

Improving Practices, Policies, and Services for Survivors of Domestic Violence



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Child Care Resource Center

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The research reported herein was performed with the permission of the CDSS. The opinions and conclusions expressed herein are solely those of the authors and should not be considered as representing the policy of the collaborating department, agency, or any department or agency of the California government.



Contents

| | |
|--|----|
| Cover | i |
| Acknowledgements | ii |
| Contents | 1 |
| Executive Summary | 4 |
| Recommendations for Improving Policies and Services for Survivors of Domestic Violence | 5 |
| Recommendations that May Be Low Cost and Impactful: | 5 |
| Recommendations that May Require Additional Time or Funding: | 5 |
| Recommendations that May Require Additional Time, Funding, or Policy/Statute Change: | 5 |
| Introduction | 7 |
| Background on Domestic Violence in California | 7 |
| Definitions | 7 |
| The Human and Financial Costs of Domestic Violence | 8 |
| Services Available in California | 9 |
| Project Overview | 10 |
| Project Funders, Sponsors, and Goals | 10 |
| Project Partners | 11 |
| Methodology | 12 |
| Participant Outreach and Recruitment | 13 |
| CPEDV: Outreach and Recruitment for Parent Survivor and DV Direct Service Sessions | 13 |
| Parent Voices: Outreach and Recruitment for Parent Survivor Sessions | 13 |
| CCRC: Outreach and Recruitment for ECE Workforce, CDSS Staff, and Additional Community Partners | 14 |
| Analysis | 15 |
| Results and Discussion | 15 |
| Barriers Experienced by Parent Survivors While Attempting to Access Services | 17 |
| Lack of Awareness of Available Services | 17 |
| Lack of Access to Services | 18 |
| Documentation and Eligibility Barriers | 20 |
| Lack of Empathy from Staff | 21 |
| Cultural Competency Barriers | 23 |

| | |
|--|----|
| The Intersection of Domestic Violence with the Early Care and Education (ECE) Workforce..... | 23 |
| Implications and Recommendations | 25 |
| Low-Cost Recommendations..... | 26 |
| 1. Develop a comprehensive list of CDSS-administered programs, services, and resources available to CDSS staff and parent survivors of domestic violence | 26 |
| Recommendations That May Require Additional Time or Funding | 28 |
| 2. Implement enhanced support from CDSS to counties administering CDSS programs about DV survivor rights and program eligibility..... | 28 |
| 3. Develop videos on how to apply to specific services for survivors of domestic violence..... | 30 |
| 4. Increase access for CDSS program leaders to data on survivors participating in their programs to ensure equitable services. | 30 |
| Recommendations That Would Require Additional Time, Funding, or Policy Change | 31 |
| 5. Embed a racial equity approach in all aspects of CDSS service delivery..... | 31 |
| 6. Continue reducing documentation burden for parent survivors | 32 |
| 7. Expand efforts to update statewide and county staff training relevant to domestic violence..... | 33 |
| 8. Create a centralized office of domestic violence prevention within CDSS to coordinate all related DV services in the Department | 35 |
| 9. Expand the Family Stabilization Program in the California Work Opportunity and Responsibility to Kids (CalWORKs) Program..... | 36 |
| 10. Fund Domestic Violence Advocates/Navigators within counties..... | 37 |
| 11. Allocate additional resources to bolster housing assistance initiatives | 38 |
| Policy-Relevant Recommendations | 40 |
| Conclusion | 44 |
| Appendix A: Project Funders | 45 |
| Appendix B: CDSS Programs and Services for Survivors of Domestic Violence | 46 |
| Appendix C: Project Coordinator and Partners | 51 |
| Appendix D: Project Activities | 53 |
| Appendix E. Overview of Gathering Person-Centered Feedback from Community Partners..... | 54 |
| Parent Survivors..... | 54 |
| Early Care and Education (ECE) Workforce..... | 57 |
| Direct Service Agencies..... | 58 |

| | |
|--|----|
| CDSS Large Group Sessions..... | 58 |
| County Welfare Directors Association of California | 59 |
| Additional Small Group Sessions and Interviews | 59 |
| Session Interpretation | 59 |
| Session Recording, Transcription, and Notes | 60 |
| Appendix F: CPEDV Outreach Protocol and Parent Survivor Listening Session Guide..... | 61 |
| CPEDV Parent Survivors Outreach Protocol..... | 61 |
| Parent Survivors Community Listening Sessions Recruitment Flyer | 61 |
| Confirmation for CPEDV’s Parent Survivor Community Listening Session | 62 |
| Appendix G: Parent Voices Outreach Protocol and Parent Survivor Listening Session Guide | 65 |
| Parent Voices Outreach Email Template..... | 65 |
| Parent Voices Listening Session Guide Template..... | 66 |
| Appendix H: CCRC Outreach Protocol and Listening Session Guide for the ECE Workforce..... | 69 |
| ECE Workforce Outreach | 69 |
| ECE Workforce Listening Session Guide | 70 |
| Appendix I: CCRC Protocol and Listening Session Guides for CDSS Large Session, Small Sessions, and Community Partner Sessions | 73 |
| CDSS Small Group (Individual Division or Branch Groups) Listening Session Guide | 75 |
| Listening Session Guide for CWDA Sessions..... | 76 |
| Appendix J: Additional Partner Listening Session Guides | 78 |
| Appendix K: Analysis | 79 |
| Phases of Coding..... | 79 |
| Appendix L: Codebook | 80 |
| Domestic Violence Survivor Perspectives..... | 80 |
| Agency Perspective - Agency experience with providing/ referring/ resourcing services to/ for survivors | 81 |
| ECE Workforce experience and perspective | 82 |
| Barriers / Challenges (for all partners) | 83 |
| Other..... | 85 |
| Appendix M: Endnotes | 87 |

