



POLICY DESIGN GUIDANCE FOR CHILD WELFARE AGENCIES

**SHELLIE TAGGART, PROGRAM DIRECTOR, FUTURES WITHOUT VIOLENCE AND
PATRICIA MOEN, CHIEF OF PROGRAMS AND ADMINISTRATION, CAMINAR LATINO
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BACKGROUND

BRIDGES TO BETTER

Bridges to Better is a new, whole-family approach for addressing the complex needs of families experiencing domestic violence who are involved in the child welfare system. It is grounded in six principles and two practice and policy frameworks that guide child welfare systems and community organizations to respond to domestic violence in ways that enhance the safety and well-being of children and youth and of the adults who love and care for them. The six principles are:

1. Collaborate across organizations and systems to meet family needs
2. Recognize that the safety and well-being of adult and child survivors of family violence are inextricably linked
3. Plan with survivors – because they are experts on their own lives and needs
4. Respond to the unique circumstances, strengths, and challenges of each family
5. Actively work to advance racial, ethnic, and gender equity
6. Promote the healing and well-being of all family members

While the second and third principles are specific to survivors of domestic violence, the other four apply equally to survivors and to people who use violence and coercion and cause harm to their families as a result.

The two practice and policy frameworks, Pathways to Healing and Pathways to Accountability, emphasize:

- Eliminating systemic and organizational practices and policies that increase risk for survivors
- Building protective factors that lessen the impact of domestic violence on adult and child survivors and promote their healthy development, healing, and well-being
- Expanding strategies to hold people who use violence accountable and support meaningful pathways for them to change

More information on Bridges to Better principles and frameworks can be found [here](#).



DOMESTIC VIOLENCE POLICY DESIGN GUIDANCE FOR CHILD WELFARE AGENCIES

Across the U.S., consensus is growing that child welfare systems should be re-designed to more rigorously promote child and youth well-being, support parents and families and help them build safety and stability, and eliminate stark racial disparities and the disproportionate representation of Black, Indigenous, and Latino children and families in the system. Bridges to Better: Groundwork for Building Survivor-Centered Systems calls for expanding upon these critically important goals to include advancing gender equity in policy, practice, and programming. Gender inequities abound in child welfare, and nowhere are they more apparent than in cases involving domestic violence (DV).

Research shows that where domestic violence occurs, child and youth safety and well-being are connected to the safety and well-being of the survivor parent.¹ Bridges to Better is a process of aligning policy, practice, and programming to enable two-generation, trauma-responsive approaches, promote healing and well-being, strengthen and increase supports, and respond more equitably across child- and family-serving systems to families experiencing domestic violence who are involved in the child welfare system. Child welfare systems can enhance the safety, healing, and well-being of all survivors by acknowledging that the impacts of domestic violence are multi-layered and by addressing the interdependent needs of adult and child survivors.

This resource guides Child Welfare Agency policy design to improve family outcomes by:

1. addressing domestic violence,
2. advancing racial, ethnic, and gender equity, and
3. promoting the safety, healing, and well-being of all survivors of family violence

STRATEGIES IN DESIGNING CHILD WELFARE POLICIES

Building robust networks of community resources and services provides opportunities for many families experiencing domestic violence and other challenges to get the help they need without becoming involved in the child welfare system. Access to food banks, culturally specific organizations, employment and immigration support programs, housing programs, transportation, childcare and faith communities, and more – in addition to traditional DV, substance abuse, and mental health services – reduce the stressors that can trigger family violence and decrease a survivor’s reliance on their partner to meet concrete needs. Investing in network-building, particularly in communities with high rates of poverty and child welfare involvement, will help keep many children safer without disrupting critical family, cultural, and community bonds – bonds that foster joy, sustain a child’s or parent’s sense of belonging, and provide a foundation for healing from the impacts of violence. Families that do become involved with the child welfare system having access to the same array of services and resources may help to avoid deeper system involvement.

