

National Center on
Substance Abuse
and Child Welfare

Early Intervention, Lasting Change: *A Family-Centered Cross- Systems Approach to Domestic Violence, Substance Use, and Child Welfare Involvement*

September 2026

Acknowledgment

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Learning Objectives

Participants will be able to....

1. Describe the risks and barriers faced by domestic violence survivors and how language barriers, trauma, and other factors may influence if and how survivors access services.
2. Identify the connection between domestic violence, maternal health, and substance use, and how these intersecting challenges affect families and child safety across demographic and community contexts.
3. Identify core elements of trauma-informed, family-centered, and cross-systems approaches that support survivors of domestic violence.
4. Apply strategies for cross-systems collaboration to improve safety, recovery, and long-term outcomes for children, parents, and families affected by domestic violence and substance use.



Strengthening Systems Collaboration for Families at the Intersection of Domestic Violence and Co-Occurring Substance Use and Mental Health Disorders

Created for policy administrators and managers to:



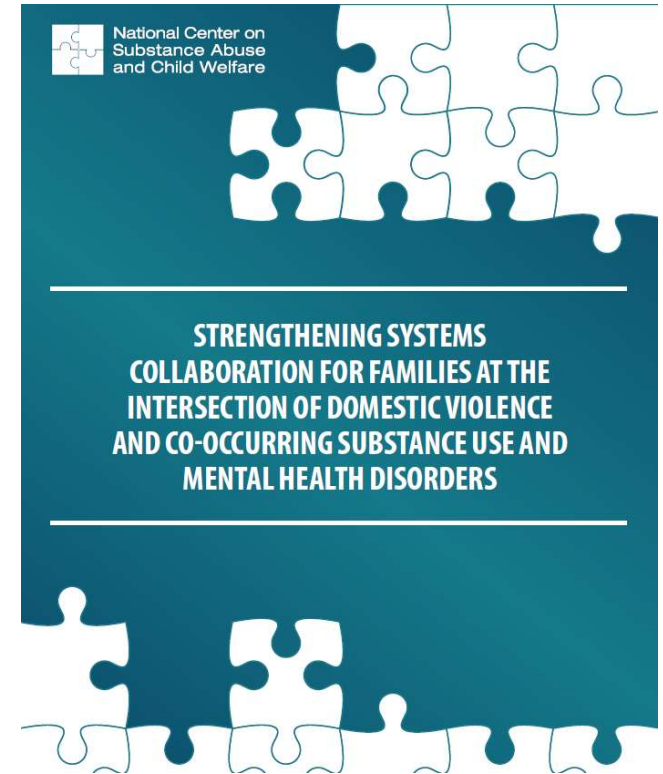
Encourage and implement cross-system collaboration among child welfare, substance use disorder (SUD) and mental health treatment, domestic violence (DV) services, and family courts.



Enhance workforce capacity to better serve families affected by co-occurring SUD, mental health disorders, and DV.



Use reflective questions and resources to facilitate team discussions and ongoing planning for improved care coordination.



Scan the QR code or click the link to access the series

@ <https://ncsacw.acf.gov/topics/building-capacity/strengthening-systems-dv-su-mhd/>



Collaborative Teams Toolkit for Trauma-Informed Care

THE TOOLKIT WILL HELP TEAMS:

- Gain valuable insights into the interplay between trauma and substance use disorders.
- Identify, assess, and enhance their current policies and practices to be more trauma-informed.

COLLABORATIVE TEAMS TOOLKIT FOR TRAUMA-INFORMED CARE

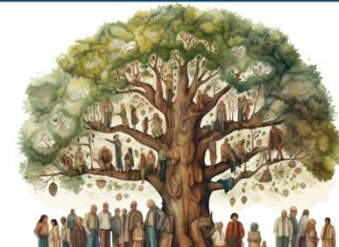


PART 1: TIP SHEET



PART 2: TUTORIAL VIDEO

COLLABORATIVE TEAMS TOOLKIT FOR TRAUMA-INFORMED CARE



PART 3: TOOL



Family Centered Approach

Recognizes addiction as a brain disease that affects the whole family, and that recovery and well-being happen within a family context.

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

Provides comprehensive clinical treatment and support services that meet the needs of every family member, not just the one requesting care.

Extends beyond the substance use disorder treatment, child welfare, court, and mental health systems to include all other agencies and individuals serving families.

(Adams et al., 2016; National Center on Substance Abuse and Child Welfare [NCSACW], 2021)

The Heart of the Matter - Why Focus on DV and Substance Use?



