

5 YEARS FORWARD

Progress and Partnership at the
Intersection of Child Welfare and
Domestic Violence



UCLA

Pritzker Center

For Strengthening Children and Families



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BACKGROUND

Domestic violence is a problem facing families across the world. In the United States, data suggest that nearly 1 in 6 children witness domestic violence involving a parent during childhood.¹ Domestic violence often elicits a response from the child welfare system when children are in the home. In Los Angeles County, this response has been increasingly challenged, specifically on the grounds that “failure to protect” does not accurately portray the reality of survivors subject to child welfare investigations.

In 2020, a sustained, collaborative initiative was launched to examine the intersection of domestic violence and child welfare system involvement. The effort brought together domestic violence organizations and survivors, government stakeholders, child and family advocates, the Los Angeles County Department of Children and Family Services (DCFS), philanthropy, and the UCLA Pritzker Center. Van Nuy Charities provided early philanthropic support and essential technical assistance within its cohort of domestic violence organizations. The Blue Shield of California Foundation subsequently supported and sustained this work for the last five years.

In 2021, Phase 1 of the work involved a landscape study outlining the connections between domestic violence and child welfare system involvement. In 2023-2024, Phase 2 built upon the landscape study by conducting a pilot in the Antelope Valley, in partnership with DCFS and Valley Oasis, a domestic violence service organization. Phase 3, resulting in this brief, documents progress, examines potential applicability of pilot findings to other areas of LA County, and the ongoing need for reform at the intersection of child welfare and domestic violence.

PHASE 1: THE REPORT ON INTERSECTION AND ACTION

In 2021, UCLA Pritzker Center research examined gaps in policy, practice, training, data collection, and cultural competency at the intersection of domestic violence and foster care. Various recommendations were offered. The report was presented at a national online summit.

PHASE 2: COLLABORATIVE REFORM IN CHILD WELFARE FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE IN THE ANTELOPE VALLEY

Between January 2023 and October 2024, the UCLA Pritzker Center, in collaboration with Valley Oasis and the DCFS Lancaster Regional Office, conducted a pilot study in the Antelope Valley. A project team with members from these organizations was formed to guide the study components. The pilot aimed to strengthen responses within the child welfare system to families experiencing domestic violence.

The study began with focus groups involving parent survivors, domestic violence service providers, and child welfare staff to examine referral practices, survivor experiences accessing services, and opportunities for improvement. In response to early findings, DCFS Lancaster and Valley Oasis implemented cross-system training and domestic violence consultations for child welfare staff, which were subsequently evaluated by the UCLA Pritzker Center.

SUMMARY OF THE ANTELOPE VALLEY PILOT STUDY FINDINGS

- Parent survivors confronted economic hardships and limited emergency housing, delaying many survivors from leaving abusive relationships and unsafe environments.
- Parent survivors' complex traumatic experiences often sowed fear and mistrust, making system navigation difficult.

¹ Finkelhor, D., Turner, H., Shattuck, A., Hamby, S., & Kracke, K. (2015). *Children's exposure to violence, crime, and abuse: An update*. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Service gaps, such as limited transportation, mental health care for parent survivors and their children, and childcare options prevented timely access to required services.
- Parent survivors were frequently expected by child welfare staff to manage service plans and connect with service providers without consistent guidance or support for navigating complicated service networks.
- At times, unequal power and racial biases reproduced patterns of power and control.
- The child welfare system did not differentiate domestic violence from high-conflict relationships, so they were often treated the same.
- Domestic violence service providers and child welfare staff may experience secondary traumatic stress, compromising their ability to work with parent survivors.
- When child welfare staff listened to and supported parent survivors with navigating their service plans by making direct introductions to service providers, following through was easier.
- Cross-system training with domestic violence experts improved understanding of domestic violence among child welfare staff.
- Consultation with domestic violence experts helped child welfare staff to apply what they learned in the training to their work with families, and collaboration improved support for parent survivors, their children, and connections to services.

PHASE 3: 5 YEARS FORWARD—PROGRESS AND PARTNERSHIP

In 2025, the UCLA Pritzker Center conducted a study as Phase 3 of this work. The UCLA Institutional Review Board approved all study procedures. The study involved parts A and B.

Part A examined progress within DCFS since the 2021 report conducted in Phase 1. The 2021 report made several recommendations, including training on domestic violence dynamics and specialized consultations for professionals involved in the child welfare system. DCFS has made numerous efforts toward these aims.

Part B assessed the applicability of Phase 2 Antelope Valley findings to the rest of Los Angeles County. Parent survivors in other areas of the county were engaged in this assessment.

Emerging opportunities were identified from parts A and B for the child welfare system and Los Angeles County to strengthen safety, stability, and wellbeing for parent survivors and their children. Combined, the findings demonstrate both progress and the urgent need for ongoing reform.

PART A: SURVEY OF LOS ANGELES COUNTY DCFS ADMINISTRATIVE STAFF

The UCLA Pritzker Center surveyed Los Angeles County DCFS administrative staff. The survey assessed administrators' perceptions of improvement from 2019 to the present in DCFS practices, policies, and partnerships pertaining to families experiencing system involvement due to domestic violence; their familiarity with four specific changes DCFS implemented; a self-assessment; perceptions of current practices and partnerships; and priorities for next steps in this work.² The administrator responses were important for understanding their perceptions of internal progress and areas for growth.