Advancing racial, ethnic, and gender equity is integral to the Bridges to Better approach. Families impacted by domestic violence too often face gender- and race-based biases in policies, attitudes, practices, and expectations, which result in blaming adult survivors for child exposure to violence; higher foster care placement rates, longer placements, and fewer reunifications for Native and Black children compared to white children; and higher rates of arrest and incarceration for people of color who use violence. When race-, ethnicity-, and gender-based inequities intersect with institutional biases, domestic violence survivors and their families are at increased risk of harm, inequitable treatment, and limited access to resources—and, consequently, poor outcomes overall.

Addressing root causes of disparities in the child welfare system begin with foundational misconceptions that are embedded in policy, inform resource allocation, and are operationalized through practice standards, procedures, and tools.² A growing body of literature has documented, for example, an underlying theory of child protection that child maltreatment is primarily a result of deficient parenting,³ when evidence has shown for decades that child maltreatment is correlated with poverty.⁴ Black, Indigenous, and Latino families are more likely than white families to experience poverty⁵ because of structural inequities in education, employment, housing, and other institutions. Poverty contributes to poor health, stress, and substance use and creates a bidirectional health-poverty trap where low income contributes to poor health status and poor health contributes to lower income.⁶ These complex dynamics lead to children of color being disproportionately brought into the child welfare system for conditions classified as neglect, but which are actually the results of poverty — conditions such as homelessness, hunger, or parental substance use.

In many states, child exposure to domestic violence is included in definitions of neglect (as “failure

to protect,” “environment injurious to the health and well-being of a child,” or “emotional abuse,” for example). In standard child welfare practice, caseworkers expect adult survivors of domestic violence to keep their children safe, whether or not meaningful efforts have been made to help create safer conditions, or to hold the person using violence accountable for their behavior. Heteronormative gender roles are reinforced through process and practice biases such as opening cases only in the mother’s name, which further perpetuates the focus on only the mother’s behavior. Case plans often require mothers who are survivors to not only engage in services but also to shoulder the responsibility for protecting their children and for completing routine parenting tasks. At the same time, overburdened caseworkers too often allow abusive partners to avoid systems involvement because they are “difficult to engage,” so their strengths, parenting potential, and family networks remain untapped. These unrealistic and inequitable expectations compound risks for survivors, particularly low-income survivors who too often have to make trade-offs between safety for themselves and their children and economic support from an abusive partner. Poverty makes women⁷ more vulnerable to domestic violence and traps them in abusive relationships, which then reinforce their low-income status.⁸

Not surprisingly, then, the child welfare system’s focus on addressing family violence primarily or solely at the individual and interpersonal levels fails to produce positive outcomes for many children and families impacted by domestic violence and child maltreatment. Black, Indigenous, and Latina/o survivors become more vulnerable than white survivors to systems intervention, to separation from their children, and to being blamed for their “failure” as parents. Children and youth in those families experience the negative effects of family separation, including poor academic performance, housing instability and economic insecurity, and an increased likelihood of involvement in juvenile and criminal justice systems.

Centering the most marginalized survivors is a design strategy for advancing universal goals. National organizations working to advance racial equity in a variety of institutions have created guidelines to minimize possible unintended consequences of policy and to identify new solutions to long-standing inequities. These guidelines generally reflect the design principle known as *targeted universalism*,⁹ which sets universal goals for a population and then uses targeted processes to achieve those goals by basing policy design on the experiences of those people and groups most marginalized or negatively impacted by the institution.¹⁰

Universal goals for families experiencing domestic violence are (1) safety for adult and child survivors, and (2) the stability, healing, and well-being of all family members. Domestic violence survivors most negatively impacted by the child welfare system are low-income Black, Indigenous, and Latina/o survivors, including children and adults.¹¹ A policy design process to advance these universal goals for families experiencing domestic violence must center the experiences of survivors and families most negatively impacted by child welfare system involvement.