Executive Summary

The [Blue Shield of California Foundation](#) supports lasting and equitable solutions to make California the healthiest state and end domestic violence. As part of the foundation’s mission-driven work, they funded the [California Department of Social Services \(CDSS\)](#) to coordinate this project to address these issues. The recommendations put forth in this report represent a collective effort to address and create a more supportive environment for domestic violence survivors.

The overarching goal of this project was to organize and facilitate a series of listening sessions focused on improving service delivery for survivors of domestic violence in California. The CDSS contracted with the [Child Care Resource Center \(CCRC\)](#) to work in collaboration with the [California Partnership to End Domestic Violence \(CPEVDV\)](#) and [Parent Voices](#) to facilitate listening sessions. This diverse range of community partners provided a broad set of findings for improving programs and policies to better serve parent survivors of domestic violence. The findings and recommendations documented in this report reflect the perspectives of the participants in the listening sessions (including survivors, county, and community representatives, and in some instances individual staff of the CDSS), as well as other experts consulted by the CCRC, and do not necessarily represent the views or recommendations of the CDSS.

The findings from the 36 listening sessions have illuminated critical barriers that survivors of domestic violence in California report facing when attempting to access essential services. The multifaceted nature of these barriers underscores the need for comprehensive and thoughtful interventions. The common themes identified across these groups have formed the focal points of our findings. The following barriers to accessing CDSS-administered programs and other community programs and services arose from 36 listening sessions:

- Lack of awareness (by parent survivors, some CDSS staff, and county staff) of available services for survivors of domestic violence
- Lack of access to services (e.g., lack of transportation, lack of services in small or rural communities (especially housing and mental health counselors), lack of funding for some services, difficulty reaching staff at agencies, etc.)
- Documentation and eligibility barriers
 - Documentation was burdensome (lengthy and confusing) and re-traumatizing when asked repeatedly to relive the experience in order to access services.
 - Multiple community partner groups described a lack of consistency in implementation of program waivers, understanding of what evidence is suggested rather than required to prove their domestic violence status, and understanding of what constitutes “good cause” to grant these waivers for program requirements.

- Lack of empathy from staff
 - Many parent survivors felt judged and that services from community-based organizations (CBOs) were more helpful than county programs.
- Cultural competency barriers
 - Both immigration status and/or speaking a language other than English made accessing services more difficult for survivors whose primary language was not English.

Recommendations for Improving Policies and Services for Survivors of Domestic Violence

The following recommendations were informed by the perspectives of domestic violence experts, staff developing and delivering services, supports and policies, and most importantly, parent survivors of domestic violence. These perspectives and the associated recommendations are intended to improve CDSS policies and services for survivors of domestic violence in California. When similar recommendations are brought forward by multiple community partners, this signals a synergy and common understanding of what needs to change.

Recommendations that May Be Low Cost and Impactful:

1. Develop a comprehensive list of CDSS programs, services, and resources available to CDSS staff and parent survivors of domestic violence.

Recommendations that May Require Additional Time or Funding:

2. Implement enhanced support from CDSS to counties administering CDSS programs about DV survivor rights and program eligibility.
3. Develop videos on how to apply to specific services for survivors of domestic violence.
4. Increase access for CDSS program leaders to data on survivors participating in their programs to ensure equitable services.

Recommendations that May Require Additional Time, Funding, or Policy/Statute Change:

5. Embed a racial equity approach in all aspects of CDSS programs' service delivery.
6. Continue reducing documentation burden for parent survivors.
7. Expand efforts to update statewide and county staff training relevant to domestic violence.
8. Create a centralized office of domestic violence prevention within CDSS to coordinate all related domestic violence services in the Department.
9. Expand the Family Stabilization Program in the California Work Opportunity and Responsibility to Kids (CalWORKs) program.

10. Fund Domestic Violence Advocates/Navigators within counties.

11. Allocate additional resources to bolster housing assistance initiatives.

The recommendations put forth in this report represent a blueprint for transformative change in service delivery for survivors of domestic violence. They aim to streamline access to services, foster a more informed and empathetic approach to service delivery, and address county variability. The collective insights of domestic violence experts, direct service agencies, and most importantly, survivors themselves, outline the potential to strengthen a system to be not only accessible but also empathetic, equitable, and ultimately empowering for those who have experienced domestic violence.