METHODS

DCFS regional administrators, assistant regional administrators, and children's services administrators from across the county were invited to complete the survey. The target sample size was 50 administrators to provide sufficient opportunity to gather differing perceptions among survey respondents. The survey was open between mid-December 2025 and early January 2026. The survey included questions with Likert scale

² A copy of the survey is available at www.pritzkercenter.ucla.edu.

ratings³ and several open-ended questions. Descriptive statistics were used to analyze the quantitative data.⁴ The qualitative responses were also analyzed descriptively in relationship to survey findings. Survey respondents are referred to as administrators throughout the remainder of this report. Two primary limitations to these survey methods and data exist: (1) Direct service staff who interact with families daily were not surveyed; and (2) Perceptions were reflective of administrators' assessments, not external measures of practice.

DCFS ADMINISTRATOR SURVEY RESPONDENTS

Forty-nine DCFS administrators completed the survey. Nearly half of the administrators supervised Regional Emergency Response (47%) and Regional Case Services (45%), reflecting strong representation from region-based leadership. Nearly 20% supervised AB12 units or other special projects. Other sections supervised by administrators included Juvenile Court, Emergency Response Command Post, Continuing Quality Improvement, and Training. The administrators were predominantly women (78%). Nearly three in five administrators who completed the survey (57%) had been in their current role for 5 or more years.

SURVEY FINDINGS

Administrators' Perceptions of Practice and Partnership Improvements Since 2019

Overall, most administrators perceived moderate or considerable improvements (Figure 1 next page) in DCFS practices with families experiencing domestic violence since 2019, though the degree of perceived improvement varied across practice areas. Very few administrators reported no progress at all in any practice area. In the analysis, perceptions of considerable or great improvement were regarded as notable, while perceptions of minimal, somewhat, or moderate improvement reflected weaker progress and suggested room for growth.

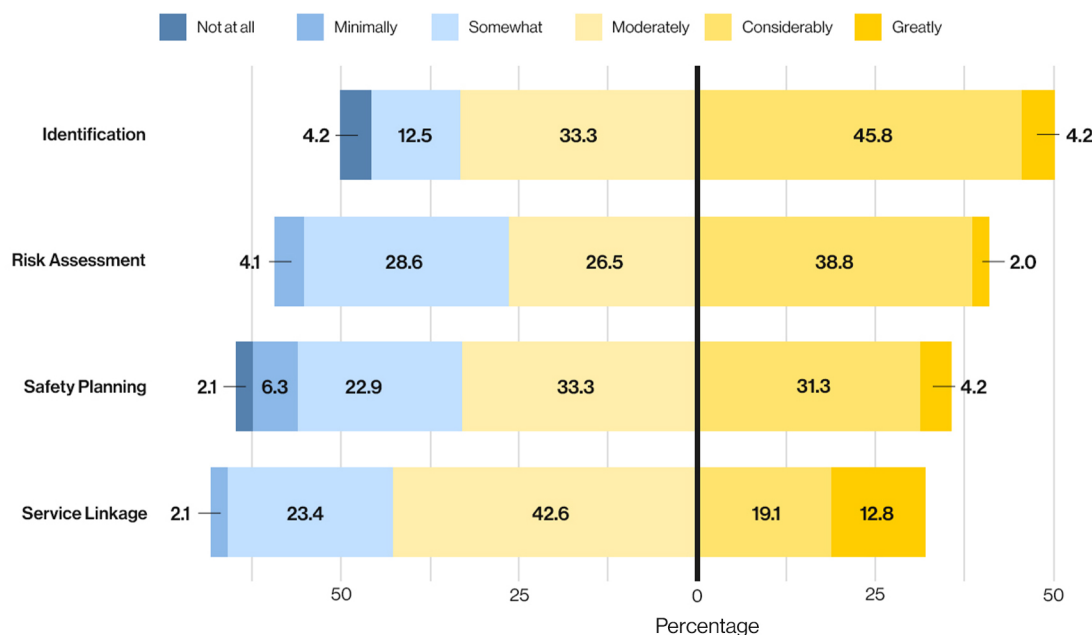
The greatest perceived improvement in DCFS responses to domestic violence since 2019 was in the identification of domestic violence (Figure 1 next page). Half of administrators perceived that identification of domestic violence had improved considerably or greatly; the other half perceived weaker improvement and room for growth. Domestic violence risk assessment was perceived to have improved considerably or greatly by two in five administrators (41%) with three in five (59%) perceiving weaker improvement. Just over one in three administrators (35%) felt safety planning considerably or greatly improved; two in three administrators (65%) perceived weaker improvement. Slightly fewer than one in three administrators (32%) reported that service linkages were considerably or greatly improved, while more than two in three (68%) reported less improvement. Finally, administrators reported little improvement in the identification of domestic violence among, and prevention programming offered to teens and transition age youth (respectively, 8% considerable versus 92% weaker improvement; and 2% considerable versus 98% weaker improvement) (results not shown in figure), suggesting a gap in AB12 services.



³ Questions about perceptions of improvement and familiarity with specific changes implemented were rated on a six-point Likert scale: Not at all, minimally, somewhat, moderately, considerably, or greatly. Questions about self-assessment and current practices were rated on a seven-point Likert scale: Strongly disagree, disagree, somewhat disagree, neither disagree nor agree, somewhat agree, agree, or strongly agree.

⁴ SAS, a quantitative data management and analysis software was used. SAS Institute Inc. (2023). SAS software (Version 9.4). SAS Institute Inc.

Figure 1. DCFS Administrators Perceived Improvement in Responses to Domestic Violence



Across the child welfare workflow, administrators perceived improvements in DCFS responses to domestic violence were most evident for the child abuse hotline (44% considerably or greatly improved and 56% moderately or less) and child abuse investigations (40% considerably or greatly improved and 60% moderately or less). Slightly fewer administrators (39%) perceived considerable or great improvement in court settings, specifically Dependency Investigations, with more administrators (61%) reporting weaker improvement. Qualitative data provided additional context with an administrator observing that, “many times, changes are implemented in the front end and not fully embraced by peers at court, specifically IDC [Intake and Detention Control]. This makes it difficult to advocate for families remaining intact with services provided” (R25).⁵

Family Maintenance/Reunification practices related to domestic violence were perceived by fewer administrators (30%) as considerably improved, with more administrators (70%) perceiving weaker improvement. Constrained resources to facilitate safe parenting time may contribute to these findings, with an administrator expressing “the need for a safe place for visits to occur in the community and to have neutral monitors or a place for monitoring visits” (R24).