To improve outcomes for all survivors of domestic violence, child welfare policy designers should strive to address intersecting issues of poverty, violence, systemic racism, and gender biases. Addressing these complex and intersecting issues requires time, adaptive leadership,¹² and commitment to bold change at multiple levels: policy, practice, programming, and resource allocation.

MAKING STATE AND LOCAL CHILD WELFARE POLICIES MORE RESPONSIVE TO DV SURVIVORS

Following is an outline for a policy design process for use by state and local child welfare agencies to advance universal goals for families experiencing domestic violence.

Strategy 1: Convene a policy design team that includes domestic violence survivors and the community-based organizations that support them.

Transformative policy design requires engaging a team of people, including:

- People with lived experience of domestic violence and the child welfare system¹³
- Child welfare professionals
- Community-based, culturally specific organizations that can bring deep knowledge of the impacts of the system on families, challenge traditional ways of thinking about safety and well-being, and help co-design more family- and survivor-centered strategies
- Survivors from the racial and ethnic groups who are most disproportionately involved in the system

Invest resources and provide information and training to help survivors prepare to engage in policy design. A process infrastructure can help ensure shared power and can include a facilitator, decision-making agreements, a speaking order with people with lived experience always speaking first, and resources to support full community organization engagement.

Use the following key questions to guide family and community involvement:

- Have sufficient funding and time been allocated to support and sustain meaningful involvement of survivors (adults and older youth) and community-based organizations? Have conditions been created to facilitate their engagement, for example, scheduling meeting times that are convenient for survivors and offering childcare and food?

- Which groups are disproportionately represented in the child welfare system? Black and Native American families? Geographically isolated families? How can domestic violence programs or culturally specific programs assist with recruiting and supporting survivors from these groups?
- Who else should participate in the policy design process? Consider including, for example, tribal leaders, child welfare workers and supervisors, community faith-based leaders who engage in violence prevention, and the staff of programs for survivors and for people who use violence.
- How will the perspectives and experiences of people who have used violence be safely integrated into the process?
- How will the design team ensure that participants with less power are represented in key decisions? What is the accountability process to ensure that this approach is working for survivors and to make course corrections as needed?

Strategy 2: Identify and analyze data.

An important step toward greater racial, ethnic, and gender equity within child welfare is to identify data that can help the team understand where disparities exist. Data may be available from multiple sources, including SACWIS, family feedback surveys, listening sessions with foster youth, fatality or near-fatality reviews, court data sets, law enforcement statistics, community review boards, local or state domestic violence programs, and coalitions. Actively seek out qualitative data and sources of information that directly reflect the voices and experiences of children and families.

Many child welfare systems don't have high quality data on domestic violence. In tracking systems, domestic violence may not be clearly differentiated from other types of family violence; it may be captured only if it's an element of the initial report

alleging child maltreatment. There may also be room for improvement in the quality of data on the race and ethnicity of individuals involved in child welfare, court cases, or domestic violence programs. For example, caseworkers and advocates may not consistently ask family members how they identify racially or ethnically. Or data may mirror limited federal race and ethnicity categories, which don't accurately reflect how family members identify racially or ethnically. As a result, it might be necessary to advocate for better data while still using existing data.

Improving the quality of a jurisdiction's data might be a multi-year effort—and is one worth undertaking—but it should not be a barrier to using data currently available. Be transparent about challenges related to data quality, and look for data solutions that can help advance the work, such as bringing together data sets from multiple sources to make decisions about which data to use.

Use the following key questions to help determine which data to use:

- What is the definition of domestic violence for data purposes? Is this definition common across data sets and across participants in the policy design process? If not, which definition best fits the policy design?
- At what points does the child welfare data collection system capture domestic violence? At what points does it capture information on co-occurring issues, including child maltreatment, substance use disorders, and housing instability?
- To what degree can domestic violence data be disaggregated by the race and ethnicity of adult or child survivors, or the race and ethnicity of people who use violence? Where do opportunities exist to collect and disaggregate this data if it isn't already happening?