Introduction

Background on Domestic Violence in California

The Centers for Disease Control and Prevention recognize intimate partner violence (IPV) as a public health threat and cite that one in three women and one in four men experience IPV in their lifetime.^{i ii} The COVID-19 pandemic increased economic, physical, and mental health strain on familiesⁱⁱⁱ and as a result, there has been a rise in reported domestic violence cases and incidents (specifically in psychological/ emotional and sexual domestic violence).^{iv} In California, the total domestic violence related calls for service to law enforcement rose 2.2 percent between 2019 and 2021 and have become increasingly violent with a six percent increase in the use of firearms between 2020 and 2021.^v The strategies enacted to mitigate the spread of COVID-19 simultaneously created barriers to accessing needed services for survivors of domestic violence. Specifically, stay-at-home orders and social distancing protocols limited mobility and access to front-line services. Although in-person services have returned, the negative economic and mental health impacts on families continue.

Definitions

The United Nations defines domestic violence (DV) as “a pattern of behavior that is used to gain or maintain power and control over an intimate partner in a relationship, a child, another relative or any other household member.” Domestic violence may be experienced by anyone, regardless of age, gender, ethnic or socioeconomic background, religious or sexual orientation, or type of relationship.^{vi vii} As a result, DV can also include intimate partner violence (IPV), defined as harm to a person with whom one currently or previously shared an emotionally or physically intimate relationship and can be physical, sexual, psychological, or financial and is often a combination of these.^{viii}

Senate Bill (SB) 1041 (Senator Susan Rubio, 2020), sponsored by the Los Angeles City Attorney’s Office, expanded the definition of domestic violence to include coercive control—behavior that unreasonably interferes with someone’s free will and personal liberty. This includes actions such as isolating survivors, depriving them of necessities, controlling their movement, communications, behavior, finances, economic resources, or access to services, and/or forcing or intimidating them into actions they otherwise would not take.

A recent CalWORKs All County Letter (ACL 23-109) updated guidance and policy reminders for supporting survivors of domestic abuse. In this ACL domestic abuse is defined as:

“when assaultive or coercive behavior, including threats or attempts at abuse, occurs within a domestic relationship. Domestic abuse is an overarching term and includes, but is not limited to, physical abuse, sexual abuse, psychological abuse, economic control, domestic violence, stalking, isolation, threats, or other types of coercive behaviors. Additionally neglect or deprivation of

medical care is domestic abuse when the person being neglected is a dependent, e.g., a child, adult with a disability, or an older adult.”

The same ACL defined survivors of domestic abuse as:

”inclusive of **current and past** victims of abuse. Survivors include potential and current CalWORKs applicants, recipients, and participants who have experienced domestic abuse and may or may not live with an abuser. Survivors of domestic abuse, sexual assault, sexual harassment, or stalking, as well as their abusers, can be of any gender identity or sexual orientation.”

This report will use the terms domestic violence and survivor based on the prevalence of these terms in the reviewed literature.

The Human and Financial Costs of Domestic Violence

Domestic violence has pervasive and long-lasting human and financial costs. The first years of a child’s life are marked by tremendous brain growth and excessively stressful environments can have negative effects on brain architecture and growth.^{ix} Long-term exposure to poverty, physical abuse, neglect, and parental stress is correlated with reduced brain activity or reduced brain volume.^{x xi xii xiii xiv xv xvi xvii xviii xix xx} These types of changes in the brain architecture have long-term implications. For example, research on Adverse Childhood Experiences (ACEs) shows that adversities in childhood are associated with a greater risk of adult chronic conditions including cardiovascular disease, stroke, cancer, asthma, chronic obstructive pulmonary disease, kidney disease, diabetes, obesity/overweight, and depression.^{xxi xxii} Therefore, what children witness and experience with regards to domestic violence will have long-term implications for their health and health care costs. These costs can further burden the survivors as well as the medical industry.

Domestic violence and IPV also have tremendous long-term impacts on an adult’s ability to survive or thrive economically. Research shows that economic stress is highly correlated with experiencing IPV.^{xxiii xxiv} Women who experience IPV are more likely to drop out of school, earn less money and have greater mental and physical health challenges, resulting in 42 percent higher health care costs than their non-abused peers, even long after living in abuse-free situations.^{xxv} Economic stress may also have societal costs when reduced economic stability results in the need to rely on social safety net programs to survive.

The human costs of domestic violence impact some communities more than others, illustrating the inequity in experiences. American Indian, Black or multiracial people report IPV more than those of other races.^{xxvi} According to the California Department of Justice, the percentage of homicides linked to domestic violence fell in 2020 and 2021 but increased by 2.4 percent in 2022.^{xxvii} Again, this violence is disproportionately experienced, with the highest percentage reported for Black individuals (29.3 percent), followed by those who identify as Hispanic (6.3 percent). Additionally, those who live in rural communities experience a greater incidence and

more severe IPV, more property damage and increased incidence of murder than their non-rural peers.^{xxviii} A final statistic illustrating the disproportionality of IPV is that over half (54 percent) of the transgender community will experience IPV in their lifetime.^{xxix}

Services Available in California

California has a wide range of programs that support families. Often survivors have a need for multiple services, and many different programs serve the same families experiencing domestic violence. For example, the Little Hoover Commission reported that domestic violence is a leading cause of homelessness for women.^{xxx} In 2019 a one-day unduplicated count of adults and children seeking domestic violence services showed that 3,307 received emergency and transitional housing in California while another 630 were turned away that day due to a lack of housing resources.^{xxxi} In comparison, the 2022 counts showed that 2,564 survivors of domestic violence received services while another 1,030 were turned away.^{xxxii} This decline in those served and increase in those turned away suggests a need for improved outreach and availability of services in California.