Culturally responsive practices related to domestic violence were perceived as considerably or greatly improved by 38% of administrators, with 62% reporting weaker improvements. Several administrators provided qualitative responses echoing the need for equitable treatment of families and “cultural humility and awareness” (R17) among DCFS staff.

The fewest administrators (23%) perceived considerable or great progress in partnerships with domestic violence service providers with many more (77%) perceiving weaker progress. This was reflected repeatedly in the open-ended responses, where administrators noted the ongoing need to increase partnerships with domestic violence service organizations. Administrators expressed concern about survivors’ limited and timely access to shelters that were frequently at capacity or because some shelters restricted “pets, age of the children, [parent survivor] employment, etc.” (R10). They felt that strengthening partnerships would help facilitate more timely shelter access for survivors.

Findings on administrators’ perceptions of practice and partnership improvements since 2019 suggested that some practice improvements had been made but were “not consistently followed, specifically among different programs” (R3) or across regional offices or divisions. Room for growth existed in all practice areas. Administrators reflected on “moving in the right direction but need[ing] more” (R37) progress and “cohesion” (R38) across DCFS.

⁵ Each administrator’s open-ended response quote is followed by a respondent number, i.e., (R1).

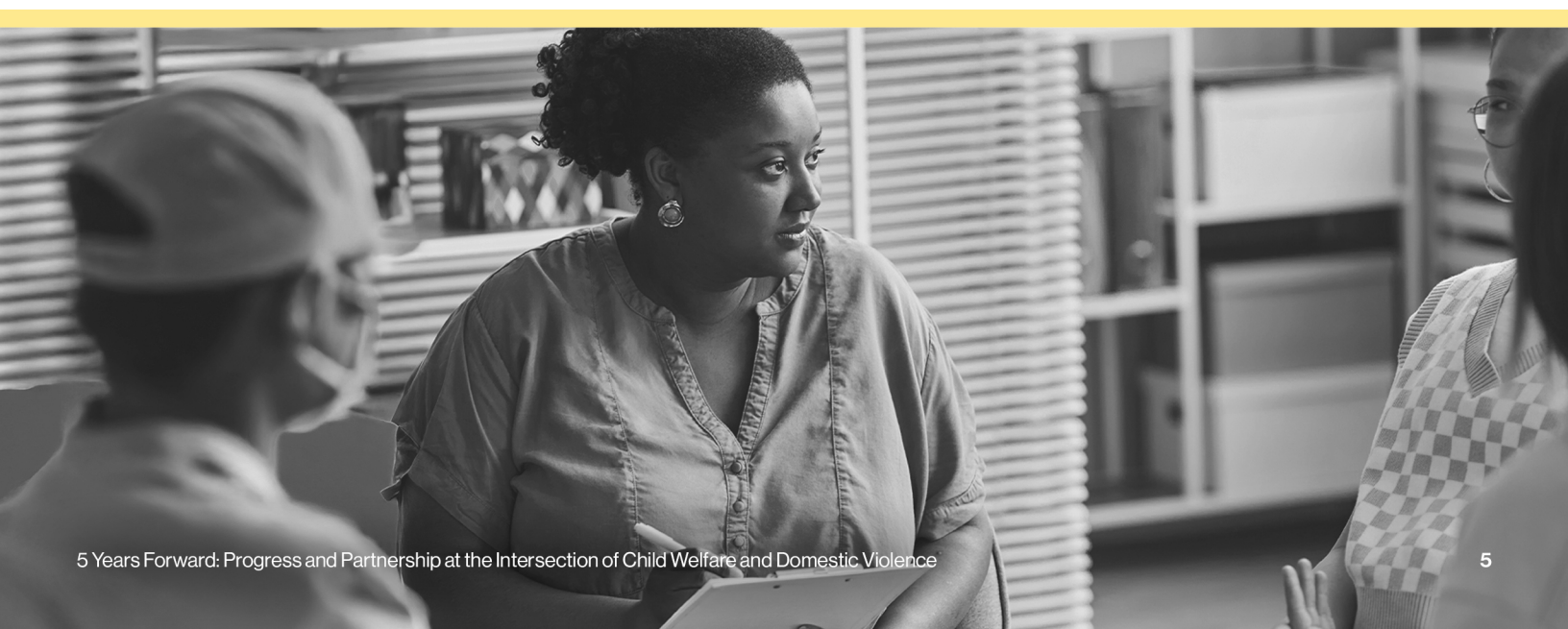
Familiarity with Four Specific Changes Related to Domestic Violence Implemented by DCFS

Prior study recommendations were aimed at narrowing the scope of general neglect with regard to domestic violence, comprehensive data collection on domestic violence, involvement of domestic violence specialists in front-end assessments, and evidence-based tools for domestic violence assessment.

Administrators were asked to rate their level of familiarity with four changes that DCFS implemented agency wide. The findings showed wide variation in administrators' familiarity with these changes. Analysis of these changes is presented chronologically.