CHILDREN EXPOSED TO DV

Between **three and ten million children and adolescents** witness violence between their parents or caregivers each year.

(American Academy of Child and Adolescent Psychiatry, 2023)

Rates of Prevalence



**13.7% OF
MEN**



**22.5% OF
WOMEN**

*Have experienced
physical violence
during their
lifetime by an
intimate partner*

Understanding DV and Substance Use Coercion

27%

noted being **afraid to seek help** due to fear of reported consequences

27%

were **forced or pressured** to use more than they wanted to

26%

used substances as a **coping mechanism** for DV dynamics

27%

acknowledged trying to seek treatment, but

60%

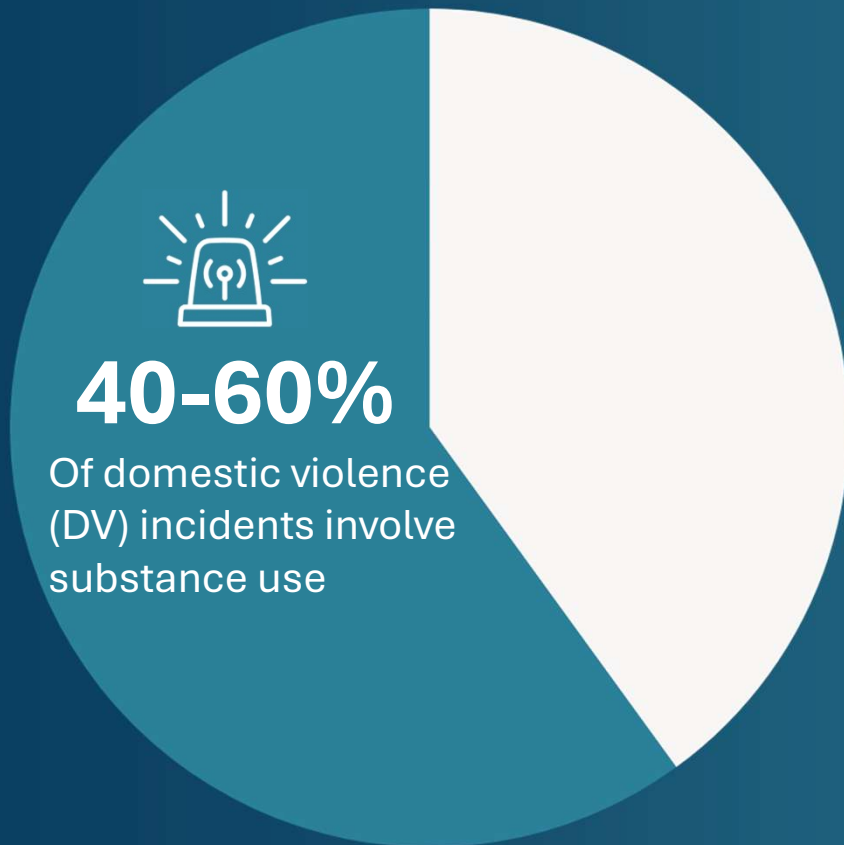
were prevented or discouraged

37.5%

received threats that their substance use would be reported to employers, law enforcement agencies, or child protective services

(Warshaw & Zapata-Alma, 2025; HeadStart, 2024)

Substance Use Disorders & Domestic Violence



Women engaged in substance use disorder treatment report high rates of DV

47-90%
lifetime prevalence

31-67%
within the past year



DV and Pregnancy



High rates of birth control sabotage and pregnancy pressure, and coercion in abusive relationships are correlated with unintended pregnancies.

Approximately 324,000 pregnant women are abused each year in the U.S.



The severity of violence may sometimes escalate during pregnancy or the postpartum period.

DV and Pregnancy

Homicide has been reported as a leading cause of maternal mortality, with the majority perpetrated by a current or former intimate partner.

(American College of Obstetricians and Gynecologists, 2012)

DV contributes to 64% of pregnancy-associated homicide deaths and 46% of pregnancy-associated suicide deaths.

(Modest et al., 2022)



DV, Substance Use Disorders & Trauma

- Women who experience domestic violence during pregnancy were more likely to report the use of illicit substances compared with those not reporting having experienced violence. *(D'Angelo et al., 2023)*
- Common risk factors for pregnancy-associated suicide include DV, depression, and SUD. *(Chin et al., 2022)*
- Adverse childhood experiences can include:
 - “Witnessing violence in the home.”
 - “Growing up in a household with:
 - Substance use problems
 - Mental health problems” *(Centers for Disease Control and Prevention, 2024)*



Importance of Trauma-Informed Services

High prevalence of trauma, substance use disorders, and mental health disorders in the families we serve.

