PROTECTIVE FACTORS FOR SURVIVORS OF DOMESTIC VIOLENCE





PROTECTIVE FACTORS FOR SURVIVORS OF DOMESTIC VIOLENCE¹

Protective factors for survivors of domestic violence (DV) are an essential component of the Risk and Protective Factors Framework of the Adult & Child Survivor-Centered Approach (the Approach) developed by the Quality Improvement Center on Domestic Violence in Child Welfare. This brief provides guidance for child welfare, domestic violence programs that serve both survivors and offenders, courts, and other collaborative partners about building protective factors that studies show lessen the impact of DV on both child and adult survivors and promote their safety, healing, and well-being.

Domestic violence (DV) protective factors are individual and relational attributes, as well as environmental and social conditions, that help to reduce the impact of DV risk factors, build individual strengths, promote healthy development, and establish conditions that support the safety, healing, and well-being of both adult and child survivors of domestic violence.

An environment of on-going violence and coercive control can make it more difficult to reinforce or build adult and child survivors' protective factors because the person who uses domestic violence often directly or indirectly undermines their relationships, access to resources, and sense of self-worth, as well as the adult survivor's parenting role. The impact of trauma can further complicate matters, as a survivor may be experiencing reduced energy, have emotional outbursts, appear to be disengaged, or suffer other effects that make it difficult for practitioners to identify or strengthen protective factors. Social conditions—such as poverty, racism and other forms of oppression, as well as cultural expectations that

THE FIVE INTERRELATED DV PROTECTIVE FACTORS



perpetuate gender norms—can reinforce a DV offender's efforts to undermine survivors. Yet, protective factors can be strengthened even under adverse circumstances, and growth in any one of the protective factors can be the foundation for growth in others. Domestic violence and child welfare practitioners play a direct role in these efforts, as well as survivors themselves and their family members, friends, and communities. Thus, it is important for practitioners to consider the contexts of adult and child survivors' lives, circumstances, experiences, strengths, and needs in order to understand and appreciate the multiple pathways for reinforcing, building, and sustaining protective factors, and helping to facilitate survivors' journeys to safety, healing, and well-being.

This document provides a brief description of each DV protective factor and examples of how domestic violence and child welfare practitioners and their collaborative partners

can help to promote each factor. While each person and system may play a different role in these efforts, operating from a common understanding of the importance of these protective factors to both child and adult survivors can align practices, plans, and programming in ways that are mutually reinforcing and therefore generate even greater impact. Practice examples are not meant as a guide or prescription for best practice. The information provided in this document is intended to serve as a quick reference to this key element of the Adult & Child Survivor-Centered Approach. A more detailed explanation of the DV Risk and Protective Factors Framework can be found in the description of the Approach; an extensive summary of relevant research is forthcoming. Reference to survivors in the practice examples pertain to both child and adult survivors, unless explicitly specified.

ACKNOWLEDGMENTS

The Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) gratefully acknowledges the groundbreaking work of the primary developers of the domestic violence protective factors, and authors of this brief: Charlyn Harper Browne, Ph.D., Center for the Study of Social Policy, and Tien Ung, Ph.D., Center on the Developing Child at Harvard University.

Many other people have contributed to this brief from the first meeting about the conceptual framework to the final product. In addition to the authors, the QIC-DVCW would like to thank Kathy Savage Mills, Renee Boynton-Jarrett, Lisa Goodman, Sherry Hamby, Kate Lessard, Fernando Mederos, Sandra Salmon, Kristen Selleck, Isa Woldeguiorguis, Juliana Carlson, Becci Akin and Eryn Branch for their expertise and contributions in the early stages of this work.

Finally, thanks to Julie Fliss and Jean Blankenship at the Children's Bureau for their leadership, support and guidance throughout the development process.



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 for 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 harmsuch 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 risk faced by survivors can also vary as circumstances change and the DV offender 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 community resources. The goal is to ensure that adult and child survivors' safer conditions do not provide just a temporary respite but longer-term stability.