1. On November 7, 2022, DCFS policy was revised to designate domestic violence-related child maltreatment as either emotional abuse or physical abuse, but not general neglect. Administrators were most familiar with this change. Over half (56%) of administrators indicated considerable or great familiarity with this change, notably higher than administrators reported for any other change. Just over one in four administrators (27%) reported somewhat or moderate familiarity with this policy change, while just over one in seven (17%) reported no or minimal familiarity.
2. On February 23, 2023, DCFS began to require documentation of domestic violence assessments in its electronic case management system (CWS/CMS) when closing or promoting a referral to open a case. The updated field provides space to document domestic violence victimization or perpetration for every client on a referral. Fewer than one in five (17%) administrators indicated considerable familiarity, and none reported great familiarity. Just under two in five administrators (38%) reported being somewhat or moderately familiar, while nearly half (45%) reported no or minimal familiarity with this change in required documentation.
3. On March 12, 2023, DCFS added a domestic violence consultant to the Child Protection Hotline. Administrators reported mixed familiarity with the addition. About one-third each reported high familiarity (33% considerable or great), somewhat to moderate familiarity (31%), and no or minimal familiarity (36%).
4. On July 23, 2024, domestic violence was reintroduced to the Structured Decision-Making Hotline tool. Administrators reported more varied familiarity, as 44% reported considerable or great familiarity with this change and just over one-quarter each reported somewhat or moderate (28%) and no or minimal (28%) familiarity.

Overall, the results indicated that policy-level changes may be more widely understood than operational changes related to domestic violence. Further, in open-ended responses, administrators indicated that staff at different levels and from more sections, like direct service, supervisory, policy, and training staff, need to be involved in future discussions of DCFS policy and practice change.



Self-Assessment

DCFS administrators were asked to rate their own knowledge and ability to respond to families experiencing child welfare system involvement due to domestic violence, as well as their access to specialized domestic violence expertise. Administrators reported high levels of agreement with the self-assessment statements and rated access to specialized expertise comparatively lower.

Ratings were strongest for administrators' assessment of the statement: "I understand how domestic violence affects child safety" (94% agreed or strongly agreed, while 2% somewhat agreed and 4% strongly disagreed). In contrast, administrators expressed less agreement with the statement: "I understand how domestic violence affects parenting practices" (none strongly agreed, 37% agreed, and 57% somewhat agreed, while 2% somewhat agreed and 4% strongly disagreed⁶). Administrators endorsed overall confidence in their leadership role supporting staff they supervise to address domestic violence issues (86% agreed or strongly agreed and 8% somewhat agreed). When asked about receiving sufficient training about domestic violence dynamics, ratings were slightly lower (78% agreed or strongly agreed and 12% somewhat agreed, while 6% somewhat disagreed and 4% strongly disagreed). Regarding administrator access to culturally responsive support, ratings were also positive but lower (74% agreed or strongly agreed and 20% somewhat agreed, while 4% strongly disagreed). Agreement was weakest and varied when administrators were asked about having access to domestic violence content experts within DCFS (39% agreed or strongly agreed and 37% somewhat agreed, while 12% disagreed or strongly disagreed) and content experts outside of DCFS (51% agreed or strongly agreed and 23% somewhat agreed, while 6% somewhat disagreed and 6% disagreed).

Taken together, the self-assessment findings indicated that DCFS administrators felt competent in understanding child safety in the context of domestic violence and very confident supporting staff on related issues. Structural supports, including access to specialized domestic violence expertise, training, and culturally responsive support, were less accessible, highlighting key areas for potential growth.

Assessment of Current DCFS Practices

When asked about DCFS' current response to domestic violence, administrators generally agreed that responsive practices were in place, but variation was expressed across practice responses and related to partnership with domestic violence service providers.



Administrator agreement was strongest in response to the statement: "Families impacted by domestic violence are identified on a consistent basis" (79% agreed or strongly agreed, 15% somewhat agreed, 2% strongly disagreed⁷). In open-ended questions, several administrators expressed that additional knowledge and skills were needed to consistently identify domestic violence, prioritizing "more training on what constitutes domestic violence" (R6) and how to assess patterns of power and control. Administrators' agreement on the accuracy of risk assessment related to domestic violence varied (40% agreed or strongly agreed, 40% somewhat agreed, and 15% somewhat disagreed or disagreed). In their qualitative narratives, numerous administrators prioritized continued efforts to strengthen risk assessment. They wanted "improved assessment guidelines" (R4), staff "to understand risk and impulsivity connected to DV" (R5), a better grasp of the "levels of danger/safety/risk" (R40), and continued attention to "weighing the risk of children remaining in a home with domestic violence against the risk of harm for removing children from their home" (R23).

⁶ In this section, where survey responses do not add to 100%, the remaining responses were in the "neither disagree nor agree" category.

⁷ In this section, where survey responses do not add to 100%, the remaining responses were in the "neither disagree nor agree" category.



Ratings were weaker and more varied when administrators responded to the statement: “The safety plans created in response to domestic violence are comprehensive and effective” (none strongly agreed, 35% agreed, 31% somewhat agreed, and 19% somewhat disagreed or disagreed). Qualitative narratives supported the ratings with numerous administrators prioritizing the need for “valid and sound safety plans [...] for the children and parent who is a victim” (R21), as well as safety plans that are “appropriate,” “viable,” and “long term [for] families.” (R40, R43). Further, several administrators saw a need for DCFS to address safety by engaging people who perpetrate abuse; however, “CSWs [Children’s Social Workers] and SCSWs [Supervising CSWs] need to be trained on how to engage perpetrators, especially if [staff] are fearful” (R11).

