National Center on Substance Abuse and Child Welfare

STRENGTHENING SYSTEMS COLLABORATION FOR FAMILIES AT THE INTERSECTION OF DOMESTIC VIOLENCE AND CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS

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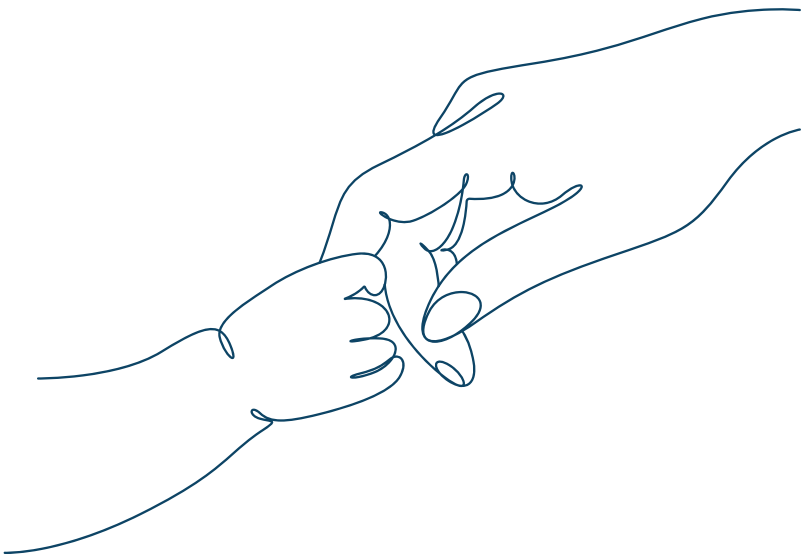
Introduction

This brief offers cross-system considerations to better serve and improve outcomes for children, parents, caregivers, and family members affected by co-occurring substance use disorders (SUD) and mental health disorders who are also experiencing domestic violence (DV). The purpose of this brief is to strengthen workforce capacity and cross-system collaboration among child welfare professionals, SUD and mental health treatment providers, family courts, and DV service providers. The brief is written for policy administrators and managers who oversee agency practices and have the capacity to expand, strengthen, and sustain cross-system collaboration. Each section presents reflective questions to guide cross-system team discussions. Strategies and resources can be found at the end to support ongoing learning and planning as teams work to improve care coordination at this intersection.

An integrated understanding of the challenges and response to parents who experience co-occurring substance use and mental health disorders and DV, is essential for direct service providers, management, and justice partners alike. Collaboration and coordination among agencies providing services to families experiencing these circumstances help ensure responses remain trauma-informed, comprehensive, and safe, within the context of child safety and well-being. The challenges these families face are many, and each family will present with unique strengths and needs.

DV includes a range of coercive and controlling behaviors in addition to violent acts with the aim of gaining and maintaining power over the other partner.[1]

There are multiple ways in which substance use, mental health, and DV are related. In particular, the person using violence may use substances as a form of power and control over their partner. Individuals seeking substance use and mental health services may have experienced or currently be experiencing DV. And, on the other hand, many who experience DV may also require substance use or mental health disorder treatment services. Individuals experiencing current or past DV may turn toward drugs or alcohol to manage the physical pain associated with injuries and cope with the emotional trauma related to the abuse they are experiencing.



Children may also experience effects of the combination of DV in the home and co-occurring parental substance use and mental health disorders, as it can alter the parent-child bond while reducing child safety and well-being. Adverse childhood experiences (ACE)—those experiences negatively affecting a child's long-term physical and mental health—include "growing up in a household with substance use or mental health problems" and "witnessing violence in the home."[2] ACEs can have a profound and lasting effect on a child's physical and mental well-being while severely affecting their sense of security and emotional health. This information is provided not to place blame on the adult or child experiencing addiction or violence, rather to emphasize that these experiences warrant a family-centered and trauma-informed approach. Understanding and responding to these experiences appropriately remains crucial for fostering family resilience and providing necessary support.

While there is no single definition of family-centered approach there are key concepts that are widely accepted including the importance of allowing each individual to define their family and each provider to respond with respect for the individual within the context of their most significant relationships.