A collaborative project found evidence that families experience a variety of needs and access multiple CDSS-administered programs. The Children’s Data Network and the CCRC assessed the intersection of service between subsidized Early Care and Education (ECE) and the Child Welfare System (CWS) in Los Angeles County.^{xxxiii} Almost one-quarter (24 percent) of the children known to CWS before age 5 in the CCRC service area received subsidized child care through the CCRC. The same study found that 62 percent were first served by CWS and that most (83 percent) of the children aged 0-5 years served by both systems were first served as infants and toddlers. These data illustrate the fact that people who experience violence are served by multiple state-funded programs. This information indicates the need for greater prevention services and vigilance in state programs to identify potential survivors and provide individualized services. The data also indicate that CDSS programs likely serve many of the same individuals, making collaboration across programs key to improving programs, policies, and services for these families.

Similar overlap exists in serving individuals in both CWS and CalWORKs. The proportion of emotional abuse referrals that indicated exposure to domestic violence was higher in 2020 than in 2019 (from 65 percent to 68 percent). Additionally, during the last quarter of calendar year 2021, 13.5 percent of referrals to CWS were households accessing CalWORKs. Specifically, 47,625 individuals were participating in CalWORKs and referred to CWS in California in 2021. A subgroup of these families experienced intergenerational trauma that needs to be prevented. Of the 902 parents engaged in CWS and participating in CalWORKs, 27.1 percent were previous survivors of substantiated abuse or neglect. The CDSS is keenly aware of the intersection between those who experience domestic violence and those who access their programs and is invested in supporting survivors of domestic violence who access their services and programs. The Linkages program is an excellent example of this and provides coordinated case

management and supportive services to families engaged in both CWS and CalWORKs programs. Given the tragic and long-term consequences of domestic violence, the inequities experienced by multiple groups, and the awareness that many survivors of domestic violence access CDSS programs and services, this project will discover and highlight policy and programmatic changes to improve the lives of parent survivors.

Project Overview

Project Funders, Sponsors, and Goals

The Blue Shield of California Foundation supports lasting and equitable solutions to make California the healthiest state and end domestic violence. The Foundation refined their strategy in 2021, building on previous work to end domestic violence and achieve health equity. As part of this mission-driven work, the Foundation funded the CDSS to coordinate this project. The reach and variety of programs and services offered by the CDSS made the Department a natural fit for identifying improvements to programs and policies that affect survivors of domestic violence. The mission of the CDSS is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. Please see Appendix A for more information on the Blue Shield of California Foundation and the CDSS and Appendix B for CDSS programs and services that support survivors of domestic violence.

The overarching goal of this project was to organize and facilitate a series of listening sessions focused on improving service delivery for survivors of domestic violence in California. As a result of a key funding partnership with the Blue Shield of California Foundation, the CDSS intends to achieve the following in this project:

1. Engagement of community partners and advocates to establish meaningful improvements in building a continuum of services for survivors of domestic violence
2. Identification of policy and program gaps, and opportunities to build a more accessible continuum of services for survivors of domestic violence

The CDSS is the state agency that provides statewide administration, policy guidance, and support to California's 58 counties to implement and locally run programs. Each county independently operates these programs and provides services either via county staff or via contractors. While the CDSS coordinates a wide range of programs and services for families, there is no dedicated cross-departmental entity (division, branch, bureau, section, unit, or office) within the Department that solely focuses on serving survivors of domestic violence. The Little Hoover Commission (2021) published a report highlighting the fact that State programs and services are siloed, uncoordinated, and present unnecessary burden for survivors.^{xxxiv} The CDSS has expressed its commitment to effectively serving survivors and implementing a coordinated approach to service delivery across all of the programs it administers.

Additionally, a key component to increasing equity is a fundamental shift from a culture of compliance and burden placed on the survivor, to that which prioritizes access, coordination, and a positive, whole-person, whole-family approach. To that end, the CDSS acknowledges that supportive services and eligibility processes should be designed to limit trauma for the survivor and their family. As part of this project, the CDSS will explore how to strengthen capacity building for counties to ensure a trauma-informed approach to interactions with survivors and connect them with appropriate resources.

The CDSS is also interested in better understanding any unintended consequences of its policies that have important ramifications for survivors. For example, survivors can face allegations of “failure to protect” that are investigated and sometimes substantiated by Child Welfare Services. This, at times, results in the temporary removal of children and could thus serve as a disincentive for survivors to report domestic abuse and seek the services they need. This serves as just one example of potential areas of opportunity for the CDSS to improve policies, programs, and practices to better serve survivors.

The COVID-19 pandemic presented both challenges and opportunities around service provision that will be considered in this project. Challenges included transitioning from in-person services to virtual which reduced opportunities for identification of domestic abuse, increased economic strain due to job loss, increased grief as a result of illness and death of family and friends, and increased mental health challenges. Opportunities arose from the need to consider new ways to serve families in a virtual environment and necessitated the creation of person-centered solutions. While the State of Emergency for the COVID-19 pandemic has ended, the pandemic aftermath will continue to guide the work of supporting communities across the state. A recent release of a CalWORKs ACL (23-109), development of a new unit within CalWORKs that will focus on DV, and this project are just some of the many activities the CDSS is implementing to continue their support of communities that experienced increased challenges during the COVID-19 pandemic. This project included listening sessions with CDSS personnel, external key community partners that work directly with survivors, and parent survivors, which generated ideas to improve the programs and policies that affect survivors. Including the voices of those trying to and successfully accessing services ensures solutions are person-centered, equitable, and culturally responsive and therefore increases the relevance and impact of recommended solutions.

