

# Hidden in Plain Sight: Understanding and Responding to Domestic Violence in Child Welfare and Supervised Visitation

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# Introduction

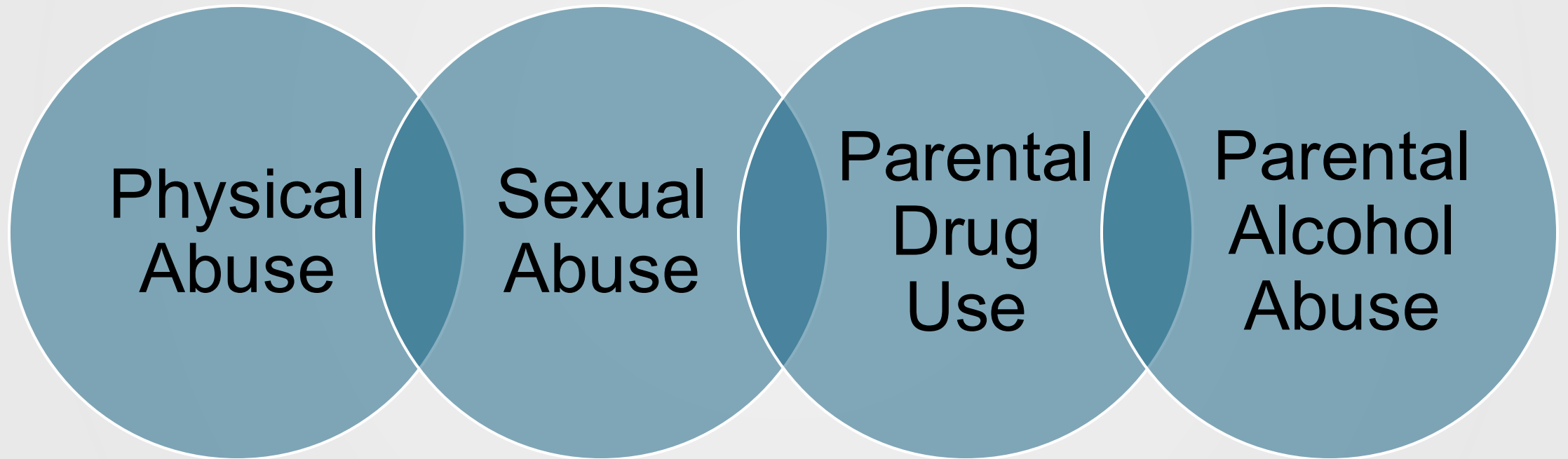
- Explore statistics of child welfare and domestic violence.
- Understand CPS and DV dynamics.
- Identify provider strategies for safer supervised visitation.

Child Welfare vs. Domestic Violence?

How do your visitation services practices vary, if at all,  
between family court referrals and child welfare referrals?

## Group Discussion

# Some Common Reported Reasons for Child Removal



**What is the most common reason for child removal?**

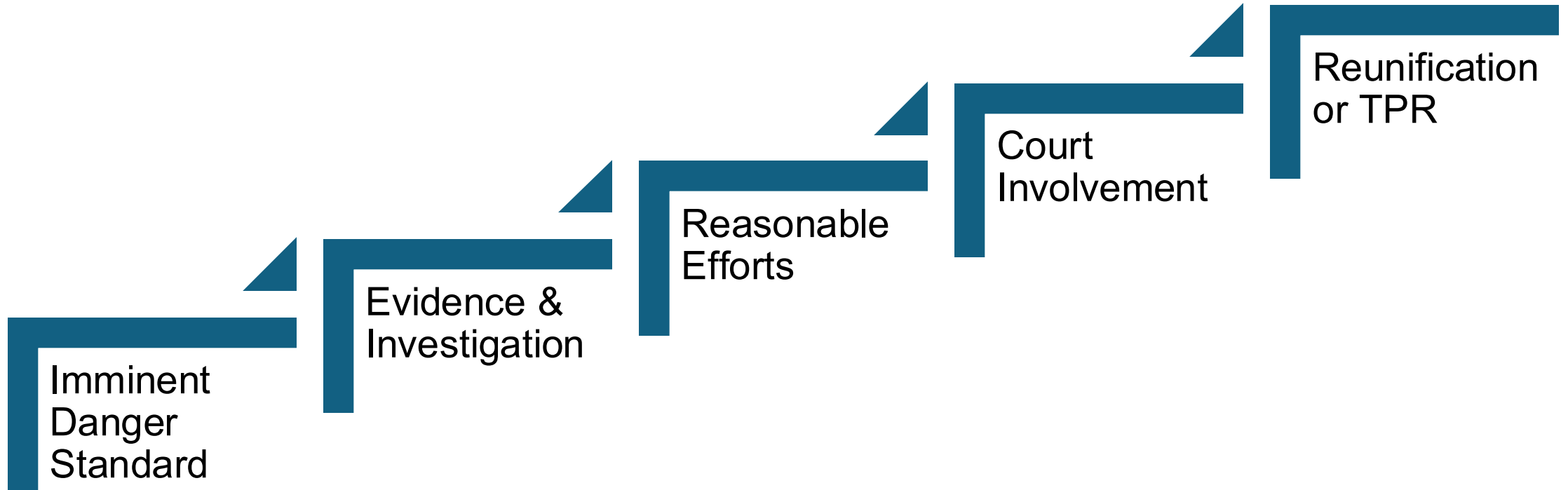
# Most Common Reason for Removal

- 64% of cases where a child is removed from their home, neglect is cited as the cause.