"*Being family-centered encompasses a range of practices that embraces the whole family as defined by each individual and family for themselves.*"[3]

"*Family-centered is also defined as a mindset that brings parent, child, and family into focus whether or not our roles are more narrowly defined within our program and organization as adult survivor-centered or child- and youth-focused. Being family-centered means that we are able to think about and take actions to support caregiver-child and family relationships.*"[4]

"*A family-centered approach to SUD treatment provides a comprehensive array of clinical treatment and related support services that meet the needs of each member in the family, not only the individual requesting care.*"[5]

Family-centered support services can include:

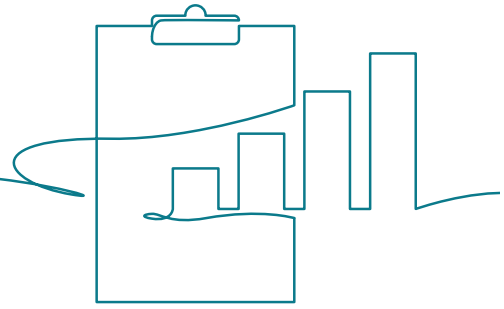
- Family-centered service and case planning
- Family strengthening services and interventions, evidence-based parent-child programs, and parenting education
- Individual and family therapy to meet mental health and trauma needs
- Children's services to resolve identified developmental, healthcare, trauma and mental health, early childhood education, and other needs
- Recovery and other peer support services
- Referral to family health clinics
- Wraparound support and services, such as childcare, vocational support, education, housing, legal aid, and transportation[6]

Safety is a priority in family-centered services and should not be interpreted to mean mandatory participation of the entire family.

This brief uses "*Numbers, Needs, and Networks*"[7] as a framework to understand cross-system tasks to effective collaborative practice and policy. While collaboration starts by understanding how the issue affects families in the context of one's own agency—and exchanging this information with other agencies serving families—this resource offers strategies to move beyond information sharing in the collaborative relationship to make changes and improvements and sustain a cross-system environment in which families receive services.

Key community partners that may be helpful in cross-system work include:

- Domestic violence services
- Child welfare professionals
- Substance use disorder assessment, treatment, and medication management services
- Mental health treatment providers
- Family courts
- Programs and shelters for survivors of sexual assault or human trafficking
- Faith-based initiatives



Numbers

The importance of recognizing the scope of the problem, accurately identifying who it affects, and creating shared information protocols

Gathering data about families at this intersection may be challenged by a number of factors:

- Lack of staff knowledge about the intersection
- Family mistrust of provider response when disclosing experiences
- Stigma associated with help seeking
- Insufficient data collection infrastructure
- Inconsistent data measures across programs and agencies

Identifying which challenges your agency experiences can help inform practice and policy improvements and cross-system discussions.

To fully understand and effectively meet the needs of families experiencing co-occurring substance use and mental health disorders and DV, family-serving agencies need accurate data. Child welfare agencies, SUD and mental health treatment providers, family courts, and DV service provider agencies often face significant challenges identifying and quantifying the number of individuals who simultaneously experience DV and SUD within their populations. This lack of a systematic approach to gather comprehensive data on the intersection of these challenges can hinder efforts to understand and respond to the full scope and effects of the problem. With accurate information, these agencies have the potential to more effectively meet the complex needs of families at this intersection, develop effective and comprehensive interventions, allocate resources appropriately, and advocate for necessary policy changes. Thus, communities are able to effectively provide services to children, parents, and family members when they share and jointly analyze data about the scale and scope of the challenges facing families.

SUD and mental health treatment and DV service agencies can examine their practices to ensure they ask the adults they serve about their children and any unmet needs. This information can expand an agency's understanding of 1) how many parents are in their service population, and 2) whether these parents receive referrals and services that are appropriate to meet their family's needs. It is crucial to note that even when providers do ask broader questions of adults about the well-being of their children or family, parents may fear disclosure of SUD or DV will lead to reporting to law enforcement[8] or child welfare and potential adverse consequences including family separation. Stigma is also a significant barrier that prevents parents from disclosing DV and SUD challenges. The associated shame often leads to silence, making it difficult for parents to seek help. This shame can then create a vicious cycle in which the fear of judgment and discrimination further isolates parents, exacerbating the obstacles they face and preventing them from obtaining vital support and resources.