Achieving 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 may include housing, employment, finances, transportation, child care, education, and interpersonal interactions. Unstable conditions—such as experiencing DV or losing a job—can negatively affect adult and child survivors' choices, decision-making, problemsolving, 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.

Plans that are designed to increase the degree of safety and lessen the potential for harm must be flexible and individualized to address adult and child survivors' unique circumstances and needs, and make use of their strengths.

Promoting Safer and More Stable Conditions with Adult and Child Survivors of DV

Below are examples of how domestic violence and child welfare practitioners, and their collaborative partners, can help to promote safer and more stable conditions with adult and child survivors of domestic violence who are involved in the child welfare system. Examples include:

- Discussing and thinking critically with adult survivors about what is safe given their unique circumstances, strengths, and needs; success or difficulties from past strategies; and risks associated with maintaining or ending relationships with intimate partners.
- Creating flexible and non-prescriptive safety plans in partnership with adult and child survivors. Including supportive family members as part of safety plans, when appropriate. Revisiting and refining safety plans as circumstances change.
- Attending to housing, legal, economic, employment, nutritional, and health challenges.
- Advocating with child care centers and schools to maintain consistency in a child's/ youth's environment.
- Identifying significant stressors in the lives of children and their parents. Helping survivors secure resources to address stressors.
- Ensuring equitable and meaningful referral and access to needed resources, services, and opportunities.



- Making all reasonable efforts to identify and implement supports to safely maintain children in the care of their parents or caregivers, especially the adult survivor.
- Intentionally assessing and proactively addressing conditions (e.g., community context, organizational policies, and institutional and interpersonal biases) that create disproportionate responses to families of color.
- Finding ways for children in care to maintain connections and relationships (e.g., using kinship care; maintaining school or afterschool programming; keeping the same doctors and dentists; passing on contact information so children will be invited to birthday parties from their school friends; going to the same parks and playgrounds when possible).
- Working with the survivors to understand how to safely and effectively engage and hold accountable the person using violence and coercive control to help them change their behaviors.



Adult and child survivors' healthy and constructive relationships positively impact their healing and well-being. 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: physical and mental health services, restraining orders, safe housing, transportation, financial assistance, links to jobs, etc.
- Affiliative support: friendship, companionship, connectedness with others who share similar circumstances, etc.
- Emotional support: non-judgmental advice, empathy, validation of self-worth, etc.
- Informational support: parenting guidance, recommendations for health care services or child care and education, etc.
- Cultural support: shared identity, norms, traditions, a sense of community, and ways of understanding the world, etc.

 Spiritual support: hope and encouragement, a sense of meaning and purpose to life, etc.

Adult and child survivors of domestic violence may not have access to the types of support noted above because DV offenders often isolate them and limit their access to resources. Also, survivors may experience social isolation if they are physically separated from family, friends, and people in their community; experience language or cultural barriers; or 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. Similarly, child survivors' safe, stable, and nurturing relationships with adults and peers provide a buffer 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. Social connections are also vital to resilience.

Promoting Social, Cultural, and Spiritual Connections with Adult and Child Survivors of DV

Below are examples of how domestic violence and child welfare practitioners, and their collaborative partners, can help to promote social, cultural, and spiritual connections with adult and child survivors of domestic violence who are involved in the child welfare system. Examples include:

- Partnering with both adult and child survivors to identify people they trust (e.g., friends, family, faith community, neighbors, organizations, teachers, etc.).
- Identifying how adult and child survivors like to spend time with each other and creating opportunities to help them do so.
- Helping survivors connect safely with others for support in accessing services, addressing needs, or managing stressors (e.g., providing rides to therapy, watching children so the adult survivor can take GED classes or exercise).
- Supporting survivors to talk about the domestic violence they have experienced with family and friends. Providing resources and guidance to family members and friends of survivors about how to be effective and safe allies to both child and adult survivors. This includes helping family members and friends of survivors learn how to listen to survivors' experiences, concerns, and needs without judgment.

