



**SUPERVISORY
SOP INTIMATE
PARTNER
VIOLENCE (IPV)
IMPLEMENTATION
GUIDE**

SUPERVISOR JOB AID



For more details, see the Structured Decision Making[®] policy and procedures manual.

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PRACTICE GUIDANCE

Our work is best guided by asking, “How will we live our three values for preserving families experiencing intimate partner violence?”

Keep children safe with the survivor by engaging the survivor in partnership. Align with the survivor to ask about existing acts of protection.

Intervene with the perpetrator to reduce danger. Discuss with the perpetrator how they are responsible for the parenting choices they made that have harmed the children and the household.

Focus on how the perpetrator’s behaviors cause harm. Gather as much information as possible about perpetrator behavior patterns and their impact on the child (strive to hear the voice of the child), the survivor, and household functioning.

ENGAGEMENT

HOW WILL WE DEMONSTRATE CULTURAL HUMILITY WHEN WORKING WITH THE FAMILY?

- Account for historical trauma and system-induced trauma.
- Be mindful of bias. Reassure the family of a commitment to keep bias in check.
- Work across our differences—build agreements.
- Explore how race, culture, ethnicity, oppression, discrimination, and historical trauma increase the perpetrator’s power and the survivor’s vulnerability.
- Explore any adverse childhood experiences and/or generational IPV, cultural components/barriers, and current impact to child safety.

WHAT EFFORTS HAVE BEEN MADE TO LOCATE/ENGAGE THE PERPETRATOR?

- Don’t let gender double standards regarding what it means to be a mother or father create a barrier to working with perpetrators.

- Be mindful of your bias. Plan to mitigate barriers to engaging perpetrators. (Consider asking a peer trained in Motivational Interviewing to assist with your interview.)
- Include perpetrators as caregivers who matter to the family.
- Hold the perpetrator to equal parenting standards.
- If fearful of meeting with the perpetrator, seek support from a supervisor, colleague, or coach.
- Remain aware that perpetrators may try to manipulate systems to preserve the status quo.

ASSESSMENT

1. Consider what may be blinding us from conducting an accurate assessment. Here are some common assumptions that we might mistake for facts.

- “They are in denial and minimizing.”
- “They are failing to protect.”
- “They keep letting them back in.”
- “They are picking the partner over the kids.”

2. Make sure to explain what the survivor has or has not done or said that leads you to make this conclusion, and then focus on the perpetrator’s behaviors.

3. Complete a rigorous and balanced assessment. What are we worried about? What is working well? What happens next? (Use behavior-specific language.)

4. Use the Structured Decision Making® (SDM) definition of domestic violence instead of the couple’s fighting. Assess if this incident is a rare occurrence (triggering event with minimal or no injuries), how these caregivers positively co-parent day to day, or if there are elements of coercive control (i.e., one person threatened by or living in fear of the other).

WORRIES: PERPETRATOR

Consider the following when assessing the perpetrator.

- Have you informed the perpetrator that they are a caregiver who is a part of the family?
- What is the perpetrator’s attitude about their actions and how those actions have harmed the family? What behavior changes are they motivated to make?
- How can we hold the perpetrator responsible for the harm they caused?

- Be clear that the abuse is not acceptable!
- Hold the perpetrator to high parenting and behavior expectations. Remember to apply equal parenting standards.
- Use the P + B + I (perpetrator behavior and its impact) tool to help with sorting the assessment. Include physical injuries, as well as impacts on employment, housing, mental health, substance use, school disruptions, etc.
- What information do you have that describes the perpetrator's pattern of coercion and control (beyond physical violence)? Look for any previous history or documents that describe the perpetrator's behaviors of coercion and control. Consider child welfare records, family court orders, police reports, restraining orders, hospital records, etc.
- What do records say about the perpetrator's behavior patterns? What do collateral contacts (which could include prior relationships, police, courts, teachers, neighbors, coworkers, pastors, cultural and community connections, and perpetrator's family members) say about the perpetrator's behavior toward the child, survivor, and household functioning?
- Specifically describe the perpetrator's behavior and its impact (P + B + I) on the child, survivor, household functioning, and the survivor's ability to parent.
- Consider creating a timeline that captures the perpetrator's **past** and **present** day-to-day behavior patterns of coercion and control.

WORKING WELL: SURVIVOR

- Explore the survivor's past and current acts of protection and protective capacities in response to the perpetrator's behaviors.
- List the survivor's abilities to provide day-to-day basic parenting needs of the children, how the survivor helps the children heal from trauma, and how the survivor nurtures the children and provides stability in response to the perpetrator's actions.
- Assess how are the children coping.