It is important to note that some families may experience heightened stigma and discrimination from within their communities and from service providers, and may have fears related to child welfare and family court interventions that may result in children being removed from their home and placed in foster care. Other challenges may include:

- Any one agency or service system's limited capacity to meet all the needs related to an individual or family
- Lack of economic opportunities and lack of availability of affordable health care that further limit the ability of many families to obtain necessary services

Understanding factors that lead families to mistrust providers, and eliminating stigmatizing attitudes providers may have toward each of these unique challenges—DV and co-occurring SUD and mental health disorders—plays a vital role in overcoming barriers and fostering a more supportive environment for parents to make disclosures and receive support. When collaborative partners share data, they can better understand the challenges, reduce stigmatizing attitudes and perceptions, and avoid under-reporting or missed opportunities to identify families experiencing these conditions.

Consider these questions related to understanding the scope of the problem:

- How are families in your system identified as experiencing both DV and co-occurring SUD and mental health disorders? How does your current technology assist or hinder this type of data collection? Are there other factors that assist or hinder? If so, what are they?
- Are there ways to capture information about DV and co-occurring SUD and mental health disorders when disclosure happens outside of a standard assessment or intake? For example, once a peer support specialist or other service professional has established trust and rapport in the relationship the parent may feel more comfortable disclosing substance use or DV, how might your agency include these families in your numbers?
- What data are currently collected that describe the scope of the problem in your community? Where are cross-system partners meeting on a regular basis? Do these meetings include partners discussing and analyzing these data and families' experiences? If not, how could data be added as a standing agenda item?
- What information could each partner agency gather to understand the families they serve and demonstrate outcomes? Consider how data can be disaggregated to examine the experiences of families with similar characteristics (e.g., families with children under 1, young parents) to better understand the opportunities for improvement.
- How might a cross-system team share data about child, parent, and family outcomes currently tracked in their system to strategize on a shared vision to improve outcomes?

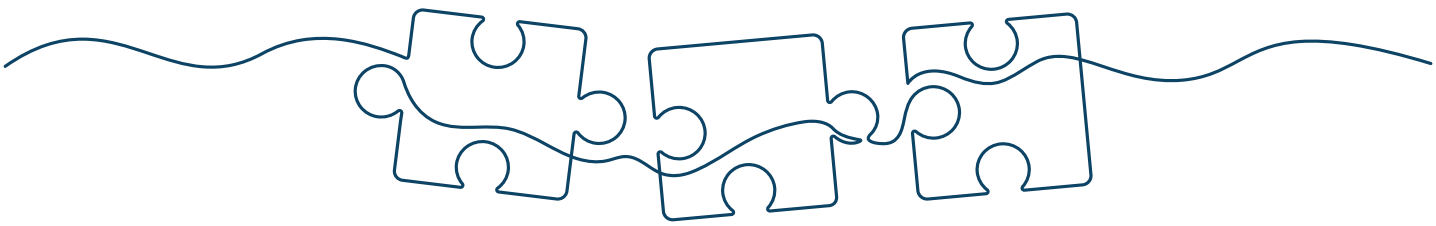
  Examples of data that agencies may already capture include:

  - Information that represents the communities served by each agency
  - Number of families referred to and able to obtain SUD or DV services
  - Improved parental health and mental health (e.g., decreased trauma symptoms)
  - Increased parenting skills and decreased child trauma symptoms
  - Children able to either remain in the care of a parent or reunify with a parent in shorter timeframe

- How could this type of shared data help you better understand family outcomes at this intersection? How might it demonstrate areas for improvement in terms of service referrals, entry, and provision?
- In what ways can family court and child welfare partners enhance the cross-system discussion of accurately identifying the scope of the problem and developing solutions?

DID YOU KNOW?

Federal regulations provided in 2016 require Family Violence Prevention and Services Act grant recipients to "eliminate any use of unreasonable screening mechanisms and other inappropriate conditions or requirements—like requiring criminal background checks, sobriety requirements, requirements to obtain specific legal remedies, or mental health or substance use disorder screenings—for receipt of services or entry into emergency shelter."[9]



Needs

Assessing and meeting family needs

We know that: 1) healing and recovery occur in the context of the *family*, and 2) applying a family-centered approach is key to holistic and effective support. When SUD and mental health disorder treatment and DV agencies work together to assess and identify services that meet not only the needs of adults but those of children and family members too, families can tell us what they need to best support long-term health, wellness, and stability.