- Identifying strategies to help children and youth safely maintain connections and friendships when safety plans require them to move or be displaced from their community or educational setting.
 Encouraging and helping adult survivors to find safe ways to maintain their own friendships and connections.
- Coaching community allies, such as faith leaders and school personnel, about how to conduct safe family meetings and provide meaningful support and resources to adult and child survivors.
- Facilitating adult and child survivors' access to DV support groups, parenting groups, playgroups or drop-in centers, and other support services for parents and children.
- Expanding domestic violence programming to family members and friends of survivors to create larger circles of connectedness.
- Identifying and creating opportunities for survivors to participate in, and feel safe during, community and cultural events.
- For children in foster care, facilitating contact between children and parents outside of supervised visitation; and facilitating children's contact with other trusted adults and peers (e.g., Skype, phone calls, letter writing, nightly rituals).



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

Resilience is the process of positive adaptation and personal growth—such as coping, problem solving, becoming more resourceful, and functioning well—in response to adversity. 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.

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. 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.

Promoting Resilience and a Growth Mindset with Adult and Child Survivors of DV

Below are examples of how domestic violence and child welfare practitioners, and their collaborative



partners, can help to promote resilience and a growth mindset with adult and child survivors of domestic violence who are involved in the child welfare system. Examples include:

- Actively eliciting (without judgment)
 and validating adult and child survivors'
 experiences, perspectives, and concerns
 about domestic violence and child
 maltreatment.
- Using solution-focused questions and practices to help survivors see their own capabilities clearly (e.g., asking "How are you managing to get your children to school every day despite what your partner is doing?").
- Communicating with survivors that the violence in the home is not their fault.
 Acknowledging decisions they have made to make things safer.
- Conveying to adult and child survivors that it is possible to heal and move forward into a new and hopeful future where they can be safe, strong, and happy.
- Helping survivors to frame their experiences of domestic violence and child maltreatment in the context of trauma. Helping them to better understand the impacts of trauma and how it can influence their actions, thoughts and feelings.
- Helping adult and child survivors identify and appreciate their strengths—not just their problems and needs. Co-creating strategies for self-care. Engaging in case planning in partnership with adult survivors.

- Asking adult survivors about personal, family, and cultural beliefs regarding familial roles, relationships, and violence. Helping adult and child survivors set meaningful, attainable, family-specific and culturally relevant goals to stay safe and achieve stability and resilience.
- Supporting the achievement of goals that support healing and well-being, as well as strengthen problem-solving and decisionmaking skills. Avoiding the use of standardized behavioral goals to assess and monitor systemimposed expectations or standards of care.
- Helping survivors recognize their bodily stress responses, understand how repeated activation of the stress response can negatively impact one's body, and learn how to counter the stress response. Teaching simple calming and relaxation techniques.
- Anticipating and documenting small but significant positive changes in behaviors as evidence of growth, and helping survivors stay in the present versus the past.
- Rehearsing scenarios that survivors identify as challenging (e.g., visitation exchanges, or going to court), including visualizing the experience and developing language, perspectives, and strategies to navigate triggering or scary situations.
- Recognizing and praising past help-seeking and healthy choices by both adult and child survivors. Regularly reminding children they are brave and strong, and reassuring their safety.



The single most important resource for promoting children's healthy development, wellbeing and healing is having at least one loving, nurturing, attuned, and protective adult in their life. Nurturing parent-child interactions occur when a parent or parent-figure consistently responds to and meets the needs of a child in an attuned², 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. Nurturing parent-child 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 parentchild 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 offender'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 support adult survivors in strengthening their relationships with their children in ways that are meaningful and helpful to the parent and child.