WHAT'S NEXT: SAFETY NETWORK

- Who helps the survivor hold the perpetrator responsible?
- Who helps the survivor keep the children safe from the perpetrator by intervening? Who helps the survivor meet all the children's daily basic needs?
- How do these people do this?
- What else can they do?

Have the SDM[®] assessments been informed by perpetrator behavior patterns?

- Safety assessment: Encourage workers to focus on who caused the harm, rather than who “failed to protect.” Perpetrator behavior patterns should inform safety planning. The survivor is not responsible for the perpetrator’s actions and therefore should not be implicated as such in the safety assessment.
- Risk assessment: The tool includes a reliable and valid IPV factor that indicates the likelihood of future system involvement.
- Child and Adolescent Needs and Strengths (CANS) assessment: Use the assessment (which can identify domains that children may require support in to mitigate trauma) to prioritize and plan around the pattern of IPV with the perpetrator and the family’s informal support network to create sustainable safety.
- Remember to assess if the perpetrator’s behaviors intersect with complicating factors of substance use and mental health. If the survivor never had a history of substance misuse or mental health issues prior to this relationship, it is more likely the perpetrator’s behavior is causing those issues for the survivor.
- Consider if the perpetrator’s behavior causes or exacerbates the survivor’s substance use or mental health or interferes with the survivor’s treatment to the point where the survivor may be unable to protect themselves and their children. If the survivor is unable to care for the children at this time, it should be documented *why* that does not include blaming the survivor.
- If the children must come into protective care—due to imminent threat of harm and lethality of the perpetrator’s continued behavior patterns, impacting the survivor’s ability to protect self or children—make it clear to the court that the perpetrator’s continued behavior patterns are undermining the survivor’s attempts to keep the children safe. “Despite the non-offending caregiver efforts to keep the children safe, the perpetrator’s behaviors present an imminent danger at this time, and the children are unsafe.”
- Conduct separate Child and Family Team (CFT) meetings, always meeting with survivor first.
- Reunification and risk reassessments: Use the assessments’ structure and definitions to measure meaningful behavioral changes and new behavioral patterns.
- Create quality harm, worry, and goal statements.
- The perpetrator’s actions and behaviors are the primary focus of the worry statement, not failure to protect.
- Be careful not to write the worry statement in a way that implies the violence is mutual.
- Write separate statements for perpetrators and survivors.
- Create clear and simple statements about **what** (not how) the perpetrator will **do** that will convince everyone the child is safe now and into the future. (**Do not** write in a way that implies the violence with the survivor is mutual.)

- If you write a goal statement for the survivor, include what the survivor will continue to do to build and trust a safety network that can (1) intervene with the perpetrator to reduce danger and risk; (2) help the survivor nurture the children; (3) help the survivor heal from trauma; (4) keep the survivor safe; and (5) provide day-to-day parenting support for basic needs.

SAFETY PLANNING

Help build a network using the Circles of Safety and Support. This network mitigates the harm and dangers of IPV and does not shame and blame the survivor for the perpetrator's behaviors.

- Assess if network members can recognize perpetrator behavior and its impact on the child, survivor, household functioning, and the survivor's ability to parent and protect.
- Explore what the network members are already doing to mitigate the perpetrator's behaviors, provide safety to the children, and support the survivor in meeting the child's day-to-day basic needs and parenting.
- Assess if the network members are willing, capable, and committed to intervene with the perpetrator and hold the perpetrator responsible for their behavior.
- Assist the perpetrator in taking steps to create immediate safety.
 - » Support the perpetrator in moments of crisis.
 - » Support the perpetrator when they have worrying thoughts of harming the family.
 - » Support the perpetrator when they are successfully changing their behavior that supports child/survivor safety and promotes positive family functioning.
- What information do you have that supports leaving the children safely in the care of the survivor?
- What information do you have that ensures the current safety plan is working?
- Who else is helping to keep the children safe?
 - » What role do they play in holding the perpetrator responsible for changing their behavior?
 - » What role do they play in helping the survivor meet the child's day-to-day basic needs?
- How do we know the plan is working? How will we know if it is not?
- What is the purpose of the restraining order? How will it increase child safety right now?
- How might the perpetrator respond if a restraining order is filed?

CASE PLANNING

Center the case plan around the survivor and the child.