Traumatic events shatter trust; the experiences a client has from the moment he or she arrives will affect his or her ability to engage in a healing process.

Need to maximize safety and reduce possible retraumatization of clients.

Trauma-informed services improve retention in services and improve outcomes.

Does cross-training happen in your region or state with child welfare or child safety professionals, substance use disorder treatment providers, domestic violence services providers, and maternal health professionals?

You've heard some national statistics; how do they compare with your county, region, and state?

Reflection



NUMBERS, NEEDS, AND NETWORKS

*Understanding the scope,
identifying the need, and creating
shared information protocols*



Numbers

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

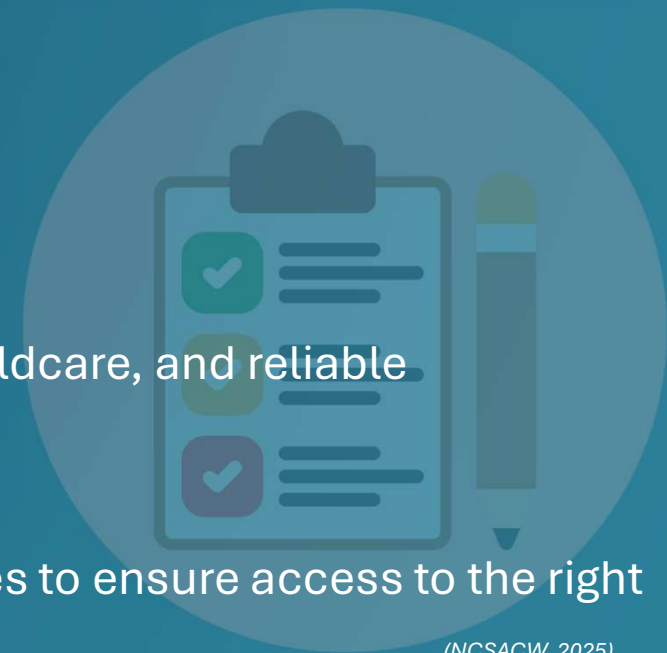
- How are families in your system identified as experiencing both DV and co-occurring SUD and mental health disorders?
- What data are currently collected that describe the scope of the problem for pregnant women in your community? What can you tell about how these experiences influence outcomes for families in your community?
- What information could be gathered to understand how these problems affect pregnant women and what their corresponding needs and barriers are?
- What does the data tell you about areas for improvement in terms of identification, assessment, service referrals, entry, and provision?

Needs

Assessing and meeting family needs

Consider how your agency identifies and responds to:

- Parent-identified needs, including concrete goods
- Health insurance as a barrier to accessing support
- The effects of DV and parental substance use on families
- Building protective factors for expecting parents including:
 - Linkages to SUD treatment or recovery community
 - DV support groups and services
 - Informed referrals for safe housing, trauma-informed childcare, and reliable transportation
 - Parenting skill-building classes
- Opportunities for coordinated case planning across agencies to ensure access to the right services at the right time



(NCSACW, 2025)

Networks

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



No one agency can do this work alone – maximize partnerships to better serve families:

- Establish strong relationships with providers working with this population
- Share what you know about the scope of the problem and family needs in your system
- Share resources (e.g., knowledge, expertise, data) to enhance service delivery across the continuum of providers
- Participate in joint initiatives to reach common goals and resolve challenges for families at this intersection
- Maintain open and regular communication with partners to ensure alignment and coordination of efforts

(NCSACW, 2025)

How can you apply “Numbers, Needs, and Networks” in your work? Where are the opportunities to strengthen your current work using this framework?

Reflection



What percentage of your clients are experiencing both substance use disorders and domestic violence? How do you know?

What are some concrete ways you can strengthen your existing cross-system networks to meet the needs of children and families experiencing DV and SUD?

Reflection



Collaboration is the Key

*The right partners working
together effectively at the
system and practice level.*



Components of a Trauma-Informed Child Welfare System



Screening and
Assessment



Prioritizing Secondary
Trauma



Measurement-Driven
Case Planning



Referral to Evidence-
Based Treatment



Workforce
Development



Cross-System
Collaboration

Systems-Level Policy Efforts that Support Practice Innovations



Practice Strategies and Innovations



Key Shared Outcomes for Families - All outcomes should be disaggregated.