Promoting Nurturing Parent-Child Interactions with Adult and Child Survivors of DV

Below are examples of how domestic violence and child welfare practitioners, and their collaborative partners, can help to promote nurturing parent-child interactions with adult and child survivors of domestic violence who are involved in the child welfare system. Examples include:

- Encouraging and supporting adult survivors to provide nurturing and responsive care for their children, which includes listening to their children and expressing interest in their thoughts, feelings and activities; establishing positive routines with their children; and praising their achievements.
- Helping adult survivors understand the importance of soothing and comforting infants and young children during stressful times. Encouraging parents to reflect on how soothing infants and young children also comforts parents, as well. Connecting them to resources (e.g., home visiting programs) that can help them to find and try out ways to soothe their infants and young children.

- Partnering with survivors to create ageappropriate and non-shaming narratives about domestic violence and safety planning.
 Focusing the narratives on reassuring children and restoring their confidence; keeping children informed about what's going on without overwhelming them or increasing their anxiety; managing conflict safely; setting boundaries; and promoting healing and resilience.
- Helping adults and developmentally ready children talk together with an experienced facilitator (e.g., a therapist, counselor, community leader, religious or faith leader) about the impact of DV in their lives and on their relationships.
- Acknowledging and praising observed positive caregiving practices and encouraging adult survivors to maintain their families' routines and schedules to the extent possible (e.g., family meals and activities, going to school, after-school activities, doing homework).
- Teaching and supporting adult survivors to advocate for their children in school and health care settings. Helping adult survivors determine what to share about their current circumstances in these settings (e.g., on the child's Individual Education Plans, at parentteacher conferences, and doctor visits).
- Helping adult survivors prepare for supervised visits. Exploring ways for adult survivors to create joy, promote hope, and reassure children during these interactions.

 Providing resources and opportunities for adult and child survivors to have fun together (e.g., starting a playgroup, soliciting donations for tickets to community events, finding free movie events, taking shelter residents bowling, helping kids put on a puppet show).





Strengthening social and emotional abilities in both children and adults should be a priority when serving families who experience highly stressed conditions and circumstances. This is particularly important for adult and child survivors of domestic violence, as DV offenders often model and elicit behaviors in direct contrast to social and emotional abilities.

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."3 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; and
- Developing a sense of right and wrong.

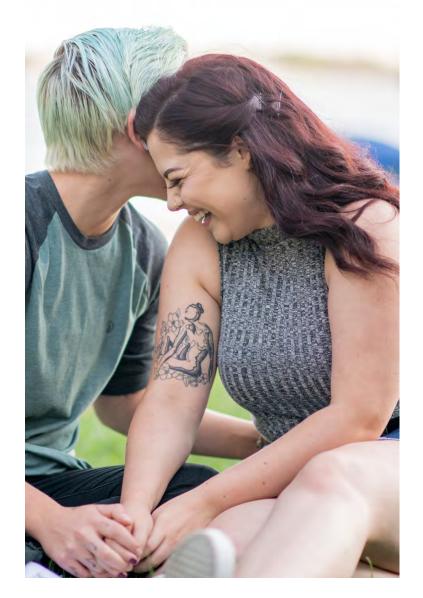
Social and emotional abilities facilitate the development of adult and child survivors' healthy self-concept, self-esteem, and ability to effectively interact, communicate, and collaborate with others. Building a strong social and emotional foundation will help both child and adult survivors be better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

Promoting Social and Emotional Abilities with Adult and Child Survivors of DV

Below are examples of how domestic violence and child welfare practitioners, and their collaborative partners, can help to promote social and emotional abilities with adult and child survivors of domestic violence who are involved in the child welfare system. Examples include:

 Building emotional literacy with adult and child survivors by helping them to recognize their different emotional states, and to make connections between their emotional states, as well as their circumstances and behaviors. Normalizing their emotions and experiences and helping adult and child survivors recognize distractions and emotional disruptions.