**Often neglect is a proxy for poverty – the struggle of families to meet their children's basic needs due to insufficient financial resources**

<https://nationalcasagal.org/the-common-thread-in-child-removal-neglect-not-abuse/>

# The CPS Process in a nutshell



# CPS Triage of Family Issues: Physical Safety and Well-being

- **Safe Housing:** This includes a home free from hazards like exposed wires, excessive clutter, and dangerous substances, with appropriate baby-proofing if necessary.
- **Adequate Food and Nutrition:** Ensuring access to sufficient, nutritious food is crucial.
- **Medical Care:** Access to necessary medical, dental, and mental health services.
- **Hygiene:** Maintaining basic hygiene.
- **Protection from Harm:** Protection from physical, sexual, or emotional abuse and neglect.



## Adoption & Safety Family Act 1997

Two main components included:

- Children in care to have permanency hearings at least every 12 months.
- Requirement for states to seek termination of parental rights for children who have been in care for 15 of the previous 22 months.



# Hidden In Plain Sight

## **Canada:**

- Exposure to IPV is one of the most common maltreatment categories—accounting for 34% of cases, tied with neglect.
- 46% of caregivers in these cases had themselves been victims of domestic violence.

## **United States:**

- CPS investigated over 3.5 million allegations of child abuse in a year, with 674,000 confirmed cases.
- While CPS does not list DV as a formal maltreatment category, studies show 30–60% of children in homes with IPV are also abused.

# Why Victims Do Not Report DV in Child Welfare Cases

**Fear of losing custody**

Fear of retaliation from perpetrator

Lack of trust in CPS/System

Financial and housing dependence

# Child Welfare System Consequences for Survivors

- **“Failure to protect” findings:** Survivors may be blamed for not shielding the child from the violence, even though the abuse is not their fault.
- **Removal of children:** Child protective services may remove children from both parents if the home is deemed unsafe, even if the survivor is non-offending.
- **System mistrust:** Survivors may feel punished for speaking up, reinforcing fears that the system is not supportive.

# CPS Focus on Family Connections: Potential Consequences

Goal: Maintain Child  
Relationships within Family



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graph TD; A[Goal: Maintain Child Relationships within Family] --> B[Risk: Adult victims and perpetrators in same visitation space]; B --> C[Risk: Kin and/or Fictive kin may not be safe];
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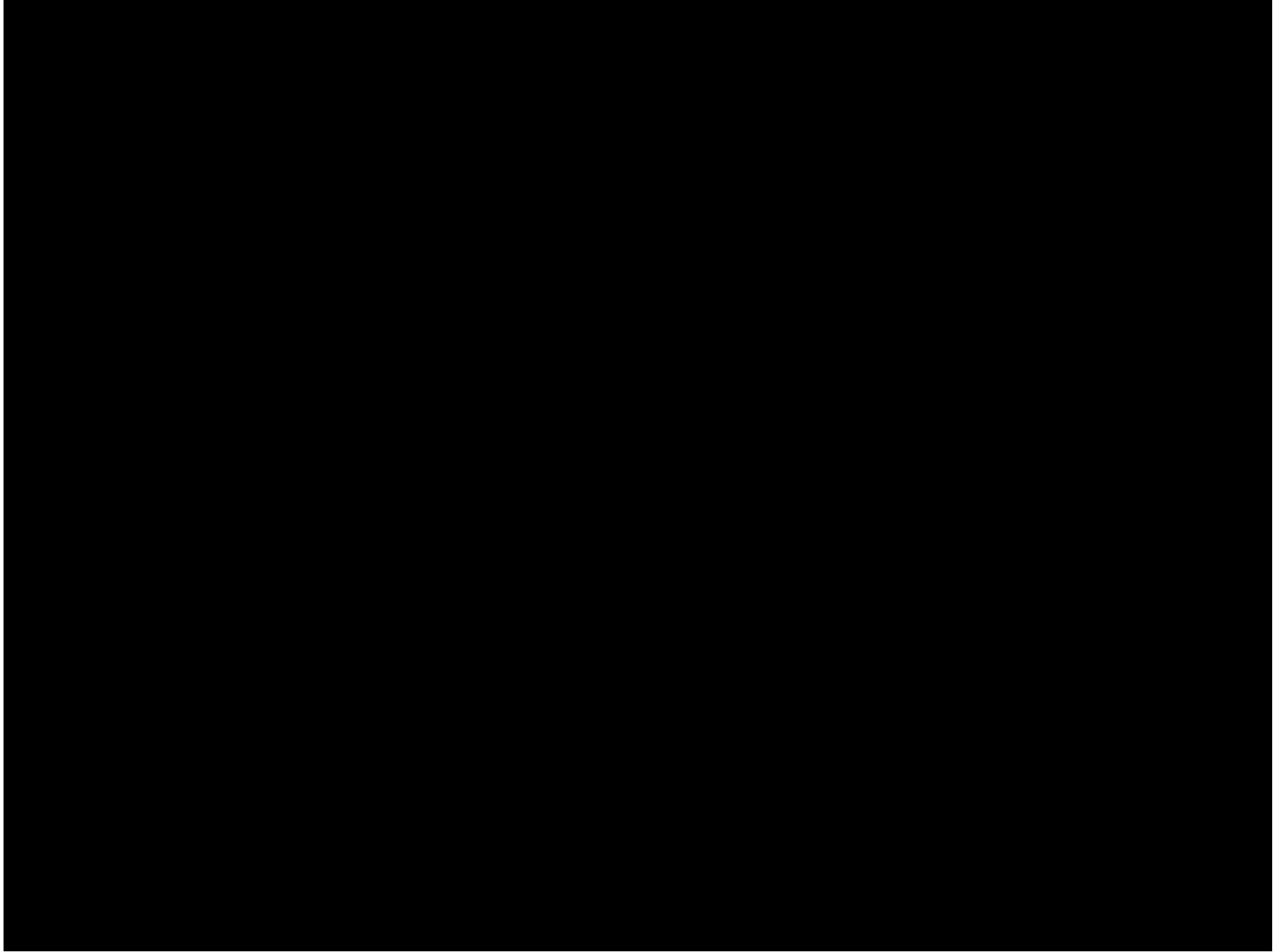
Risk: Kin and/or Fictive kin  
may not be safe