- At what level can data be extracted to create a more nuanced picture? Can data be extracted by ZIP code or by neighborhood?
- Is there data on which children and youth who experience violence receive or have access to community programming and mental health supports in schools? Is there data on how access varies by race and ethnicity? By gender identity? Does the data show if the available resources are culturally and linguistically relevant?
- What qualitative and quantitative data are being tracked to understand domestic violence experiences among survivors of different racial and ethnic groups in the jurisdiction?
- What assumptions are embedded in decisions about tracking or not tracking specific data sets? What assumptions are made in analyzing and interpreting data? Can the data inform other relevant policy goals, such as family and community solutions to violence, for example?

Strategy 3: Develop a shared understanding of history.

Each policy design participant and data source can contribute to the team's understanding of survivors' experiences with child welfare - of mandatory reporting by law enforcement and service providers from whom they sought help, of asking for and too often not receiving concrete help once involved in the system,¹⁴ of intergenerational involvement of families in child welfare as a result of historical trauma, and where the and foster care-to-prison¹⁵ pipeline is at play for their children. Black, Indigenous, and Latino communities, in particular, have long histories of families being devastated by government or private agency intervention purporting to protect their children from harm, or by having their children be perceived as unworthy of protection.¹⁶ These histories and harms cannot be ignored or glossed over. To develop trust, it is vital to commit to hearing directly from survivors who have been impacted by the system, acknowledge past harms, and develop strategies for redressing those harms.

Use the following key questions to develop a shared understanding of the history of system involvement:

- What is known about the history of structural and institutional racism within child welfare and related systems, including mandated reporter networks, the courts, law enforcement, and the juvenile justice system? What are the impacts of this history on different communities in the jurisdiction? How has that impacted community responded to family violence?
- What is the history of domestic violence programming for survivors and for people who use violence? How strong is the commitment of domestic violence programs to advancing racial and gender equity in the design and delivery of services? What is their history of providing for the needs of children and youth?
- What culturally specific resources and services exist in the jurisdiction? What is the relationship between these resources, the child welfare system, and related systems?
- What history do communities in the jurisdiction have of organizing to address social problems such as violence or racism?
- How can adult and youth survivors and families be engaged to create solutions for redressing past harm? What recourse do survivors and families have to voice complaints when the system is creating risk or perpetuating inequities? How has the system responded to these complaints?

Strategy 4: Explore the differential impact of existing policies.

Domestic violence survivors continue to experience child welfare policies that create significant risk to them and their families, including, for example, when domestic violence reports automatically generate child welfare investigations or when child welfare partners closely with law enforcement. Safety is context-dependent and unique for

each survivor. For example, if law enforcement automatically reports all domestic violence to child welfare, Black, Indigenous, and Latino survivors may avoid calling the police and instead seek support from friends and family (or from no one), because they understand that arrest, incarceration, or deportation of their partner is likely. As a result, the child welfare system is more likely to perceive these survivors as “failing to protect” their children. These differences—in survivor experiences, in survivor perceptions of safety options, and in the very real consequences that may follow their decisions—must be considered in policy design.

Use the following key questions to help determine the differential impact of child welfare policies on survivors and their families:

- Is there a shared understanding of the impact of various kinds of trauma (such as racial, historical, and intergenerational trauma) on child and youth development and on families?
- How do low-income Black, Indigenous, and Latina/o survivors experience the child welfare system? What about survivors with co-occurring challenges such as child sexual abuse, substance abuse, or intergenerational trauma?
- What policies and procedures create systemic risks for adult and child survivors involved in the system? (e.g., unannounced home visits, reliance on protective orders as proof that an adult survivor is protecting their children, etc.) What assumptions are embedded in the policy or procedure? (e.g., believing that most survivors coach their children to hide information, or that returning to a violent partner means survivors “are choosing their partner over their children.”) Consider alternative explanations for common assumptions.
 - What has been the impact of this policy on survivors of domestic violence from different communities? Is the policy applied consistently? For whom are exceptions made?