Also weak and more varied were administrators’ ratings of the statement: “Families experiencing domestic violence are connected to appropriate services in a timely manner” (none strongly agreed, 27% agreed, 40% somewhat agreed, 17% somewhat disagreed, and 2% strongly disagreed). Ratings of the statement, “We have sufficient partnerships with domestic violence service providers,” were similarly weak and varied (28% agreed or strongly agreed, 36% somewhat agreed, 19% somewhat disagreed, and 9% disagreed or strongly disagreed). Again, open-ended responses supported these survey results. Administrators identified and prioritized the types of timely service connections needed: “access to DV/survivor advocates” (R3); “basic needs [money] to alleviate family stressors” (R2) including funding for relocation; safe housing; “proper therapy to address any lingering effects of domestic violence on the children” (R13); trauma- and culturally-responsive supports for children and survivors; and “services that can help families to mitigate behaviors associated with domestic violence” (R5). Administrators noted the importance of prioritizing strong partnerships with domestic violence service organizations “so that we can quickly and effectively link a family” (R2) and “consult DV specialists” (R42).

Findings about current regional or program practices suggested that administrators assess identification of domestic violence most strongly, with positive but more varied views of risk assessment, and somewhat less strong and more inconsistent views of safety planning, service linkages for families, and current partnerships with domestic violence service providers. These results combined with the open-ended responses identify the opportunities administrators saw for strengthening current practices and partnerships related to domestic violence across the county.

In summary, the survey findings documented progress across practice areas from 2019 through 2025, the need for more consistency across programs and regions, and room for growth, as perceived by DCFS administrators who completed the survey. Findings varied widely on administrators’ familiarity with four specific changes that DCFS implemented agency wide, indicating that operational changes were less widely recognized than policy-level changes. Self-assessment results suggested administrators’ understanding of child safety amidst domestic violence and competence when supervising staff on domestic violence issues. However, administrators rated structural supports, like domestic violence experts, training, and culturally grounded guidance, as less available, underlining important areas for ongoing development. Finally, administrators assessed current practices in their regions or programs, identifying opportunities to improve safety planning, service linkages, and collaboration with domestic violence service organizations across the county.

PART B: SURVEY OF LOS ANGELES COUNTY DCFS ADMINISTRATIVE STAFF

The UCLA Pritzker Center conducted focus groups with parent survivors outside the Antelope Valley to assess the applicability of the pilot findings to the rest of Los Angeles County.

METHODS

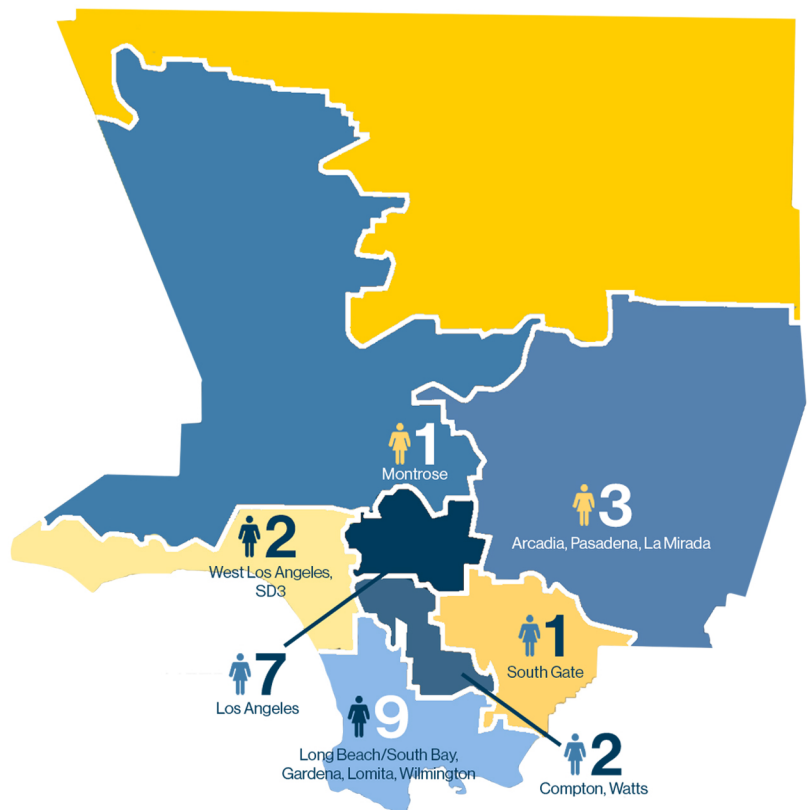
Parent survivors, the term used for current study participants for the remainder of this report, were purposively recruited through domestic violence service organizations and advocacy groups across Los Angeles County from September through early December 2025. Seven focus groups with 27 parent survivors were conducted in November and December 2025. Rapid qualitative data analysis methods were used to analyze focus group data.⁸ The purpose of qualitative methods is to document richly, rather than generalizability. Therefore, the findings provide detailed and nuanced evidence of parent survivors' experiences.

Parent Survivor Demographics

Parent survivors completed a short demographic survey. All parent survivors were assigned female at birth and identified as women. One in three parent survivors (34%) had one child and just over one in five parent survivors each reported having two (22%), three (22%), and four or more (22%) children. Parent survivors were dispersed across age ranges: 25-34 years old (33%), 35-44 years old (41%), and 45 years or older (26%). Parent survivors chose all races and ethnicities that applied, allowing them to report specific multiracial identities.⁹ Latine, Spanish, Hispanic ethnicity was most common (44%) with Black or African American the second most common (37%). Fewer participants identified as Asian or Asian American (15%), white (15%), or American Indian/Native American or Alaskan Native (7%). Fifteen percent of parent survivors reported multiracial identities.

Childhood exposure to domestic violence among parents was common: more than half of parent survivors (54%) reported this experience (Figure 2 next page). While less common, over one-third of parent survivors (35%) reported childhood child welfare experience. Nearly one in three parent survivors (31%) reported experiencing both domestic violence among parents and child welfare as children.

