



**Center for the
Study of
Social Policy**
Ideas into Action

Opportunities for Progress: Better Serving Families with Domestic Violence through the Family First Prevention Services Act (FFPSA)

Domestic violence¹ affects too many children and families in the United States. Studies suggest that 15.5 million children bear witness to domestic violence annually, and by age 17, over one-third of all U.S. children will have been exposed to domestic violence. The overlap between domestic violence and child welfare involvement is significant with some studies suggesting that domestic violence is a significant problem for 30 to 40 percent of families involved with child welfare.² Despite this overlap however, historically child welfare systems have struggled to identify and support families experiencing domestic violence.³ While some families come to the attention of child welfare systems directly as a result of a domestic violence incident, others may come to the system's attention due to other allegations of abuse or neglect—and in these situations, domestic violence is not always identified or included in a family's case plan. In either situation, while there has been recognition of a need to more effectively partner with domestic violence agencies, child welfare systems are not always equipped to identify and address the co-occurrence of domestic violence and child maltreatment and meet the needs of a family to ensure the child's safety, permanency, and well-being.

The [Family First Prevention Services Act \(FFPSA\)](#) of 2018 creates a new opportunity for child welfare and domestic violence agencies to strengthen their partnership and work together to better serve children and families. FFPSA marks a substantial movement toward child welfare reform by finally bringing child welfare financing into alignment with what research tells us is best for children and families—keeping children in their homes whenever safe and possible. Specifically, FFPSA allows for states to claim reimbursement for well-supported, supported, and promising evidence-based mental health, substance use, and in-home parent skill-based interventions provided to eligible⁴ children and families. By allowing states to claim federal title IV-E reimbursement for these prevention programs and services, there is a significant

opportunity for child welfare systems to reimagine their work and implement a new vision in service of children and families—this includes reimagining how child welfare systems work with and support children and families that have experienced domestic violence.

The remainder of this paper outlines the existing challenges within child welfare practice and highlights opportunities within FFPSA for advancing best practice for supporting children and families at the intersection of child welfare and domestic violence including through case practice models, selecting and implementing services that are grounded in domestic violence research, and utilizing state and local dollars to build evidence for innovative programs.

Challenges at the Intersection of Child Welfare and Domestic Violence

When child welfare becomes involved with a family due to allegations of domestic violence it is usually as a result of a specific incident that has occurred. Child welfare workers have historically been organized to address that specific incident to make sure it does not happen again through a safety plan, which may include steps the survivor can take including taking out an order of protection or agreeing to leave the house if the offender begins to exhibit escalating abusive or controlling behaviors. While an accompanying service plan may include a referral to a survivor's support group, currently in child welfare no clear definition exists for what constitutes essential domestic violence services and expected outcomes. Further, domestic violence is often viewed as incident-based rather than a critical dynamic that shapes how families function and respond. Consequently, the focus of the child welfare case tends to be on whether or not another incident of domestic violence occurs and there is often a lack of focus on supporting the adult and child survivor in coping with and managing the impact of the domestic violence.⁵ Additionally, when child welfare

is involved with a family for reasons other than domestic violence and the worker either learns of or suspects domestic violence, there is often tension regarding how the worker can and should address the concern. Unfortunately more often than not the issue is not fully addressed with the family or in the safety or service plan.⁶

Additionally, child welfare systems often struggle to understand parenting relationships in the context of domestic violence. For example, it is often difficult for workers to reconcile when a survivor is exhibiting protective capacities while still relying on the offender for financial support or encouraging the child and offender to maintain a relationship. In these instances, child welfare may remove a child or delay reunification despite research that shows that for families who have experienced domestic violence, a child's trauma symptoms were lowest when the perpetrator left the home and were the highest when the child was removed from the home.⁷

Opportunities for Child Welfare Systems to Better Support Families Experiencing Domestic Violence

To address these gaps and others in serving families who are at the intersection of child welfare and domestic violence, it is critical to identify new and existing opportunities through policy and practice. FFPSA creates a significant and unique opportunity as child welfare systems implement a new vision for practice with children and families moving forward. FFPSA allows for states to use title IV-E dollars to provide mental health, substance abuse, and in-home parent skill-based prevention programs⁸ for eligible children and families. While domestic violence services are not specifically reimbursable through title IV-E dollars, as states build their continuum of prevention services, child welfare systems should consider three key strategies for supporting children and families who are involved in child welfare and who have experienced domestic violence.