Project Partners

The main contractor for this project is the CCRC, whose mission is to cultivate child, family and community well-being. The CCRC is a large family resource center with office locations in Los Angeles County, San Bernardino County and Sacramento County and has established service hubs in 11 regions across California, ensuring coordinated service delivery across California. CCRC’s Research, Communications, and Government Relations divisions work in concert to uplift the voice of the community to help policymakers and legislators make informed decisions.

The CCRC subcontracted a portion of the work to the California Partnership to End Domestic Violence (CPEDV) and Parent Voices. The CPEDV is a coalition of individuals and agencies working to advocate and advance change for survivors of domestic violence across California. Parent Voices is a parent-led grassroots organization that builds the capacity of parents to advocate for themselves and for policies that affect families across California. All three organizations have direct connections to the community, ensuring authentic voices drive needed change for California’s families. For additional information about the project partners, refer to Appendix C. Project activities can be found in Appendix D, and a description of listening session participants can be found in Appendix E. Appendix D also details information on interpretation and transcription of listening sessions.

Methodology

The following is a description of the study methods. Based on collaboration with the CDSS and Blue Shield of California Foundation, the CCRC’s research team, CPEDV, and PV conducted 36 listening sessions with parent survivors, members of the ECE workforce, CDSS staff, DV services agency staff, CWDA, and other key community partners. The description of which community partners engaged in listening sessions and key informant interviews can be found in Appendix E.

The project partners prepared for the proposed work of this project by:

- Creating trauma-informed listening session discussion guides for these sessions
- Developing outreach plans to engage parent survivors and partners that serve them, CDSS staff, and survivor advocates in listening sessions
- Developing a plan to engage and compensate participants with lived experience

Listening session questions were developed in collaboration with the CDSS, the CPEDV, and PV and included parent survivor input and feedback after questions were approved by the CDSS. To ensure all voices and experiences were heard during the listening sessions and that facilitators did not influence responses, five open-ended questions were asked, each tailored to the specific participant group (e.g., parent survivors, ECE workforce, etc.). A survey was distributed after each listening session to collect relevant demographic information from participants. All sample outreach protocols and listening session questions by agencies conducting sessions can be found in Appendices F-J.

To ensure the listening sessions were responsive to survivors’ needs and to address potential activation of any traumatic thoughts or feelings, all parent survivor listening sessions had an advocate present. During the registration for the listening sessions, the parent survivor participants were informed of the presence and role of a parent advocate during the future listening session. Participants were also informed that the advocate would reach out to any survivor they believe might need additional support. Advocates also responded to any inquiry

made by survivors including provision of support in the moment and made connections to additional resources within the survivors' location after the listening session.

Participant Outreach and Recruitment

CPEDV: Outreach and Recruitment for Parent Survivor and DV Direct Service Sessions

The CPEDV used three different methods to recruit parents for listening sessions. The first method was a regional approach where regional representatives shared invitations with domestic violence programs and partners in their areas. The second was a broad approach where invitations for the listening sessions were sent to participants who self-identified as survivors at the CPEDV's annual Survivor Conference, to CPEDV members who identify as survivors, and to Promotora groups working with DV survivors. The final method was a targeted approach where the CPEDV recruited participants using connections with Strong Hearted Native Women's Coalition and using their trusted translators for immigrant and refugee survivors. All listening sessions were held virtually.

Additionally, the CPEDV facilitated four virtual listening sessions with domestic violence services agencies. The CPEDV used their regional approach to identify domestic violence shelters and similar organizations to participate in listening sessions. The CPEDV's sample Outreach Protocol and Listening Session guide and questions can be found in Appendix F.

Parent Voices: Outreach and Recruitment for Parent Survivor Sessions

The ten Parent Voices chapter organizers coordinated with their steering committee representatives to identify five parent groups to participate in listening sessions using trusted relationships and empathetic listening. Parent Voices chapter locations include San Joaquin/Stockton, Solano, Marin, Sonoma/Santa Rosa, San Francisco, Oakland, San Mateo, Santa Clara, Fresno, and San Diego. Additionally, six parent fellows recruited parent survivors using one-on-one connections to ensure they represented the required background characteristics for each group and topic. The intention of the Parent Voices Fellowship Program is to allow parents from Parent Voices chapters across the state to take the next step in their development as leaders and organizers. Parent Voices staff supported this work and identified parent survivors for their five virtual listening sessions. A goal was set of having at least 12 parents (with a maximum of 20) in attendance with a wait list in case of any last-minute cancellations.

Parent Voices created recruitment emails for organizers, steering committee members, and parent fellows to be used for outreach. Emails included a link to a Google form to sign up for specific listening sessions. Use of the Google form helped ensure representation of survivors from diverse backgrounds. Recruitment emails and Google forms were available in English and Spanish. Parent Voices staff maintained a spreadsheet with participant information including

language preference, name, email, phone number, zip code, and special accommodations, if needed. Parent Voices sample Outreach Protocol and Listening Session guide and questions can be found in Appendix G.