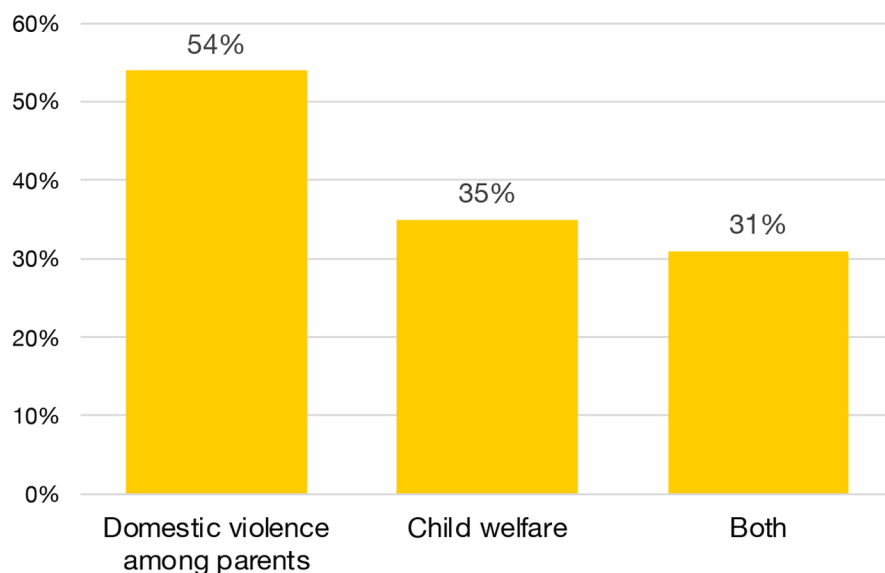
Los Angeles County Areas Represented



⁸ Beebe, J. (1995). Basic concepts and techniques of rapid appraisal. *Human Organization*, 54(1), 42-51. <https://www.jstor.org/stable/44126571>. Data analysis included constant comparison of data extracts and interpretation between the two researchers to ensure consistency throughout the analytic process. Documentation of this process was maintained (Guba & Lincoln, 1989).

⁹ Merrin, G. J., Nickodem, K., Grant, N., Weerakoon, S. M., Holt, M. K., & Espelage, D. L. (2025). CATACode: A principled approach for coding check-all-that-apply demographic items. *Advances in Methods and Practices in Psychological Science*, 8(4), 1-12. <https://doi.org/10.1177/2515245925140>

Figure 2. Childhood Experiences of Domestic Violence among Parents and/or Child Welfare*



* Bars represent the percentage of participants reporting each experience out of 100% (N=26).

FINDINGS

Overall, parent survivors' experiences were remarkably consistent in both the Antelope Valley pilot and current study. Parent survivors emphasized that barriers identified in the Antelope Valley existed countywide. The findings in this report document the obstacles that interfered with parent survivors progressing through child welfare case plans, aspects of collaboration that supported progress, and urgent needs for ongoing policy, practice, and partnership across systems.

Institutional betrayal and power dynamics: Parent survivors confronted repeated systemic failures that intensified complex trauma and mistrust and became characterized as institutional betrayal. One parent survivor captured the definition of institutional betrayal:¹⁰

"I agree with further traumatized by the court system, by the police system, everything. [...] You expect these people to protect you. Instead, they turn on you. I got accused of failing to protect my son when I'm trying to protect him by seeking help. But to have the whole system turn back against me, that was so unexpected." (FG3, P2)

Also unexpected were instances when child welfare case workers seemed unprepared to respond to parent survivors who had experienced severe violence. This parent survivor described, "I don't think she [case worker] knew how to treat or deal with somebody who had just been through such a violent situation. [...] I had a hard time trusting their decision-making skills for the path that my life was taking" (FG2, P2).

Parent survivors often felt blamed and held accountable by people working in various systems for the violent behavior of abusive partners and its impact on their children. One parent survivor shared, "From every department top down, even the child's lawyer, [...] the judge, [...] it's the accountability that they are missing in holding the perpetrator responsible. And I think that inconsistency is [...] what leads [...] to victim blaming, shaming, and [...] further mental health conditions [for survivors]" (FG3, P1). These power dynamics compounded the sense of institutional betrayal.

Racial, ethnic, immigrant, and socioeconomic bias: Parent survivors identified additional biases, expanding on anti-Black biases within child welfare and domestic violence services to racial, ethnic, immigrant, and socioeconomic biases within law enforcement and courts. This parent survivor's experience of bias was common: "The police officer [...] really just thought that's where I wanted to be because I was Mexican, and that's what we do. And I'm like, no. So, I had to educate him" (FG5, P3).

Further, several parent survivors viewed racial and other biases as systems operating as "designed." One parent survivor observed, "These systems [...] have been operating this way by the nature of who's developing [them]. [...]"

¹⁰ Smith, C. P. & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575-587. DOI:10.1037/a0037564

¹¹ Each parent survivor quote is followed by the focus group number and participant number.

Most of it starts with anti-Blackness [...] and then it catches up to other groups (*overlapping agreement among parent survivors*). [...] Child welfare started that way” (FG3, P1). Biases created barriers to immediate safety needs being met and to receiving help over time.

Figuring it out alone: Parent survivors often needed information about how the child welfare system and dependency court worked. The same was true for family and criminal courts. A parent survivor described being in court as if “balls are thrown at us from left to right, and we’re just like, ‘Wait! What?’ We don’t know anything about the law” (FG1, P4).

Parent survivors also needed clarity about child welfare and court expectations. In one example, a parent survivor recalled responding to a child welfare case worker who told her to wait until her first court date, by emphasizing, “I had to tell them, ‘Why am I gonna wait to get to court? What is it that you’re asking of me? What’s the next step? What do I need to do?’ because I was trying to get my kids back” (FG4, P6). In these situations, parent survivors did their best to figure things out on their own.