Recovery Remain at Home Reunification Repeat Maltreatment Re-entry

(Children and Family Futures, 2021)

Practice Strategies Collaborative Teams Can Use to Respond to Trauma



*Promote Positive
Childhood Experiences*



*Conduct a Screening
and Assessment*



*Use Family-
Centered Services*



*Trauma-Informed
Safety Plans*



*Engagement in Trauma-
Specific Services*

Practice Strategies Collaborative Teams Can Use to Respond to Trauma



Promote Positive Childhood Experiences

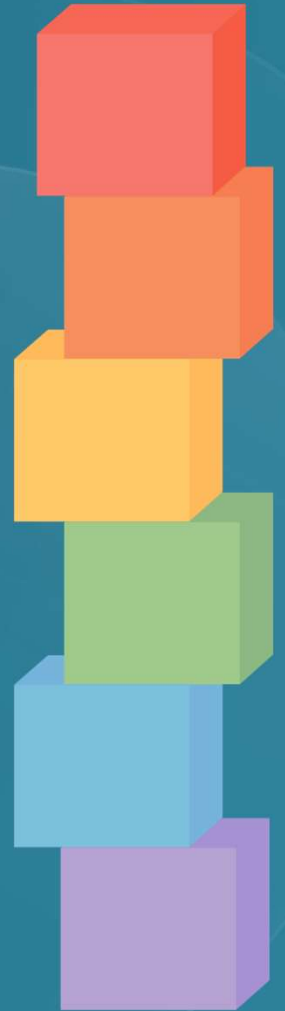
Guide families and communities on how to create **positive childhood experiences (PCEs)** that promote safe, stable, and nurturing relationships and environments, while helping children develop a sense of belonging and connectedness that can build resilience to offset adverse childhood experiences (ACEs) that may lead to trauma.

Positive Childhood Experiences (PCEs)

“Four Building Blocks of HOPE”



- 1 Relationships
- 2 Environment
- 3 Engagement
- 4 Emotional Growth



(The HOPE National Resource Center, 2024)

Practice Strategies Collaborative Teams Can Use to Respond to Trauma



Conduct a Screening and Assessment

Implement **universal trauma screening** as a part of the intake process for all children, parents, and their family members to identify the presence of trauma and the need for further assessment and treatment.

Examples of validated trauma screening tools:

- Adults - ACEs Questionnaire
- Children and adolescents - **P**ediatric **A**CEs and **R**elated **L**ife-events **S**creener (PEARLS)

Practice Strategies Collaborative Teams Can Use to Respond to Trauma



Use Family-Centered Services

Consider how trauma and substance use may be **affecting relationships within the family** and provide trauma-informed, family-centered services for children and all members of a family.

Provide trauma-informed attachment-focused interventions aimed at teaching caregivers to develop **healthy, supportive relationships** within their family.

Enhancing Protective Factors

How can you help families develop, obtain, or apply these protective factors?

Social Connections

Knowledge of Parenting and
Child Development

Concrete Supports

Nurturing and Attachment

Parental Resilience

Social and Emotional
Competence

(Child Welfare Information Gateway, 2020)

Share an example of a collaboration success. When has a strong partnership made a difference in an outcome for a child or family?

What opportunities exist to strengthen your collaboration with existing and new partners to improve services and supports for clients and their families, especially those experiencing SUD and DV?

Reflection



Policy Strategies Collaborative Teams Can Use to Respond to Trauma



*Conduct a Collaborative
Trauma Walkthrough*



*Implement Approaches to
Counteract Secondary
Traumatic Stress in the
Workforce*



*Conduct Ongoing Cross-
Systems Training*



*Change Policies and
Procedures*

Practice Strategies Collaborative Teams Can Use to Respond to Trauma



Conduct a Collaborative Trauma Walkthrough

Conduct an audit or walkthrough of the system with a focus on how individuals, families, and groups with histories of trauma may experience the system as triggering or retraumatizing.

Child Welfare as a Power & Control Tactic

A person using violence may use child welfare involvement to further assert power and control in their partnership.

Escalating violence and
coercive behavior

Making false reports to child
abuse hotlines

Withholding finances or
jeopardizing employment
status

Filing false police reports or
restraining orders

What Can You Do Now?



Examine policies and practices

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



Consider the children

Recognize the person as a mother or father and use a safety-focused, family-centered approach to improve outcomes.



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.



Apply numbers, needs, & networks

Consider how you can apply these concepts to integrate family-centered approaches into everyday decisions, policies, partnerships, and service delivery.



Questions??

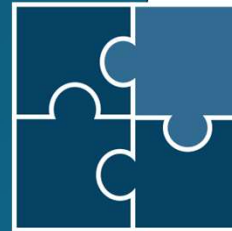


Contact

Contact the NCSACW TTA Program

Connect with programs that are developing tools and implementing practices and protocols to support their collaboration.