- Coaching adult survivors on how to recognize their and their children's different levels of stress responses, and how to counter their stress responses.
 Acknowledging that stress comes with social service and child protection involvement.
- Teaching and practicing calming and relaxation skills to and with adult and child survivors.
- Emphasizing the practitioner's intent to work in partnership with adult and child survivors, and understanding when survivors' choices are limited.
- Explaining to adult and child survivors the various service delivery processes they may encounter so they know what to expect.
 Being clear about expectations so survivors know what they are getting and getting into. Asking if they have questions, concerns, or worries and providing information and encouragement as needed.
- Setting the parameters of an agenda for meetings with the social service team in partnership with adult and child survivors, (e.g., how long to meet, when to ask questions, what to focus on, how to make decisions, what information is important to share).
- Avoiding telling survivors what to do.
- Pacing casework and casework-related activities when possible (e.g., giving adult and child survivors the chance to stop and then come back to a case planning activity if they feel overwhelmed).



- Working with adult survivors to define and order priorities, create achievable goals, break down goals into smaller steps, identify the resources and supports they need to reach the goals, and plan and implement actions needed to succeed.
- Celebrating adult and child survivors' accomplishments.

CONCLUSION

Building the five protective factors that lessen the impact of domestic violence on both child and adult survivors and promote their safety, healing, and well-being can seem daunting to practitioners. However, protective factors can be strengthened even under adverse circumstances, and growth in any one of the protective factors can be the foundation for current or future growth in others. Domestic violence and child welfare practitioners, and their collaborative partners, can have a direct and positive

impact on both adult and child survivors by focusing their efforts on building and sustaining these protective factors. Administrators and policymakers can support these efforts by setting expectations and creating conditions for building protective factors, such as training staff to work effectively with DV offenders to promote survivor safety, implementing parent-child programming, and ensuring that services are trauma-informed and accessible to all survivors.



END NOTES

- 1. This document provides a summary of the domestic violence protective factors framework, one component of the Adult & Child Survivor-Centered Approach. A more detailed explanation of the domestic violence protective factors framework is forthcoming.
- 2. Attuned refers to being aware of and responsive to another's feelings and/or needs.
- 3. Collaborative for Academic, Social, and Emotional Learning (CASEL). What is SEL? Retrieved from https://casel.org/whatis-sel/

KEY DEFINITIONS

Domestic Violence Protective Factors: Individual and relational attributes, as well as environmental and social conditions, that help to reduce the impact of DV risk factors, build individual strengths, promote healthy development, and establish environments that support the safety, healing, and well-being of adult and child survivors of domestic violence.

Safer and More Stable Conditions: 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 abuse, coercion, and isolation—in one's physical and social environments and relationships. Stable conditions refer to having predictable and consistent, positive experiences in one's physical and social environments and relationships. Examples may include housing, employment, finances, transportation, child care, education and interpersonal interactions.

Social, Cultural, and Spiritual Connections: Social, cultural, and spiritual connections 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.

Resilience and a Growth Mindset: Resilience refers to the process of positive adaptation and personal growth—such as coping, problem solving, becoming more resourceful, and functioning well—in response to adversity. Growth mindset refers to the optimistic belief that one's abilities, circumstances, and challenges can be improved through a commitment to change and consistent effort.

Nurturing Parent-Child Interactions: Nurturing parent-child interactions refer to consistently responding to and meeting the needs of a child in an attuned, affectionate, patient, and caring manner that creates a mutually close, loving, and sustained emotional bond between a parent and child and that lays the foundation for the child's healthy interactions with others.

Social and Emotional Abilities: Social and emotional abilities refer to the knowledge, attitudes, and skills necessary to effectively interact and communicate with others, understand and manage emotions, set and achieve positive goals, feel and show empathy for others, and make responsible decisions.

ISSUE BRIEF

For more information please visit www.DVChildWelfare.org

or contact Shellie Taggart at staggart@futureswithoutviolence.org

Futures Without Violence 100 Montgomery St, The Presidio San Francisco, CA 94129

415-678-5500

www.futureswithoutviolence.orc

Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1850-01. The content of this document does not necessarily reflect the view or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the US Department of Health and Human Services.