Economic and housing barriers: Parent survivors experienced financial and housing barriers that persisted over time and, at times, became obstacles to reunification with their children. Parent survivors emphasized that managing expenses and securing housing were “miracles.” Further, numerous events triggered economic hardship. Parent survivors lost income after leaving an abusive relationship or when taking days off work for court and services. They lost benefits and entitlements when children were removed from their care or they secured new employment. Financial vulnerability and housing insecurity, including homelessness, were common, regardless of survivors’ socioeconomic status.

Finally, without material help to mitigate the costs of establishing a new household, reunification could be threatened or delayed. For example, this parent survivor’s child welfare case worker referred her to an organization to get beds—a requirement for her children to return home. She was on a waitlist and asked, “How long is the waitlist? because I can’t get the kids back until I get the beds.’ But it was long, so I ended up just buying the beds on my own” (FG3, P2).



Limited services: Limited access to legal representation was a consistent theme, particularly when parent survivors’ cases were protracted or heard in multiple courts. A parent survivor shared, “It is also where we live. Because we’re [...] disadvantaged, [...] we can’t pay for representation” (FG1, P4). In contrast, when parent survivors had reliable and consistent legal representation, they learned about court processes and had a legal advocate in settings that were often intimidating.

Many parent survivors expressed concern about the lack of services and accountability for people who perpetrated domestic violence. Sharing children with an abusive former partner often meant continued contact, leaving parent survivors to ask,

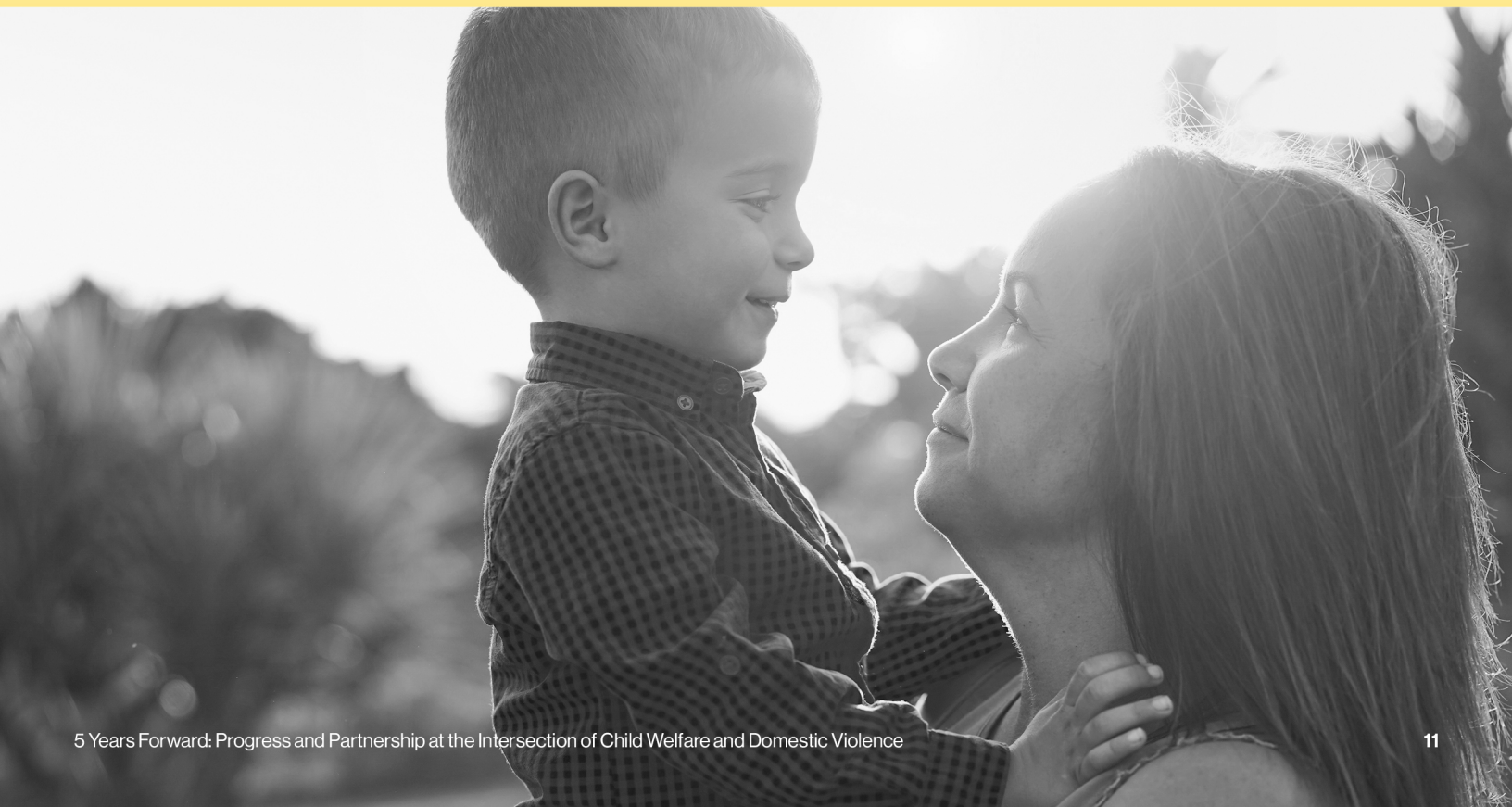
“Where’s the help for the perpetrator? You know what I mean? And this is speaking from a victim’s standpoint.” (FG2, P2)