Depending on the agency, participant needs assessments may not include children or family members outside of the agency's scope of work, thus limiting the agency's understanding of what children, parents, and family members experience and require such as family-centered SUD and mental health disorder treatment and safety planning for children and parents.

Agency staff may benefit from expanded training or expertise to work across the DV, SUD, mental health, and child welfare systems to provide or coordinate comprehensive services. Professionals sometimes experience challenges assisting families and creating comprehensive safety plans due to unique and complex legal systems, independent and often fragmented service systems, and a general lack of cross-training. This resource from the Early Childhood Learning and Knowledge Center explains level of risk considerations for child safety and understanding control tactics in the context of child welfare. Cross-system training can help ensure those with expertise—particularly those professionals experienced in providing guidance on safety planning in DV cases—are guiding the workforce to safely meet the needs of families.

Due to the controlling tactics used in abusive relationships the person experiencing DV may have limited access to money or opportunities to earn money, which may affect their ability to provide for their children and themselves and delay progress on service plans that require transportation or insurance billing or that may otherwise act as a financial burden. Needs assessments can incorporate a family-centered approach that reduces barriers to obtaining childcare, transportation, safe housing, health care, and other concrete services.

In addition, families experiencing DV and SUD may need to reengage with, strengthen, or mend wider family relationships. This process can include family therapy, trust and communication skill building, developing healthy boundaries, and education on the fundamentals of DV and SUD. The parent who experienced or is experiencing violence, with support from trusted friends and trained professionals, can determine who to include in family therapy sessions and whether it is safe and appropriate to include the parent who used violence.

Agencies may serve the person experiencing the violence, the person using violence, or both and family visits may be required when child welfare is involved. Staff may not understand how to: 1) safely provide trauma-informed and recovery-oriented services, specifically to families at this intersection; 2) include other family members who may act as temporary placements for the child or support the family; or 3) refer persons using violence to appropriate services.

Bridges to Better provides a framework called *Pathways to Accountability* for working with people who use domestic violence. This framework "grows from the understanding that working with abusive partners can increase the safety and well-being of adult and child survivors. This work can also lead to healthier outcomes for persons who used violence when it is integral to a holistic, coordinated response."

Collaboration remains the key to fully understanding and meeting the complex needs of children, parents, caregivers, and family members. Agencies may not realize how their policies or practices either help solve—or potentially exacerbate—the problems of families experiencing SUD and DV. **Creating a collaborative team of cross-system representatives and individuals with personal experience of DV, SUD and co-occurring mental health disorders can strengthen the ability of all agencies to assess and meet the needs of children, parents, and families at this intersection.** Specifically, agencies can use shared data to inform them of the gaps between needs and resources and to implement new practices to improve outcomes.

Consider these questions related to understanding family needs:

- What does your agency know about family needs at this intersection or the barriers to getting needs met, for instance lack of technology to attend telehealth appointments or apply for services? How can sharing this type of data across multiple agencies inform an improved response?
- How can people with direct expertise be brought into the collaborative work to improve understanding of family needs and consider best practices?
- How can system partners help each other learn about and implement best practices for building recovery-oriented and trauma-informed environments where families feel safe disclosing DV—along with substance use and co-occurring mental health disorders?
- How can a cross-system team identify and improve safety-focused, family-centered programming that understands and attends to:
  - Parent-identified needs of children, including concrete goods
  - The effects of DV and parental substance use on children and support parental understanding of and response to their behaviors
  - Opportunities for positive childhood experiences and prosocial family bonding activities
  - Ensuring parents who experience violence have support to obtain safety planning, and SUD treatment and other service providers understand the risks named in that plan
  - Ensuring the person using violence can obtain evidence-based services designed to eliminate DV and support progress toward child visitation (virtual and in-person)
- Where are the opportunities for coordinated case planning to ensure timely entry into programming?
  - Some DV or SUD services require significant on-site participation, limiting a family's ability to obtain other needed services. Agencies may have attendance policies that are challenging to adhere to across systems and while navigating safety concerns. Consider using cross-system team meetings to understand and proactively coordinate and counter these types of barriers families may experience in obtaining services.
  - Individuals experiencing DV and who depend on their partner for health care coverage have a difficult time obtaining affordable and safe services. Some state laws require providers to report DV to law enforcement or child welfare, which may further prevent individuals from seeking medical attention. Child welfare workers can act as advocates for a family's safe ability to obtain health services.
- How can professionals use peer support services to increase identification of and connections for families, ability to obtain services, and implementation of best practices across systems?
- What gaps in services and expertise exist and how can these gaps present an opportunity for enhanced partnerships?
  - How could integrated practices that include sharing roles and activities change a family's experience? Consider warm hand-offs between agencies and strengthened and coordinated case management.
  - Are there ways to bring service delivery partners on site for special programming (e.g., DV agencies may offer space for recovery support groups in the evenings while SUD treatment may provide space and childcare for an DV support group on site)?