- Support the survivor in developing an IPV response plan.
- Help the survivor build a trusting safety and support network that can intervene with the perpetrator and support the survivor in daily parenting.
- Focus on the survivor providing emotional support to the children and helping them heal from trauma. (Do not make the survivor responsible to learn how to stop the perpetrator's violence, remain separated from the perpetrator, or keep the perpetrator out.)
- Consider how the court can help hold the perpetrator responsible for their behavior. What, if anything, has worked (or not worked) in the past?
- Consider recommending court orders for the perpetrator to participate in services.
- The visitation plan for the perpetrator requires them to demonstrate positive parenting support to the partner that promotes household functioning; it should describe what the perpetrator will do to enhance their child's safety, security, and well-being.

TOPICS FOR MAPPING

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN NEXT?
<p>Impact of perpetrator’s behavior on . . .</p> <p>Child (emotional, physical, developmental, behavioral, and social health)</p> <p>Household functioning (income, housing, employment, relationships)</p> <p>Survivor/non-offending caregiver (ability to parent, day-to-day activities, basic needs, mental health, substance abuse)</p>	<p>Survivor’s acts of protection and protective capacities and strengths in response to perpetrator behaviors</p> <p>Efforts to nurture the child and help the child heal from trauma</p> <p>Efforts to provide stability, day-to-day basic needs, and activities</p> <p>How network members have supported safety</p>	<p>Building safety networks that can hold the perpetrator responsible for their behaviors and support keeping the children safe with the survivor</p> <p>Use Circles of Safety and Support to identify the safety network</p> <p>Family-centered meetings</p> <p>Collaborate with IPV advocates, relatives, law enforcement, and community shelters</p> <p>Develop detailed and culturally relevant safety and case plans with the goal of keeping the child safe with the non-offending caregiver</p>

SOP IPV TIMELINE TOOL

PURPOSE

The SOP IPV timeline tool incorporates the core components, tools, and concepts of SOP and the SDM system. The tool helps child protection workers in the following ways.

- Assessing for safety and risk to the child by partnering with the survivor to explore and document the perpetrator’s specific day-to-day actions of harm and danger to the survivor and the child.
- Helping to focus the information-gathering process on the perpetrator’s behavior patterns of coercive control—both past and present—while also recognizing and documenting all of the survivor’s actions to protect the child each day and actions of those who have supported the survivor in keeping the child safe (survivor’s protective behavior and its impact, or S + B + I).
- Keeping the children safe with the survivor through a detailed plan, created with the survivor and the safety network, to ensure the child’s future safety and well-being.

It is critical to explore the timeline “**windows,**” which are gaps when no harm or danger was present and the children were safe. These windows can be used to build upon current acts of protection for future safety.

Constructing an SOP IPV timeline is most effective for survivors who have experienced several different relationships in which they and their children were harmed and/or adversely affected by violent, coercive, and controlling partners. This tool is most efficient when documenting the perpetrator’s behavior and its impact (P + B + I) on the child, the survivor, household functioning, and the survivor’s ability to parent.

By using the SOP IPV timeline tool in conjunction with other SOP tools—such as the Circles of Safety and Support by Sonja Parker and safety mapping—child protection workers can focus on the survivor’s ability to build current and future safety for themselves and their family with support of family, friends, and other community providers.

The SOP IPV timeline can lay the foundation to create:

- Balanced and rigorous assessments;
- A detailed safety plans;
- Organized CFT meetings; and
- Strong, behavior-based case plans with families exposed to IPV. The case plan encompasses acknowledging the perpetrator as a caregiver, making efforts to locate the perpetrator, and, most importantly, holding the perpetrator responsible for their actions and decreasing survivor blame for the perpetrator’s behaviors.