The CCRC managed the coordination and distribution of incentives for parent survivor participants in the sessions with both subcontractors, CPEDV, and Parent Voices. Each parent survivor participant received a \$150 incentive in appreciation of their time commitment of one-and-a-half hours and for their valuable input. Incentives (in the form of gift cards) were distributed electronically within two weeks of receiving verified parent information from listening session facilitators. The CCRC tracked the distribution of incentives and reconciled this with information from the incentive company using the email address of the recipients.

CCRC: Outreach and Recruitment for ECE Workforce, CDSS Staff, and Additional Community Partners

Recruitment of the ECE workforce was completed through CCRC's trusted and long-standing relationships with the Preschool Development Grant regional lead Child Care Resource and Referral agencies. This ensured representation of the ECE workforce from across the state of California. These agencies conducted outreach to the community-based ECE workforce including center-based, licensed family child care, and legally license-exempt family, friend and neighbor providers. Outreach materials were provided in English and Spanish. The CCRC's ECE workforce sample Outreach Protocol and Listening Session guide and questions can be found in Appendix H.

Additionally, the CCRC facilitated listening sessions with the CDSS. An initial one-hour session with divisions across CDSS-wide session was scheduled in March 2023. The first session's purpose was to introduce this work and encourage CDSS staff to begin thinking about opportunities and gaps in serving survivors of domestic violence. The meeting began with the process of fostering synergy within and across CDSS divisions and branches with the goal of reducing silos and building cross-Departmental collaboration and coordination. This one-hour session included the Directorate and all who were invited for subsequent sessions. Following the initial group session, division and branch-specific listening sessions were held (groups in listening sessions and individuals in key informant interviews (KIIs)). Division, Office, and Branch specific listening sessions included the Family Engagement and Empowerment Division—including the Office of Family Engagement and Empowerment Initiatives, CalWORKs and Family Resilience Branch, and CalFresh and Nutrition Branch; Housing and Homelessness Division; Children and Family Services Division (including the Office of Child Abuse Prevention); Child Care and Development Division; and the Office of Equity (including the Immigrant Integration Branch, and the Office of Tribal Affairs). Listening session guides for the CDSS sessions can be found in Appendix I.

The CCRC recruited and hosted listening sessions that included the CWDA, End Child Poverty, Victim's Compensation Board (VCB), BANANAS Child Care Resource and Referral Agency, and CA

Food Banks. CWDA is a key partner given their role in collaborating with county human service agencies and state agencies to ensure efficient and effective service delivery through the counties. The additional partners have experience connecting with parent survivors that is key to informing this project. Listening session guides for CWDA and for all other partners can be found in Appendix I.

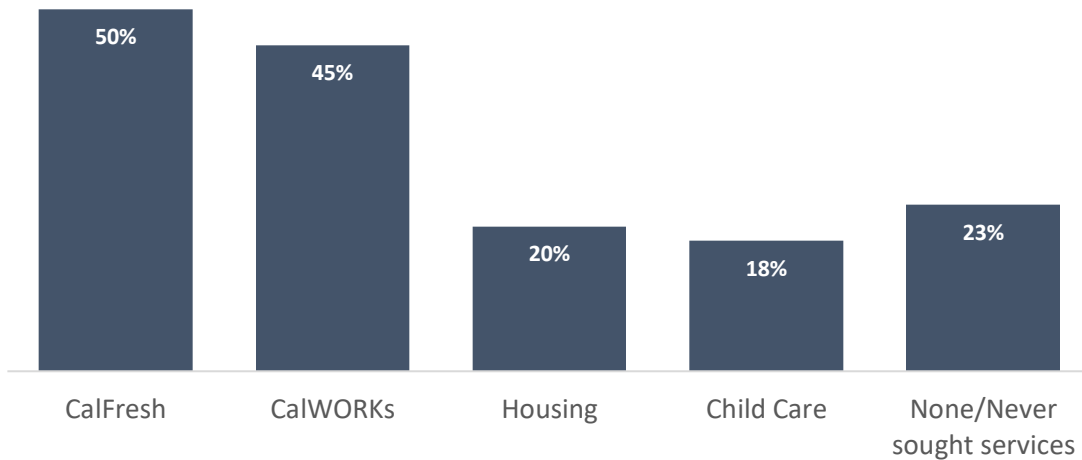
Analysis

Please see Appendix J for a description of the qualitative analysis conducted on the listening session data. Additionally, please see Appendix L for the codebook.

Results and Discussion

The analysis revealed significant insights into the utilization of services overseen by CDSS at the state level, among parent survivors that participated in the listening sessions. Half of parent survivors had experience accessing or trying to access services from CalFresh, 45 percent from CalWORKs, 20 percent from the Housing and Homelessness Division, and 18 percent from the Child Care and Development Division. Slightly less than half (47 percent) of parent survivors had experience accessing or trying to access multiple CDSS-administered programs and benefits. Twenty-three percent (23 percent) of the parent survivors who participated in the listening sessions either had no experience with CDSS-administered programs and benefits or never attempted to access services. Even though this last group of parents had not accessed CDSS-administered programs or benefits, they were able to articulate the types of services and supports that would have been helpful while they were trying to navigate other supports to address domestic violence (See Figure 1).