Networks

Uniting across systems to enhance services and improve outcomes for children, parents, and family members

Families at the intersection of DV and co-occurring SUD and mental health disorders deserve a coordinated response that draws on the talents and resources of many agencies. Collaboration requires both practice and policy change to improve family outcomes (e.g., providing family-centered SUD treatment services to promote a parent's capacity to stay in treatment longer, or offering cross-system training for staff to enhance their capacity to assess and support families). The *Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement* offers a set of proven strategies for communities to improve outcomes for all children, parents, and families affected by trauma, substance use and mental disorders.[10] Creating a collaborative network of child welfare, SUD and mental health treatment, and DV service provider agencies significantly enhances their ability to meet families' fundamental needs such as safety and emotional support, as well as tangible needs including safe housing and transportation, obtaining their own and supplemental financial resources, and connecting to social support systems.

Consider how *trauma-informed* environments and trusted provider relationships help families decide to disclose DV, including human trafficking. Consider also how meeting the concrete needs of families works to establish trust and deepen provider understanding of a family's most pressing concerns. Creating a network of providers can strengthen each agency's capacity to identify and meet families' basic and concrete needs by sharing knowledge and resources while advocating on a community-level when there are gaps.

Violence during and after pregnancy has a profound effect on families, and pregnant women often face greater limitations to service entry. Programs funded through the child welfare system are usually not available during pregnancy because the woman is not yet parenting; this means waiting until the infant is born to qualify for services that could be crucial to building parenting skills and support in the prenatal period.

Prenatal Plans of Safe Care (POSC) may be one avenue for networks to coordinate service delivery across agencies. "States have flexibility in their implementation of POSC, including when they decide to initiate the development of the plans. While not mandated by CAPTA†, states can decide to develop POSC **before** the birth of the infant to help mitigate the effects of prenatal substance exposure and engage parents in services and supports as soon as possible."[11] Prenatal POSC can be helpful in 1) building protective factors for families (e.g., social supports, enrollment); 2) reducing the need for child welfare involvement; and 3) preventing family separation. Collective responsibility across community providers for initiating and implementing POSC could improve the chance for families to be involved with an array of services at an earlier timepoint.

By coordinating knowledge and resources, agencies better support each other and ensure that families receive comprehensive care and assistance.

Other benefits of a cross-system collaborative approach include allowing agencies to advocate more effectively on a community level amid gaps in services. By working together, they can identify and resolve these gaps, ensuring that no family is overlooked. For example, agencies working together can collectively push for policy changes or additional funding if there is a lack of specific services such as affordable housing or mental health

† CAPTA stands for Child Abuse Prevention and Treatment Act

services in the community. This unified effort strengthens individual agencies and builds a more resilient and supportive community for all involved. These agencies can create a safety net both comprehensive and responsive to families' evolving needs by fostering strong partnerships and open communication.

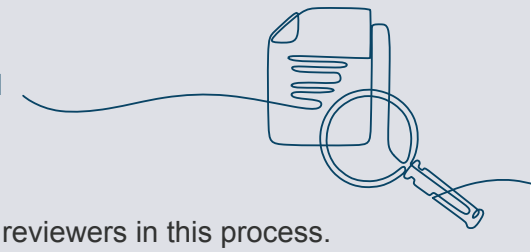
Consider these questions related to cross-system collaboration:

- What agency-specific opportunities are there for cross-system training on the intersection of SUD and DV? Which partner agencies can you coordinate with to conduct cross-system training?
- How can the cross-system team identify and respond to workforce development needs and improve competencies? Topics may include:
  - Trauma and SUD in the context of DV
  - Co-occurring SUD and mental health treatment
  - Adult and child trauma responses and trauma-responsive programming
  - Stigma and shame
  - Substance use coercion and DV
  - Recovery-oriented systems
  - Engagement and accountability for the person using violence including that parenthood is a strong motivator for changing one's use of violence
  - State laws and best practices guiding reporting of DV to health care professionals, child welfare, and law enforcement
  - Confidentiality and privacy laws
  - Safety considerations for individual family members and staff working with families experiencing DV
  - What are the parameters and process for your agency to be able to share information (e.g., memorandum of understanding)?
- How can new practices that show effective outcomes become permanent policy?
  - How might staff collaboratively develop an enhanced referral pathway to ensure parents, children, and families receive
    - Safety assessment and planning
    - SUD assessment
    - Withdrawal management
    - DV services
    - SUD and mental health treatment services for parents and children as needed
  - Are there existing or opportunities to co-develop new policies ensuring families can receive appropriate expertise to create safety plans and treatment and recovery maintenance plans, and that both plans inform each other?
- Can agencies establish a written agreement for cross-system expert consultations to ensure families receive appropriate services (i.e., not sharing client-level information, but getting expert insight when you are not sure how to proceed)?
- What is the plan to include individuals with personal experience of DV and co-occurring mental health and SUD? How can individuals with personal experience be actively involved in all stages of the policy setting and practice change processes?
  - How can staff integrate individuals with personal experience into each agency and the cross-system team to provide ongoing input and perspective?
  - In what ways are partners and staff who have both personal and professional expertise already part of policy setting and practice development?
- How might consistent ongoing meetings help keep track of improvements across all families being served, remove barriers to achieving the shared vision, and respond to new trends and obstacles?
- How could braided funding from multiple sources across partners agencies meet ongoing needs such as cross-system training and other professional development opportunities, integrated services, and individualized support?
- Are there ways to build onsite expertise? What are some ways child welfare, DV, SUD and mental health treatment services, and the courts can hire persons with personal and professional expertise at this intersection to better support families?
  - Child welfare may create a special unit that handles cases involving both DV and SUD.
  - A DV agency may hire a staff person to conduct SUD assessments and assist in obtaining treatment.
  - SUD treatment agencies may offer onsite DV support groups that attend to individualized needs.

Summary: What can you do now?

No matter the system, staff can apply strategies uniquely based on the focus of the individual system's work and tailored to fit the needs of their community. Each agency and together as a collaborative team, initial steps can start now to 1) examine policies and procedures, 2) collaborate, and 3) consider the children.

Examine Policies and Practices

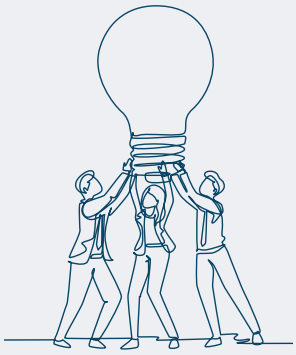


Identify areas for improvement in current practices and policies focused on families experiencing DV and SUD within and across agencies:

- Conduct reviews: Regularly review existing policies and practices to ensure they remain effective for the population, trauma-informed, reflective of best practices, and are up to date. Include individuals with personal expertise as reviewers in this process.
- Gather feedback: Collect input from staff, families (and others) with personal experience, as well as partners to understand the effect of current policies.
- Create systematic processes: Implement a cycle of continuous improvement that integrates persons with direct expertise and involves regularly updating policies and practices based on new insights and feedback.

Collaborate

No one agency can do this work alone. Maximize partnerships to better serve children, parents, and families who experience DV and co-occurring SUD and mental health disorders:

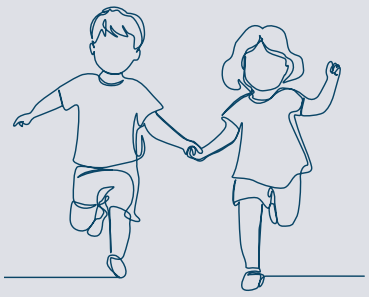


- Build networks: Establish strong relationships with child welfare, SUD and co-occurring mental health treatment providers, DV service provider organizations, along with other agencies and community groups with members representing the populations who experience high rates of DV.
- Analyze data to meet needs: Share what you learned about the scope of the problem and family needs in your system and consider how this aligns or differs from what other agencies learned.
- Share resources (e.g., knowledge, expertise, data) to enhance service delivery.
- Participate in joint initiatives to reach common goals and resolve challenges relevant to services for families at this intersection, for example ensuring safety for all proposed practices.
- Improve communication: Maintain open and regular communication with partners to ensure alignment and coordination of efforts.