Service gaps for children: Children developed unique emotional and behavioral needs beyond the immediate crisis, during foster care or temporary placement with the other parent and through ongoing contact with law enforcement, courts, and shared custody arrangements. Parent survivors described procedures used across systems that repeatedly prevented them from protecting their children from difficult or harmful situations. This parent survivor concluded, “So, the kids go through a lot of hell. [...] It’s not really their fault [or] our fault, but it happens. [...] So, we need to be stronger than we think we are” (FG5, P3). Parent survivors did their best to meet their children’s evolving needs, while also working to repair their relationships. This responsibility often was more difficult following parent survivor-child reunification. A parent survivor shared,

“The trauma that occurs in a disconnected family [...] is so devastating. I do not think that the [child welfare] department understands, or even society understands. [...] When you take them [parent and child] away from each other—even when it’s for child safety—trauma occurs. And when you’re gonna bring them back together, there are so many things that happen in this in-between of when you’re gone from each other. Both the parent and the child change—and not for the better.” (FG2, P1)

This quote highlights the importance of aftercare services when families reunite. Team-based treatment, like multidisciplinary wraparound services, addressing the complex dynamics between parent survivors and their children were extremely limited. This parent survivor observed, “My son got wraparound services, which included a therapist, and I’ve noticed that everyone’s child doesn’t get those services” (FG2, P2). Parent survivors expressed the need for more comprehensive, longer-term support to promote stability and healing among them and their children. Importantly, these services would be community-based and trauma- and culturally-informed.

Secondary traumatic stress (STS): In addition to child welfare case workers and domestic violence service providers, more professionals who may be experiencing STS were identified. This parent survivor reflected, “We also have to understand that everybody else involved—the police, the judge, the social worker, the attorney—they’re also people. [...] They do need [...] a place to decompress, because [...] you can only get so high before [...] you] topple over” (FG5, P3). In most focus group discussions, like here, parent survivors expressed compassion for professionals who may be experiencing STS.





Collaboration works: When professionals across systems collaborated with parent survivors directly, survivors felt supported and progressed more efficiently through their case plans. For example, many parent survivors fled abusive relationships with no financial resources, warranting a referral to the Department of Public Social Services (DPSS). A domestic violence advocate told this parent survivor to emphasize her status as a “domestic violence victim” when checking in for her DPSS appointment. The parent survivor did so and shared, “They treated me so nice. In a private room, [...] I felt like I had VIP service. They were just really calm to explain everything. I was there for hours with all the paperwork [...]. And I was just very surprised. That helped so much” (FG2, P2). Parent survivors wanted guidance like the advocate provided and access to trauma-informed assistance across systems.

Parent survivors also achieved collaboration through persistence and insistence, earning the respect and trust of professionals. In this example, a parent survivor overcame challenges with one police officer by connecting with a second officer who helped her obtain evidence that her children were being physically abused by their father with whom they had been placed. She shared, “When I finally met with the social worker who understood that I was not manipulating my children, which is what [the father] had said. [...] We were able to finally work something out where she understood [...] the truth. [...] She took the kids separately from me to talk to them [...] and she came out like a ghost. I just looked at her and said, ‘Oh, now you have the truth.’” (FG5, P3).

Other collaborative approaches pointed to several existing programs that facilitated peer support and systems navigation guidance, like the DCFS Parents in Partnership program. When people with lived experience of domestic violence and the child welfare system provided tailored support, parent survivors had a guide through one system. Building on this concept, parent survivors also envisioned coordinators at the county level to help survivors connect with and navigate county departments designed to provide various resources. A parent survivor shared, “I feel like DCFS, [...] DPSS, and the court system should have a major main department of experienced DV attorneys, social workers, [...] even the health insurance company” (FG4, P5).

Finally, parent survivors saw upstream prevention before families reach a crisis, early intervention, as envisioned through the [Mandated Supporting Initiative](#), and the amplified voices of parent survivors as critical to safely sustaining families in the community.

In summary, these findings conveyed some of the complexity of domestic violence and ongoing challenges that parent survivors often navigated within the child welfare, foster care, and related systems. Findings from the current study added evidence to what was learned in the Antelope Valley pilot. Urgent needs among parent survivors in other areas of Los Angeles County were documented. Practical practice approaches that succeeded in supporting these parent survivors to overcome barriers and move through their child welfare and foster care case plans were identified, as were additional strategies that may help circumvent the systemic barriers identified herein by grounding support and resources in communities.

ALIGNMENT AMONG PARENT SURVIVORS AND DCFS

Findings from the qualitative and quantitative components of this study converged in several areas, with parent survivors and DCFS administrators calling for:

1. **Service coordination across systems** to facilitate navigation of complicated child welfare, court, legal, and service system networks.
2. **Cross-system partnerships** to collectively meet the needs of parent survivors, their children, and professionals alike.
3. **Increased economic and housing resources** for parent survivors to mitigate financial hardships exacerbated or triggered by leaving violent relationships regardless of survivors' socioeconomic status.
4. **Fill service gaps for children** to promote their stabilization, recovery, and healing; aftercare services when parent survivors and children reunify; and team-based services were needed to strengthen parent survivors working to repair relationships with their children while confronting the evolving needs of their children.
5. **Engage people who commit domestic violence**—at minimum, as an accountability measure, though they also saw opportunities for potential recovery and healing.
6. **Include people with lived experience and direct service staff** in organizational and system change efforts from the beginning to integrate their unique experiences into planning and implementation.
7. **Increase upstream efforts** to provide community-based, trauma- and culturally-informed prevention and early intervention to families to facilitate parent survivors and their children staying safely together in their communities.

Finally, past reports issued by numerous partners (e.g., [Los Angeles County Domestic Violence Council](#), [Department of Public Health](#), [Department of Children and Family Services](#), [Reimaging Child Safety Coalition](#), [Child Care Resource Center](#), and the UCLA Pritzker Center) have contained recommendations to address barriers where child welfare and domestic violence intersect. Many of these recommendations still stand. Much work remains.



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