Figure 1. Percentage of Parent Survivors Who Experienced Specific CDSS-Administered Programs



When considering these findings, it is important to note several key urgent matters families and ECE workforce members face when domestic violence is present. There is an immediate threat to safety as a restraining order may not always physically prevent an abuser from contacting the survivor or showing up at an ECE workforce member’s home or family residence if the abuser chooses to disregard the order. Many survivors and ECE workforce members mentioned how abusers would violate restraining orders and there would be no response or consequences for the violation from law enforcement. Moreover, survivors and ECE workforce members highlighted the inflexibility of obtaining services in a timely manner. They also cited the difficulty with completing required paperwork for needed services. This inflexibility can lead to delayed support as services often take too long to reach families which can lead to undesirable outcomes such as families having to go back to an abuser or sleeping in their car. Domestic violence can also impact employment; survivors expressed the need for a temporary disability or leave options for parents to allow them to restart their life, however this is outside of CDSS’s scope to address (e.g., the California State Disability Insurance Program). The following section discusses in more detail the barriers that survivors face when attempting to access services and supports.

Barriers Experienced by Parent Survivors While Attempting to Access Services

Lack of Awareness of Available Services

Various groups, including parent survivors, ECE workforce members, direct service agencies, and CDSS staff, identified several barriers to accessing services. The most prevalent obstacle across all participant groups was the lack of awareness regarding DV services. This includes a lack of knowledge about available services, eligibility criteria, and the process for accessing them. The challenge of insufficient awareness was consistently expressed in all listening sessions, with 36 mentions from survivors, seven from ECE workforce members, two from direct service staff, and six from CDSS staff. This need to increase awareness of services and eligibility criteria was mentioned by parent survivors and agencies whose work is to develop policies and programs for survivors (CDSS staff) and those that serve them directly at the local level.

“If I had known...I would have been able to get out of that situation faster. [The domestic violence situation] wouldn’t have lasted as long because I was depending on that person for house, food.”
– Parent Survivor

Throughout the entire process, from the initial crisis to the point of receiving services, the majority of survivors who participated in the listening sessions reported consistently lacking awareness regarding the available services in their area, the waivers they were entitled to, and the services for which they qualified. Although this was noted in all listening sessions with survivors, it should also be noted that this project sampled 12 counties in California and therefore may not represent all counties. Survivors shared significant difficulty in finding services during a crisis. Furthermore, when a service was found and outreach was made by the survivor, that service was often outdated, had a long waitlist, ran out of funds, or no longer existed. In addition to the significant challenge of locating relevant, accessible, and supportive services, survivors of domestic violence expressed a lack of awareness of the services for which they were eligible based on their status as survivors. Many of the participating survivors shared that even after connecting with an agency (county office or CBO), they experienced a lack of clarity about the services for which they were eligible to receive. Survivors and agency employees both expressed frustration at how much time is wasted in the search for available services for which the survivor is eligible, at a time of crisis and desperation.

Survivors expressed a desire for a comprehensive, current list of CDSS-administered programs available to them along with the associated eligibility and program requirements *before* they dive into the application process. While some lists do exist publicly, like [CPEDV's website](#), these websites only list DV service organizations and don't necessarily contain information specific to CDSS or services provided through programs administered by CDSS. Additionally, none of the survivors that participated in this study were aware of such lists. CDSS staff also mentioned a desire to increase their awareness of all CDSS programs and benefits available to survivors and who to connect with internally to answer questions related to this population. A list of CDSS-administered programs, eligibility criteria and contact information for experts at CDSS was suggested by staff. Instructional and informational videos were also mentioned as a method for helping parents understand programs, eligibility and how to apply.

Lack of Access to Services

Multiple reasons are at the root of why services might not be accessible to parent survivors in their area. All participant groups (ten survivor sessions, six CDSS staff sessions, five ECE workforce sessions, and three sessions with direct service agencies) expressed the challenge of a lack of access to services available to domestic violence survivors. Comments regarding access barriers occurred 18 times with survivors, ten times from ECE workforce members, nine times with direct service staff, and eight times with CDSS staff.

Survivors, ECE workforce, and direct service agencies all named housing as one of the top supports, in addition to child care, that will help survivors move forward with their lives post-abuse. However, the main challenges, as highlighted by all participants, revolve around the scarcity of housing resources. The limited resources, both in the availability of housing and in the voucher amounts provided being inadequate for the number of people in need, lead to waitlists for services. CDSS staff mentioned that short-term vouchers also may not cover the cost of accommodations in safer locations within higher-cost counties. When a survivor is fleeing domestic violence, having to wait months or even years for housing often forces the survivor to make the impossible choice of going back to their abuser or experiencing homelessness.

Programs and services aim to secure safe housing for survivors, but the process remains time-consuming. Various, rapid rehousing initiatives are underway, but there are delays in the application processing, and limited supply. Housing programs exist in a complex network of programs administered by the CDSS and other state agencies. The complexity of housing assistance programs poses significant barriers. Documentation requirements, coupled with the difficulty of finding landlords willing to accept vouchers, contribute to a tedious and frustrating process. Survivors often face extended stays in shelters, highlighting the need for streamlined and survivor-focused housing solutions.