Consider the Children

Recognize the person as a parent and use a safety-focused, family-centered approach to improve outcomes:

- Conduct family-centered case planning: involve children, parents, and family members (as determined by the client, trained professionals, and as safety allows) in the planning and decision-making process.
- Apply a holistic approach: meet the needs of the whole family—not just the parent—to create a supportive environment.
- Create mechanisms for children, parents, and family members to provide feedback on services and programs as a way to actively incorporate their voices and perspectives.



Adapting these strategies to fit the specific needs and focus of any system ensures a more effective and responsive approach to serving children, parents, and family members who experience DV and SUD.

How do you think these strategies could be applied in your community?

Resources to Continue Learning

The Office of Family Violence and Prevention Services (OFVPS) created an *Information Memorandum on the Intersection of Domestic Violence, Mental Health, and Substance Use* in 2019 to: 1) provide state directors of mental health and SUD treatment services with information about the prevalence of domestic violence among people receiving these services; and 2) encourage collaboration between the domestic violence, mental health and SUD treatment, and peer recovery service systems.

- A follow-up 2024 information memorandum (IM) from OFVPS, *Supporting Families Impacted by Domestic Violence: Opportunities to Partner with Families,* examines the considerations and complex determinations providers need to understand when deciding whether a child's exposure to domestic violence requires a report to child welfare. The IM was accompanied by a list of relevant resources.

The National Domestic Violence Hotline provides linkage to resources and coalitions focusing on DV in each state. This agency, which oversees The National Teen Dating Abuse Hotline, also co-developed the Strong Hearts Native Helpline, run by Native advocates. Website topic pages include basic information on

- *DV*
- *Safety planning*

The U.S. Department of Health & Human Services (HHS) Administration on Children, Youth and Families (ACYF), Office of Family Violence Prevention and Services Program has designated the National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) as a national training and technical assistance center offering various resources on SUD and DV.

NCDVTMH also provides technical assistance to Weave, a pilot in West Virginia, that aims to improve outcomes for families experiencing DV and substance use coercion. Their training series offers sessions on a number of topics, including collaboration, safety, and confidentiality.

Futures Without Violence has a number of projects and resources related to domestic violence against women:

- National Institute on Fatherhood and Domestic Violence
- Fathering After Violence framework and posters
- Domestic Violence and Child Abuse Reports: A Complex Matter
- Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers
- Pathways to Accountability for People Who Use Violence

The Office of Head Start developed a resource to guide early childhood program staff and other professionals working with families in decision-making and considerations for reporting domestic violence. The resource includes safety considerations for the child, understanding controlling tactics in the context of child welfare involvement, and best practices when making a report to child welfare.

Child Welfare Information Gateway published a guide on *Promoting Protective Factors for Children Exposed to Domestic Violence* and a fact sheet on *Child Witnesses to Domestic Violence*.

The *National Center on Substance Abuse and Child Welfare* (NCSACW) has resources on a number of relevant topics:

- *Understanding Substance Use Treatment: A Resource Guide for Professionals Referring to Treatment.*
- *Disrupting Stigma for Families Affected by Substance Use*
- *Identifying Safety and Protective Capacities for Families with Parental Substance Use Disorders and Child Welfare Involvement*

Family advocacy programs can connect veterans and their families to services that respond to DV, including crisis intervention, safety planning, referral coordination, and legal and financial supports.

The Capacity Building Center for States created a manual on *Child Protection in Families Experiencing Domestic Violence*, and tip sheets on *Domestic Violence and the Child Welfare Professional*.

The American Judges Association offers a webpage on domestic violence.

The National Council on Juvenile and Family Court Judges offers a variety of materials and training, including:

- A 2022 revision to the *Model Code on Domestic and Family Violence* that includes sections on parenting time, visitation, and best interest of the child
- A *Break from the Bench* webinar series on domestic violence
- *Parenting Plans After Family Court Findings of Domestic Violence*

The Office on Violence Against Women offers resources for criminal justice professionals including judges, attorneys, and other court-related personnel.