# Unintended Consequences



Brown  
© Corporator

*"Are you sure about this? I know you want to make all employees happy, but we'll probably have to replace carpets on all floors."*



## Group Activity

What are three takeaways from this video?

# Heightened Risks for Victims

- **Survivor's lack of choice.** The survivor is not present voluntarily; they are compelled by court order. This strips away autonomy and may re-enact dynamics of coercion and control.
- **Heightened risk of coercive control.** Even in a supervised setting, perpetrators may exploit proximity to intimidate, shame, or undermine the survivor. Nonverbal cues—looks, posture, tone—can be as harmful as words.
- **System-created trauma.** The State's decision places the survivor at risk of continued traumatization (whether knowingly or unknowingly).



# Survivor-Centered Harm Reduction

- **Pre-visit briefing and safety plan.** Meet with each parent separately before the visit, if possible. Work with survivor to identify triggers, preferred seating, signals for distress, and exit strategies.
- **Maximize spatial safety.** Even in the same room, survivors should be given physical distance, barriers (tables, partitions, staggered entry/exit), and visual lines of safety.
- **Ongoing check-ins.** Staff must monitor the survivor's physical cues and emotional regulation throughout the visit. Survivors should know they can pause or request intervention without penalty.

# Working with the Perpetrator in the Same Space

- **Immediate boundary-setting:** Make explicit that *any* attempts at intimidation, nonverbal or verbal, will be documented and addressed.
- **Redirect tactics:** If the perpetrator attempts triangulation (“Tell your mom...”) or undermining, staff intervene immediately with neutral, child-focused redirection.
- **Document patterns:** Write detailed notes that highlight coercive behaviors—even subtle ones. These records become essential for court and systemic accountability.

# Protecting the Child

- **Shield from triangulation:** Ensure children are not placed in the middle of parental conflict. Staff intervene if the perpetrator uses the child as a conduit to communicate with the survivor.
- **Validate emotional responses:** Children may show concern or distress seeing parents in the same room. Staff can normalize these feelings and provide stabilization.
- **Consistency of support:** Assign the same staff for repeated visits whenever possible so the child develops trust and stability in a difficult environment.

# Practice Risks to Avoid

- **Competing Demands:** Overlapping visitation schedules with CPS requirements (e.g., court, classes, therapy) can create barriers to consistent participation.
- **Child invisibility:** Failing to recognize how children experience and internalize abuse, even if not directly targeted.
- **Overstepping role:** SV providers are not therapists; therapeutic interventions belong in specialized settings.

# Advanced Skills for Staff in the Room

- **Hypervigilant observation:** Recognize microaggressions — eye-rolling, sighs, posture shifts—that are part of coercive control.
- **Rapid de-escalation:** Rehearsed strategies for interrupting intimidation without escalating conflict (e.g., “Let’s return focus to the child”).
- **Emotional resilience:** Supervision and debriefing, as this setup can be vicariously traumatizing for providers as well.

# Discreet Support & Survivor Autonomy

- **Respect Privacy:** Provide resources (cards, hotline numbers, support services) discreetly.
- **Do Not Force Disclosure:** Survivors may not be ready to report DV — forcing can increase danger.
- **Neutral Role:** Maintain provider neutrality while still offering compassionate support.
- **Empower Survivors:** Give options and validate experiences without imposing decisions.
- **Safety over System:** Survivor's readiness and child safety must guide our approach.



## Key Takeaways

- DV is deeply tied to child welfare cases.
- CPS may overlook safety for family connections.
- Providers must assess carefully and prioritize safety.



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