To respond to challenges integrating best practice from the domestic violence field with child welfare, the U.S. Department of Health and Human Services funded the ***National Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)*** to test interventions to improve how child welfare agencies and their partners work with families experiencing domestic violence. The QIC-DVCW is currently working in jurisdictions to implement best practice around the intersection of child welfare and domestic violence and disseminate lessons learned to the broader child welfare and domestic violence communities. The QIC-DVCW is led by Futures Without Violence along with their partners including the Center for the Study of Social Policy, the 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.

Integrate domestic violence best practice into the vision for child welfare system reform. As states move forward with the implementation of FFPSA, states should take this opportunity to integrate best practice in domestic violence into their guiding vision for child welfare system transformation. States must increase the capacity of frontline staff and supervisors to support behavior change and healing in order to improve the safety and well-being for children and families and make this vision a reality. Efforts to increase capacity should include intentional collaboration between child welfare and domestic violence agencies to increase a shared understanding. This can be done through enhanced trainings and issuing joint guidance on best practices and strategies to address dynamics of domestic violence beyond a specific incident, support the safety and healing of survivors, and create accountability and meaningful support for change of the domestic violence offender. These strategies are critically important to successfully facilitating a family's journey to safer, more stable conditions—potentially including co-parenting and/or the offender's transition back into the home.

Further, child welfare should also increase the capacity of and provide support to community-based providers, agency administrators, judges, policymakers, and other collaborative partners to enhance the system's collective capacity to support children and families at the intersection of domestic violence and child welfare.

Develop a continuum of prevention services that are responsive to the needs of children and families at the intersection of child welfare and domestic violence.

Even though specific "domestic violence services" are not included in those prevention services that are newly allowable for title IV-E reimbursement under FFPSA, as states implement a continuum of prevention services there are a number of strategies states can use to increase collaboration between providers and the capacity to support families who have experienced co-occurrence of child maltreatment and domestic violence. Specifically as states contract with community-based organizations to provide prevention services, states can:

- commit to contracting with community-based organizations that understand the complex nature of domestic violence and do not take a strictly punitive approach to working with the survivor or offender;
- provide training on the risk and protective factors to staff within the community-based organizations;
- implement expectations for how contracted providers will partner together when working with a family to ensure, a holistic and non-fragmented approach;
- require that providers develop protocols for how they will support the adult and child survivor when they learn of any experience with domestic violence; and



- establish a forum where providers can collaborate to address systemic barriers to serving families who have experienced domestic violence.

In addition to improving the capacity of prevention service providers and in order to truly achieve broad, system transformation, child welfare systems must also look to increase internal capacity and understanding of the co-occurrence of child maltreatment and domestic violence. To mitigate risk and safety concerns for the family, workers and supervisors must have the knowledge and skills to safely engage family members and must work collaboratively support behavioral change in the family.⁹ States can increase knowledge and skill by integrating knowledge of best practice with domestic violence survivors and offenders into their pre-service and in-service training curriculum for child welfare workers and supervisors. By integrating best practices into the training curriculum, rather than adding a separate module on domestic violence, child welfare systems can highlight for workers and supervisors how to support families who have experienced domestic violence through strong case practice and not just as an additional service workers need to monitor for compliance.

Select and implement services that are grounded in domestic violence research. In considering how to support families through the implementation of services newly eligible for title IV-E reimbursement through FFPSA, it is important to recognize the lack of access to supports for families involved in the child welfare system who have also experienced domestic violence. In one study, while 25 percent of families receiving in-home services reported physical domestic violence, only 15 percent received domestic violence services, with black women who have experienced domestic violence being less likely than other women to be referred for domestic violence services.¹⁰

States should select and implement mental health, substance abuse, and in-home parent skilled-based programs that are designed to support families that have experienced domestic violence. This goes beyond selecting a program that includes a module on domestic violence, but rather implementing services that have been tested and found effective specifically with families who have experienced domestic violence. Additionally, states should identify programs that are able to support the entire family and meet the needs of the child, survivor, and offender. Examples of evidence-based programs include Seeking Safety, Child-Centered Play Therapy, and Parent-Child Interaction Therapy.¹¹

Explore opportunities to support kin. States have the opportunity through FFPSA to promote kinship engagement through multiple strategies including: implementing kinship navigator programs; integrating case practice expectations and strategies to promote engagement with family; using performance-based contracting to

promote engagement of extended family and kin; and implementing model foster parent licensing standards that waive non-safety elements in order to license kinship relatives as caregivers.