The Center for Justice Innovation published a sample state *benchbook on domestic violence* (2015).

The National Center for State Courts created a series on *Promoting Well-Being in Domestic Relations Court*.

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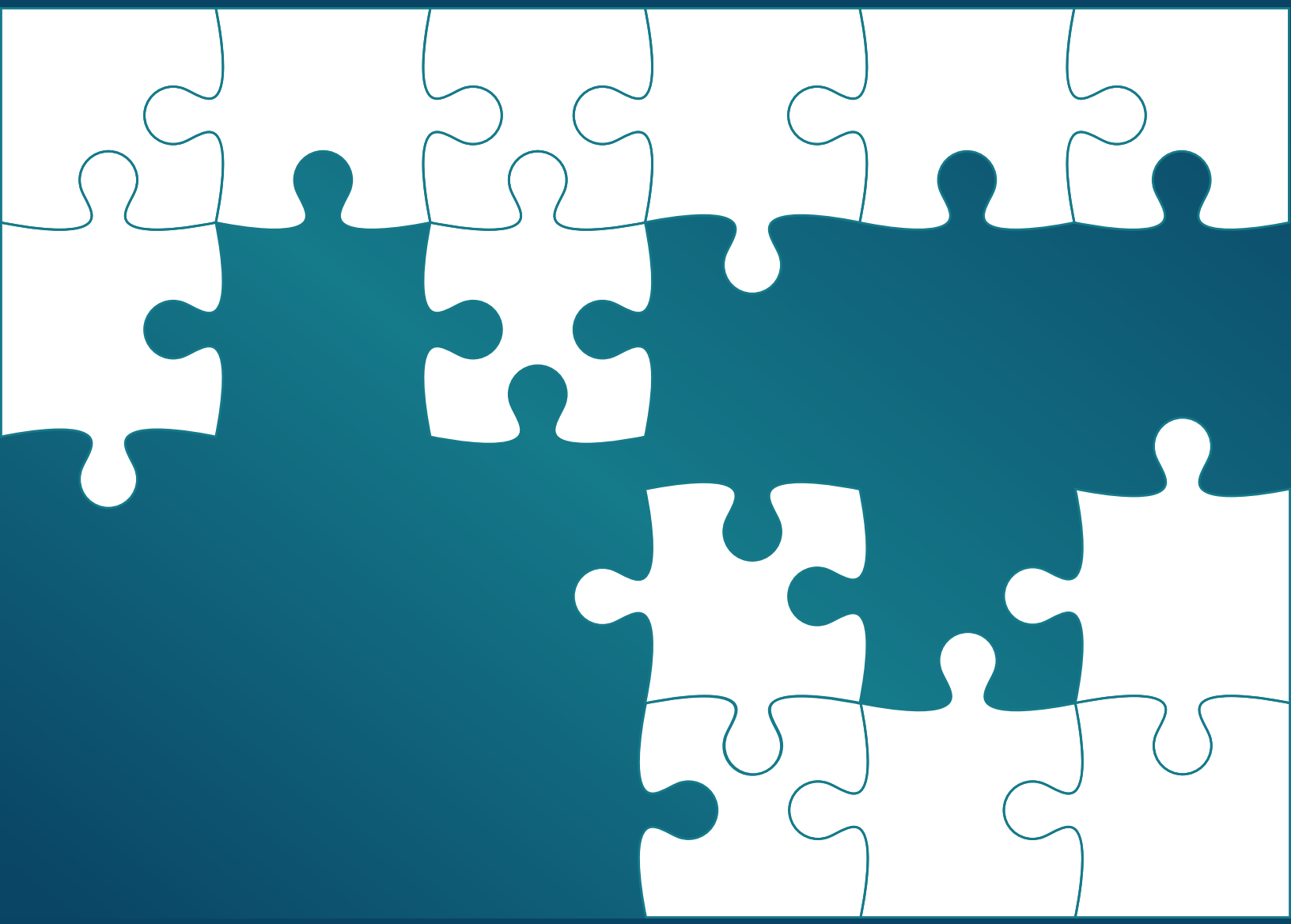

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