- How will Black, Indigenous, and Latina/o survivors be impacted? LGBTQ+ survivors? Disabled survivors? Survivors whose first language is not English? Survivors who are undocumented? What will mitigate system-created risks and create safe conditions for all survivors?

Strategy 5: Build protective factors for adult and child survivors of domestic violence by investing in community pathways to services and resources in staff development.

Protective factors are individual, familial, social, and environmental conditions that (1) reduce the negative impact of risk factors, and (2) build individual and family strengths, promote healthy development, and support well-being. Five interrelated protective factors that help both adult and child survivors of domestic violence are:

- Safer and more stable conditions
- Social, cultural, and spiritual connections
- Resilience and a growth mindset
- Nurturing parent-child interactions
- Social and emotional abilities

Policymakers can address the connections between violence, gender, and poverty by funding community resources and services that the most marginalized survivors say will create safer and more stable living conditions for them. Expand access to a range of community-based and culturally specific programs, including housing and employment services, childcare, immigration and legal supports, health care, and food security to reduce stresses on families, remove barriers to leaving abusive relationships, and increase parental resilience. Ensure that all survivors have access to those resources and services whether or not they are involved with the child welfare system

Incorporate protective factors¹⁷ for domestic violence survivors into practice with families (including investigations and case planning), into criteria for the purchase of services, and into funding priorities.

Use the following key questions to help build protective factors:

- What community resources and services do low-income Black, Indigenous, and Latina/o survivors say they need the most? Disabled survivors? LGBTQ+ survivors?
- What resources can expand access to safer and more stable conditions in housing, childcare, transportation, finances, and health care for Black, Indigenous, and Latina/o survivors? How does this expansion of resources help all survivors?
- Is there a meaningful investment in keeping children in the care of their survivor parent, particularly children from groups that are disproportionately represented in out-of-home placements? What is the accountability mechanism to ensure this investment?
- How can opportunities be expanded for domestic violence survivors and their families to connect to community groups and programs? How can the expansion of these opportunities mitigate existing infrastructure, access, and resource differences across communities?
- Is there policy support and flexibility to meet the unique and self-identified needs of domestic violence survivors and their families by leveraging trauma-responsive, culturally relevant community services, programs, and resources?
- What training, supervision, tools, and accountability mechanisms are in place to support staff to build protective factors for survivors and their families?

Strategy 6: Expand accountability for people who use violence and cause harm,¹⁸ and create meaningful pathways to change.

A critical strategy for advancing safer and more stable conditions for adult and child survivors of domestic violence is to ensure that the person harming them is held accountable for their coercive and violent behavior with their families, and stopped from using the child welfare system to further their control. Additionally, they should be supported to heal from their own trauma, and offered services and resources to help facilitate change. While many child welfare systems, courts, and domestic violence programs for survivors conflate accountability with punishment, there is a growing awareness that accountability using relationships (e.g., empathetic engagement, direct conversation about use of violence) and the authority of systems (e.g., case plans, court oversight, referrals to appropriate services) may be more effective with some people who use violence. In fact, these alternative approaches may set a better foundation for people who use violence to have healthier long-term involvement in the lives of their children.¹⁹

Use the following key questions in working with people who use violence:

- How can policy be designed to establish standards²⁰ and expectations for staff to work with people who use violence, while also allowing flexibility to prioritize survivor safety and well-being (e.g., if a survivor believes that engaging her partner will escalate the violence)?
- What do survivors believe would be helpful to create accountability for the harm their partners have caused? How can family and community relationships, as well as system practices, be leveraged to help create that accountability?
- What data are available to understand the degree to which people who use violence are currently engaged by child welfare workers? Does the data look different by race or ethnicity?