Training and technical assistance to support collaboration and systems change.



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**PROFESSIONALS WORKING WITH FAMILIES AFFECTED BY
SUBSTANCE USE, CO-OCCURRING DISORDERS, AND
INVOLVEMENT IN THE CHILD WELFARE SYSTEM WILL**

- Improve their skills with trauma-informed and evidence-based practices
- Enhance engagement with families and collaborative partners
- Gain insights into substance use and mental health disorders
- Learn key child welfare and court policies that affect families served
- Understand the child and family's needs to support recovery and well-being



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Implementing a Family-Centered Approach Series

This three-part series allows state and agency-level collaborative partners to jointly improve systems, services, and outcomes for children and families affected by substance use disorders.



Module 1 | Overview of a Family-Centered Approach and Its Effectiveness

Module 2 | On the Ground—Family-Centered Practice



Module 3 | Collaboration To Support Family-Centered Practices at the County and State Level



Scan the QR code or click the link to access the series @
<https://ncsacw.acf.hhs.gov/topics/family-centered-approach/fca-modules-series/>



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Child Welfare Practice Tip Series



1. *Understanding Substance Use Disorders: What Child Welfare Staff Need to Know*
2. *Understanding Engagement of Families Affected by Substance Use Disorders-Child Welfare Practice Tips*
3. *Understanding Screening and Assessment of Substance Use Disorders-Child Welfare Practice Tips*
4. *Identifying Safety and Protective Capacity for Families with Parental Substance Use Disorders and Child Welfare Involvement*
5. *Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement*

Scan here
to learn
more



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Download @ <https://ncsacw.acf.gov/topics/safety-and-risk/cw-practice-tips-series//>

BUILDING COLLABORATIVE CAPACITY SERIES

This seven-part series offers strategies that states and communities may use to create cross-system ***collaborative teams***, ***communication protocols***, and ***practice innovations***. These strategies aim to improve screening, assessment, and ***engagement for families*** affected by substance use disorders and involved with child welfare. We have organized the series into two clusters. The first provides a framework for establishing a collaborative team; the second highlights strategies to achieve timely access to treatment and support services for families.



Scan here to learn more!



AVAILABLE @ <https://ncsacw.acf.gov/topics/building-capacity/collaborative-capacity-series/>



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Understanding Substance Use Disorder Treatment:

A Resource Guide for Professionals
Referring to Treatment



- This technical assistance (TA) tool is designed to equip professionals who refer parents to SUD treatment with a fundamental understanding of treatment.
- The tool includes a list of questions child welfare or court staff can ask treatment providers to ensure that effective linkages are made.
- With the knowledge gained, professionals will be able to make informed referral decisions for services that are a good fit to meet the parent and family's needs.



Available @ <https://ncsacw.acf.gov/files/understanding-treatment-508.pdf>



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Screening for Substance Use in Child Welfare Using the UNCOPE

This short video depicts a child welfare worker demonstrating best practices while administering the UNCOPE screening tool in a situation involving suspected substance use. Viewers will learn how to

- **Incorporate this screening in their child welfare practice**
- **Help the individual identify personal goals**
- **Reflect on responses**
- **Connect families to the services they need**



View the video @ <https://ncsacw.acf.gov/training/videos-and-webinars/screening-for-substance-use-in-child-welfare-using-the-UNCOPE/>

Improving Early Childhood Outcomes and Systems for Families Affected by Parental Substance Use, Substance Use Disorders, and Co-Occurring Mental Health Disorders



The series includes:

- *Overview*
- *Fact Sheet 1: Early Childhood Practice and Policy for Child Welfare Agencies*
- *Fact Sheet 2: Family-Centered Approaches in Early Childhood for Substance Use Disorder Treatment Programs*
- *Fact Sheet 3: Cross-System Collaborative Strategies for Early Childhood Service Providers*
- *Action Guiding Questions to Strengthen Family-Centered Practice for Families with Children ages 1-6 and Affected by Parental Substance Use and Co-Occurring Mental Health Disorders*
- *Parent Perspective Videos featuring subject matter experts, including individuals with personal experience as parents in recovery from substance use disorders*



Scan the QR code or click the link
<https://ncsacw.acf.gov/topics/childhood-and-adolescence/improving-childhood-outcomes-systems-families-affected-parental-sud-mhd/>

Supports agency leaders aiming to improve outcomes for families affected by substance use disorders during early childhood.

Builds capacity among child welfare, SUD, mental health, and early childhood service providers.

Promotes cross-sector collaboration to strengthen family-serving systems.

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