Utilize state and local dollars to build the evidence for innovative programs to address the co-occurrence of child maltreatment and domestic violence. FFPSA requires states to invest Maintenance of Effort (MOE) dollars into prevention services for children and families.¹² States can utilize these dollars in two ways to support families at the intersection of domestic violence and child welfare. First, states can use MOE dollars to implement specific domestic violence programs designed to support adult and child survivors and offenders. These services may include programs that support survivors in coping with the impact of domestic violence, programs that work with offenders to change their behaviors, or programs that work with the family to facilitate healthy relationships.

The second way states can invest MOE dollars to serve these families is through an investment in building the evidence for mental health, substance abuse, and in-home parent skill-based programs that serve children and families involved with domestic violence. As there is no “one size fits all” evidence-based program, it is critical that states invest dollars in building the evidence base for innovative programs that, with additional evidence, would meet the criteria for title IV-E reimbursement. There a number of interventions designed for children and families that have experienced domestic violence that are not currently “evidence-based.” States can invest in build the evidence for these programs so that in the future, they meet the criteria for an evidence-based program as outlined in the Clearinghouse developed by the Children’s Bureau.

Further, as states begin to identify populations where there is less evidence—for example, young fathers or families where the parents are non-English speaking or identify as lesbian, gay, bisexual, transgender, or questioning—it is important for investments to be made in programs that can meet the unique needs of these parents and families.

Conclusion

As a result of FFPSA, states can now capitalize on the opportunity to implement a continuum of prevention service to better serve and promote the safety and well-being of children and families who are involved with child welfare and have experienced domestic violence, states must do a better job of building a continuum of services to meet their needs. Using best practices and bringing providers together to inform and guide the selection and implementation of a continuum of services can help guide states in addressing the long-standing disconnect between child welfare and domestic violence agencies.



Furthermore, through including strategies and selecting interventions that increase the community and child welfare system's capacity to serve these families in their title IV-E prevention plan, states can promote the safety and well-being of children and families and reduce the need to remove children from the parent survivor when there is domestic violence.

Acknowledgements

Center for the Study of Social Policy staff Alexandra Citrin and Megan Martin authored this report. We are grateful for the thoughtful feedback from our colleagues Kristen Weber at CSSP, and Lonna Davis, Shellie Taggart, and Kiersten Stewart at Futures Without Violence.

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Suggested citation: Citrin, A. & Martin, M. (2019). "Opportunities for Progress: Better Serving Families with Domestic Violence through the Family First Prevention Services Act (FFPSA)." Washington, DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/opportunities-for-progress-better-serving-families-with-domestic-violence-through-FFPSA>

Citations

¹ Within this paper, "domestic violence" is used to refer to intimate partner violence between two individuals involved in an intimate relationship.

² Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

³ Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, J., & Hazen, A. (2006). Co-occurring intimate partner violence and child maltreatment: Local policies/practices and relationships to child placement, family services, and residence. Washington, DC: National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/213503.pdf>.

⁴ FFPSA defines eligible children and families as 1) those children, who but not for the intervention, would be at imminent risk of entering foster care and 2) pregnant and parenting youth in foster care and their children.

⁵ Center for Policy Research (2017). Building the Evidence for Domestic Violence Services & Interventions: Challenges, Areas of Opportunity, and Research Priorities. Retrieved from <https://aspe.hhs.gov/system/files/pdf/255511/BuildingDV.pdf>.

⁶ Sullivan, C.M. (2012, October). Domestic Violence Shelter Services: A Review of the Empirical Evidence, Harrisburg, PA: National Resource Center on Domestic Violence. Retrieved from <http://www.dvevidenceproject.org>.

⁷ Finkelhor, D. & Turner, H. (2015). A National Profile of Children Exposed to Family Violence: Police Response, Family Response, & Individual Impact: Final Report. Washington, D.C.: National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/248577.pdf>.

⁸ FFPSA requires that all prevention programs eligible for Title IV-E reimbursement must be designated as well-supported, supported or promising.

⁹ QIC Domestic Violence in Child Welfare. (2018, February). Fact Sheet: Child Welfare and Domestic Violence – The Impact on Children and Families.

¹⁰ Casanueva, C., Ringeisen, H., Smith, K., & Dolan, M. (2014). NSCAW Child Well-Being Spotlight: Despite a Small Decline in Domestic Violence, Mothers of Children Reported for Maltreatment Report no Improvement in Service Access. OPRE Report #2014-08, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

¹¹ For additional interventions that have been identified to support children and families who have experienced domestic violence, please see: Promising Futures – Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence. Available at: <http://promising.futureswithoutviolence.org/>.

¹² FFPSA requires a maintenance of effort (MOE) requirement on "foster care prevention expenditures" to avoid states using new title IV-E dollars to substitute for current state and local dollars used to fund prevention services (Section 50711).