- What training, supervision, tools, and accountability mechanisms are in place to prepare, support, and ensure staff work with people who use violence?
- What services are available for people who use violence, with or without co-occurring issues such as substance abuse, childhood abuse, and intergenerational trauma? How can these services be expanded to increase access and improved to ensure they are culturally relevant and trauma-responsive?

child welfare system. Generating bold solutions requires new knowledge and new partners at the policy design table, including youth and adult survivors of violence who have lived experience with the system. By aligning practices, policies, and programming with Bridges to Better, policy design teams can advance racial, ethnic, and gender equity, improve child and adult survivor safety, increase accountability and positive change among people who use violence, and enhance the well-being of all family members.

Strategy 7: Engage in continuous quality improvement.

Commit to continuous quality improvement (CQI) to provide high-quality child welfare services and supports for adult and child survivors, and for people who use violence. A CQI process can help ensure that services are relevant and contribute to positive results. Continue to center the experiences of survivors and families in the CQI process.²¹

Use these questions to establish and sustain quality improvement efforts:

- Have funding and human resources been allocated to support and sustain meaningful policy implementation?
- In what ways does current organizational culture facilitate or inhibit CQI efforts?
- Is there a plan to track program outcomes and adjust the program as needed to improve outcomes?
- What are the key metrics of progress or success? How do those metrics reflect survivors' priorities, and policy design goals for racial, ethnic, and gender equity?
- Is the CQI process transparent and inclusive of survivors and other key groups?

Increasingly, policymakers are being called upon for bold solutions to eliminate disparities and advance racial equity for families involved in the

END NOTES

- 1 Holt S., Buckley H., Whelan S. (Aug. 2008) The Impact of Exposure to Domestic Violence on Children and Young People: a Review of the Literature. *Child Abuse Neglect*. Vol.32. No.8:797-810. Abstract available at <https://doi.org/10.1016/j.chiabu.2008.02.004>
- 2 See, for example, Center for the Study of Social Policy. Institutional analysis: Unearthing Institutional Racism and Other Biases. Retrieved from <https://cssp.org/our-work/project/institutional-analysis/>
- 3 See, for example, Roberts, D. E. (2002) *Shattered Bonds: The Color of Child Welfare*. Basic Books. See also Raz, M. (2020) *Abusive Policies: How the American Child Welfare System Lost Its Way*. The University of North Carolina Press.
- 4 Milner, J. and Kelly, D. (Dec 2019/Jan 2020) It's Time to Stop Confusing Poverty with Neglect. *Children's Bureau Express*, Vol 20. No. 10. Retrieved from <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issue-id=212§ionid=2&articleid=5474>
- 5 Kearney, M. (Feb. 5, 2021) Child Poverty in the U.S. *Econofact*. Retrieved from [https://econofact.org/child-poverty-in-the-u-s#:~:text=In%202019%2C%2014.4%20percent%20of,in%20poverty%20\(see%20chart\).](https://econofact.org/child-poverty-in-the-u-s#:~:text=In%202019%2C%2014.4%20percent%20of,in%20poverty%20(see%20chart).)
- 6 Health, Income, and Poverty: Where We Are and What Could Help. (Oct.2018) *Health Policy Brief*. Retrieved from https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/HPB_2017_RWJF_05_W.pdf
- 7 This study focused on women, who are more likely than men to be survivors of domestic (intimate partner) violence, stalking, and sexual violence. For more information about gender and the prevalence of domestic violence, see Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018) The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at <https://stacks.cdc.gov/view/cdc/60893>. While limited, available research has found that transgender people also experience significant sexual and partner violence and have less access to services. See, for example, Seelman, K. L. (2015) Unequal Treatment of Transgender Individuals in Domestic Violence and Rape Crisis Programs. *Journal of Social Service Research*. Vol.41: 307-325; Barrett, B. J. and Sheridan, D. V. (2017) Partner Violence in Transgender Communities: What Helping Professionals Need to Know. *Journal of GLBT Family Studies*. Vol.13: 137-162. In addition, transgender people and cisgender bi-sexual women experience rates of poverty (29%) that exceed those of cisgender straight people (16%) and the LGBT population as a whole (22%). See Badgett, M.V.L., Choi, S.K. and Wilson, B.D.M. (Oct. 2019) *LGBT Poverty in the United States: A Study of Differences Between Sexual Orientation and Gender Identity Groups*. The William Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>
- 8 Renzetti, C.M. (Sept. 2009) *Economic Stress and Domestic Violence*. CRVAW Faculty Research Reports and Papers. Retrieved from https://uknowledge.uky.edu/crvaw_reports/1
- 9 For more information on targeted universalism, see Powell, J.A., Menendian, S., and Ake, W. (May 2019) *Targeted Universalism: Policy and Practice*. Haas Institute for a Fair and Inclusive Society. Available at <https://belonging.berkeley.edu/targeteduniversalism>
- 10 See Center for the Study of Social Policy. *Racial Equity Impact Assessments of Child Welfare*. Retrieved from <https://cssp.org/wp-content/uploads/2018/08/Race-Equity-Impact-Assessment-Tool.pdf>
- 11 This dynamic also applies to low-income Black, Indigenous, and Latina/o survivors of domestic violence who are queer or trans, have disabilities, or are non-native English speakers.
- 12 *Leading Adaptively in Child Welfare*. (Summer 2018) *Child Welfare Matters: Improving Organizations, Making a Difference*. Retrieved from https://ncwwi.org/files/Leadership_and_Management/Leading_Adaptively_in_Child_Welfare.pdf

