors in strengthening their relationships with their children in ways that are meaningful and helpful to the parent and child.

Nurturing and enabling positive parent and child connections, bonding, and interactions extends well beyond educating parents about child development and positive parenting practices. If parenting classes are seen as the preferred or only strategy for promoting nurturing parent-child interactions, practitioners may be missing opportunities to strengthen the parent-child bond

while simultaneously sending the message that all parents involved with child welfare have deficits. Using flexible funding to address basic needs or creating accountability for the abusive partner can reduce stress and give survivors the bandwidth to engage deeply and attentively with their children. Paying for recreational opportunities to support adult and child survivors to have fun together, and strengthening their supportive relationships with family or friends who provide parenting advice and emotional support, may be far more impactful than a parenting class.

Social and emotional abilities

There is increasing evidence that strengthening social and emotional abilities in both children and adults should be a priority when serving families who experience highly stressed conditions and circumstances.⁴¹ This is particularly important for adult and child survivors of domestic violence, as people who use violence and coercion often model and elicit behaviors in direct contrast to social and emotional abilities. Effectively engaging the person using violence, holding them accountable to reduce their abuse, and creating meaningful pathways to positive change can ultimately have a positive impact on social and emotional skills of survivors, as well as the individual who has used violence.

Overall, social and emotional abilities are the knowledge, attitudes, and abilities necessary to “understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.”⁴²

Social and emotional abilities include:

- Believing that one is competent and able to carry out the actions necessary to achieve a goal.
- Expressing negative emotions in ways that don’t cause harm (to self or others).
- Developing healthy relationships and interactions with peers, family, friends, community, and others.
- Considering the consequences of one’s thoughts, emotions, and behavior before acting.
- Planning and carrying out purposeful actions.

- Persevering when first attempts are not successful.
- Advocating for one’s own needs.
- Developing a sense of right and wrong.

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

Building and nurturing or promoting social emotional abilities happens in the context of relationships. To this end, child-parent relationships are an important contributor. However, the relationships that adult and child survivors have with other people in their lives from extended family members, neighbors, and peers to teachers, coaches, health professionals, service providers, even lawyers and judges all have key roles to play in the development and maintenance of social and emotional abilities. Key parenting behaviors that are essential for establishing, maintaining, and strengthening the parent-child bond, irrespective of the child’s age, include providing for basic physical needs; building and maintaining trust; and demonstrating love, care, and affection.⁴³ The outcome of consistently engaging in these behaviors is a bond of respect, trust, love, and affection between the parent and the child, which will enhance the child’s interactions with others. Consistent and reliable access to a supportive and attuned adult in their lives buffers children from the negative impact of stress and traumatic experiences like domestic violence.⁴⁴

PATHWAYS TO ACCOUNTABILITY

The Pathways to Accountability framework is an essential component of Bridges to Better. It is grounded in the knowledge and observations of practitioners who have long worked with individuals who use domestic violence, as well as in recent research.^{45,46,47} For example, studies show that participants in battering intervention programs can significantly reduce or eliminate their use of violence and other forms of coercive

control with their intimate partner when awareness, accountability, support, and internal motivation are present.⁴⁸ Too frequently, however, people who use domestic violence who are also parents or caregivers of children are not meaningfully engaged in child welfare system interventions⁴⁹ despite legal requirements that they be contacted and offered services through a case plan. As a result, adult survivors are often held solely responsible for the children's exposure to domestic violence and for "failure to protect" them. Other research found that the lack of engagement of fathers with a history of using DV⁵⁰ can increase the risks to children,⁵¹ while meaningful engagement of fathers by child welfare workers can result in fathers reporting improvements in their own parenting.⁵²

Thus, this framework provides guidance to practitioners and policymakers about meaningfully engaging individuals who use violence and other forms of coercive control against their intimate partners and children within the household in ways that are safe for survivors and that promote accountability. The framework focuses on accountability of the abusive partner to adult and child survivors, to other key relationships, and to themselves in their journey toward positive change. The framework describes two dimensions of accountability: relational and systemic.

Relational accountability involves using the power of relationships, connections, and human interactions to reduce domestic violence and to support positive change. Relational accountability uses existing relationships (e.g., with family, friends, clergy) as well as acquired relationships resulting from the context of domestic violence (e.g., with judges, practitioners, community members). Relational accountability is bidirectional. It involves the ways in which people who use violence interact with others, acknowledge responsibility for their coercive behaviors, and demonstrate efforts to make positive change. Relational accountability also involves how families, practitioners, and others respond to people who use DV, hold them responsible for their behaviors, and encourage positive change and growth. Examples of relational accountability strategies include having honest and caring conversations about their use of violence and coercion, providing connections to professional help, creating a system for ongoing "check-ins," and

setting limits and establishing consequences (e.g., not being invited to gatherings of family or friends).

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

Bridges to Better conceives accountability on the part of the person who uses domestic violence as:

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

This conception of accountability stands in contrast to the common practice of equating accountability with punishment and the criminal justice system. Research has shown that limiting responses to DV perpetration to punitive approaches is often ineffective.^{53,54,55}

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

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

CONCLUSION

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

END NOTES

- 1 In 2016, Futures Without Violence (FUTURES) entered into a cooperative agreement with the Children’s Bureau at the Administration for Children and Families, U.S. Department of Health and Human Services, to build evidence for a collaborative community response to families experiencing domestic violence (DV) who are involved in the child welfare system. Recognizing the variations in child welfare and dependency court administrative and policy infrastructures, community networks and resources, and priorities of leaders, FUTURES and its partners developed an approach now called Bridges to Better to create survivor-centered systems through continuous improvements in policy and practice. Partners included the Center for the Study of Social Policy, National Council of Juvenile and Family Court Judges, the University of Kansas School of Social Welfare, the Center for Health & Safety Culture at Montana State University and Caminar Latino/Latinos United for Peace and Equity.
- 2 Bridges to Better uses person-first language to describe people who use domestic violence/coercive control to gain or maintain power and domination over their intimate partner. Most often “person who uses violence” or “person who uses coercive control” is used. However, the term “abusive partner” is also used occasionally in this document for readability purposes.
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- 4 The terms “domestic violence” and “coercive control” are used interchangeably in this document.
- 5 Child Welfare Information Gateway. (2018). *Definitions of domestic violence*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau, p. 2. Retrieved from <https://www.childwelfare.gov/pubPDFs/defdomvio.pdf>
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- 7 See the “Pathways to Accountability” section in this document.
- 8 National Center on Domestic Violence, Trauma, & Mental Health. (2014). *Current evidence: Intimate partner violence, trauma-related mental health conditions & chronic illness (Fact Sheet)*. Retrieved from http://www.nationalcenterd-vtraumamh.org/wp-content/uploads/2014/10/FactSheet_IPVTraumaMHChronicIllness_2014_Final.pdf
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Promising Futures

BRIDGES TO BETTER

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