IDENTIFYING P + B + I AND S + B + I

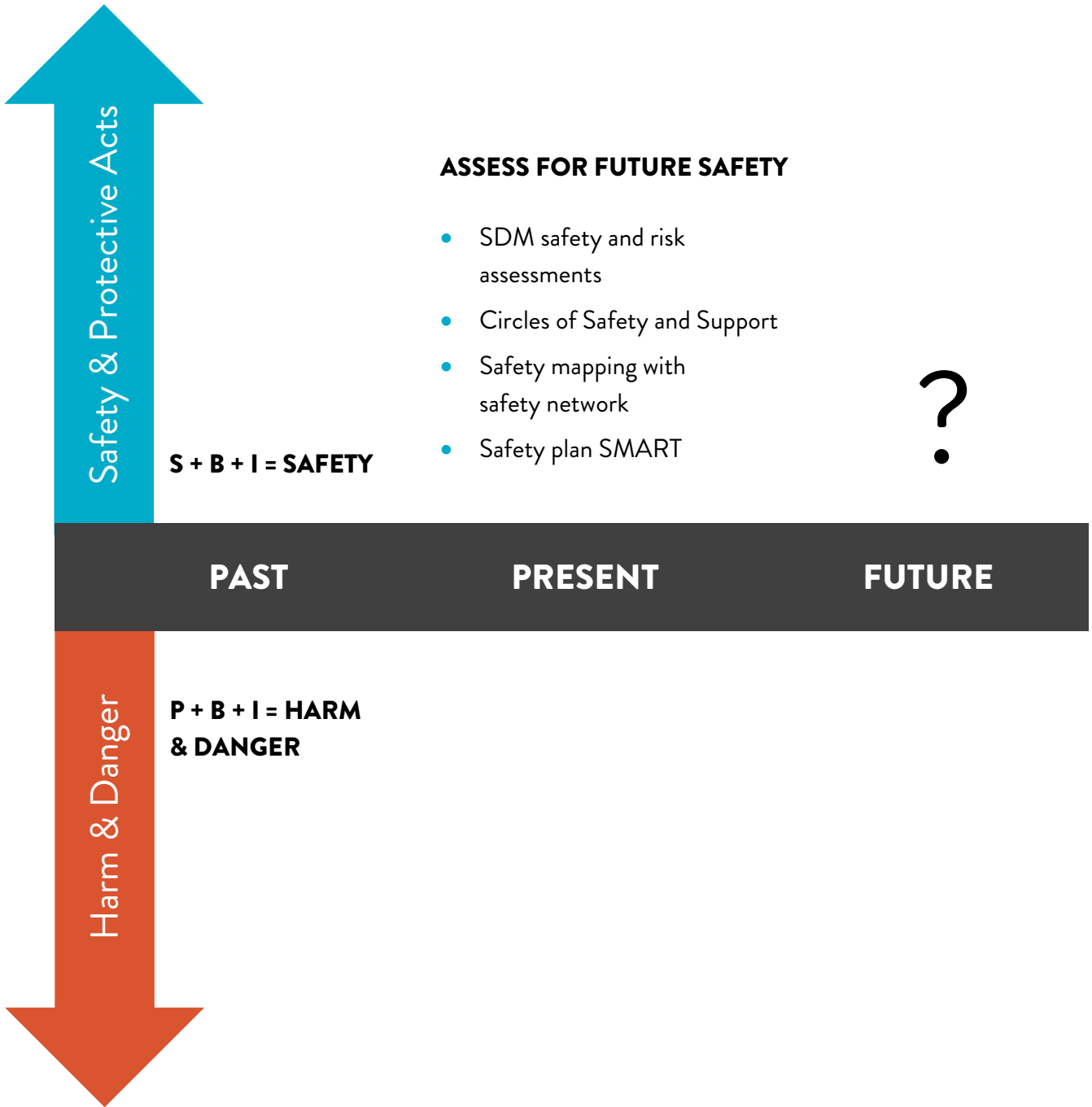
The IPV timeline focuses on exploring the perpetrator's specific behaviors of coercive control as the primary source of the harm (not failure to protect).

The timeline should include the following. Use the P + B + I image to deepen the worker's assessments.

- The perpetrator's behaviors that impact the child and survivor (safety threats 1 and 5).
- How the perpetrator's behaviors have disrupted household functioning (safety threats 1, 5, and 6).
- How the perpetrator's behaviors impact the survivor's ability to parent or receive treatment services (safety threats 1, 5, and 6 and complicating factors).
- Complicating factors, such as mental health and substance use by the perpetrator and survivor, and their impact on the child.
- A process to engage the perpetrator and assess their ability to work with the agency to shift away from using violence and coercion.

It is the worker's role to align with the survivor to explore the following.

- Protective capacities and acts of protection and/or strengths to help keep the child safe (which the worker should validate).
- The ability to provide the child's daily basic needs and activities that help the child heal from trauma; provide stability, nurturance, and safety to the child; and provide for the child's daily well-being.
- Identification of everyone in the family's life who have been a strong support for safety for both caregivers to help build the safety network for perpetrator responsibility.



PERPETRATOR BEHAVIOR IMPACT (P + B + I) TOOL