END NOTES

- 13 Engaging, Empowering, and Utilizing Family and Youth Voice in All Aspects of Child Welfare to Drive Case Planning and System Improvement. (August 1, 2019) Children's Bureau Information Memo IM-19-03. Retrieved from <https://www.acf.hhs.gov/cb/policy-guidance/im-19-03>
- 14 Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW). (2023) Executive Summary: Final Report of the QIC-DVCW
- 15 Juvenile Law Center. (May 26, 2018) What Is the Foster Care-to-Prison Pipeline? Retrieved from <https://jlc.org/news/what-foster-care-prison-pipeline>
- 16 Examples include Indian boarding schools, disproportionate removal of children of color from their parents' care, separation of children from their parents at the U.S.-Mexican border, and the adultification of Black children in the juvenile justice system. See, for example, National Prevention Science Coalition. (Feb. 2021) School Resource Officers and Racial Disparities in School Discipline and Juvenile Justice Referrals. Retrieved from <https://www.npscoalition.org/post/school-resource-officers-and-racial-disparities-in-school-discipline-and-juvenile-justice-referrals>. See also Epstein, R., Blake, J., and Gonzalez, T. (2017). *Girlhood Interrupted: The Erasure of Black Girls' Childhood*. Georgetown Law Center on Poverty and Inequality.
- 17 For more information on protective factors for adult and child survivors of domestic violence, see QIC: Domestic Violence in Child Welfare. Issue Brief: Protective Factors for Survivors of Domestic Violence available at <https://dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/>.
- 18 In some jurisdictions, these individuals are called DV offenders, perpetrators, or batterers.
- 19 For more information on relational and systemic accountability, see QIC: Domestic Violence in Child Welfare. Issue Brief: Relational and Systemic Accountability available at <https://dvchildwelfare.org/resources/issue-brief-on-relational-and-systemic-accountability/>.
- 20 For safety, those standards must include planning interventions with the adult survivor.
- 21 For more information about child welfare system CQIs, see *Is There a Missing Piece in Your Agency's CQI System?* (April 2018) Children's Bureau Express. Vol.19. No.3. available at <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=195§ionid=3&articleid=5104>



**Promising
Futures**



**BRIDGES
TO BETTER**

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