Survivors, ECE workforce members, and agency staff mentioned additional reasons for the lack of access to services, including location and transportation. Limited availability of resources and services (especially vouchers, housing, and mental health clinicians), lack of relevant resources in their area (requiring them to travel lengthy distances for services) and lack of transportation were mentioned as barriers to accessing services or resources. Survivors in rural areas or smaller communities expressed that it is a challenge to find and receive services in their isolated areas. Survivors mentioned barriers such as needing to take long-distance bus rides to receive services, waiting in long lines, or taking time off work to do so while often being told there is a waiting list and would need to return at a later time. Although the CDSS cannot address long distance challenges in rural areas, perhaps support can be provided to county offices to explore methods for streamlining or increasing efficiency of application processes and documentation requirements.

“I believe that it took me about six hours that day to find services for her, which were extremely limited. I was not even aware of shelter services and to be frank, I still think there probably isn’t a shelter in the area where I’m from.”
– Direct service agencies serving parent survivors

Many survivors shared they felt the need to jump through hoops just to reach someone at an agency who was willing and able to help them. Survivors reported having to call multiple times a day and using various forms of contact to reach someone. A few survivors stated they were never able to make contact with an agency and eventually gave up.

“What hoops they have to go through to get resources are extensive. Phone is always busy, no one responds to emails.”
– ECE Workforce

Prioritization processes within counties can include several factors including county housing inventory, availability of vouchers and other resources available to parent survivors in a county. When survivors were able to reach a service agency, many were met with the barriers of limited availability of services, long waiting lists, and no support from the agencies to maneuver the confusing, complicated, and demanding process. Some of these waiting lists are *years* long (e.g., housing), and survivors often learn this when in crisis, after jumping through hoops to reach a service agency, only to be told they will not be receiving help anytime soon.

“One thing that I have found challenging is that because we are such a small town, we do have very limited resources. However, the [DV] population is large. I think the main challenge that we find ourselves in is that if clients that we’re working with do qualify for services with CalWORKs, or even housing support, there’s an extremely long wait list. And so, it’s difficult to find a suitable resource for them in the meantime that they are approved for. I would say limited resource would be finding housing for them.”

– Direct service agencies serving parent survivors

Additionally, the testimonies of survivors underscore the struggles of immigrants and those without citizenship, who often face additional obstacles in accessing services. Beyond housing, challenges with child care, financial stability, and navigating institutional systems further compound the difficulties for individuals and families.

Overall, survivors, the ECE workforce, and service agencies all emphasized the need for comprehensive support, addressing not only housing but also mental health treatment, child care, and economic empowerment. The testimonials paint a vivid picture of the intricate web of challenges faced by those seeking stability and safety, underscoring the importance of holistic solutions.

Documentation and Eligibility Barriers

“There’s nothing worse than when somebody comes in, they need help, and you just throw some paperwork at ‘em. I need you to fill all this out.”

– Direct service agencies serving parent survivors

The process of applying for and accessing services was noted as a challenge across all community partner groups. In 29 of the 35 listening sessions (11 survivor sessions, eight CDSS staff sessions, five ECE workforce sessions, and five sessions with direct service agencies) participants expressed challenges regarding the documentation necessary to apply for services and to understand and meet program eligibility. Comments regarding document and eligibility barriers occurred 53 times with survivors, nine times from ECE workforce members, six times with direct service staff, and 23 times with CDSS staff.

A majority of survivors shared that the required documentation is unnecessarily confusing, burdensome and at times re-traumatizing. The process of having to repeat their stories “over and over again” to prove their need for services was re-traumatizing and caused many to feel shame. Survivors shared that requirements were unclear, there was no flexibility, and there was a lack of tools (e.g., a checklist) to help keep track and make sure eligibility requirements are

being fulfilled. Given that survivors are often in a state of crisis when they are attempting to access these services, long, detailed documentation requirements pose significant barriers to accessing and receiving services.

Survivors also expressed the need for clear eligibility guidelines. Many were told they were not eligible for services and/or were denied services because they were still financially tied to their abuser and/or were not made aware of program requirement waivers for “Good Cause”¹ for survivors of domestic violence. Survivors and staff mentioned that these waivers were offered and implemented inconsistently across CWDs which was confusing to survivors. CDSS staff and direct service agencies reported that CDSS divisions, as well as groups that implement services and benefits at the county-level, are siloed, creating a lack of awareness of available services and relevant waivers for parent survivors, and who to contact to answer questions.

“Resources not allowing to have missing documents for even parents who are experiencing DV and trying to get away and resources not accommodating.”

– ECE Workforce

“Services are not flexible with time and parents who are trying to work, not flexible with submission of paperwork and will allow family to go either sleeping in the car or without food.”

– ECE Workforce

“My challenges were finding a home for just me and my son. I have tried applying, but because of my immigration status, I don’t qualify.”

– Parent Survivor

Lack of Empathy from Staff

“Sometimes they look down on you for needing help.”

– Parent Survivor

There were over 60 comments by survivors who shared that the staff they interacted with for services were not helpful or were judgmental of their situation. Twenty-three of the listening sessions (ten survivor sessions, five CDSS staff sessions, six ECE workforce sessions, and two

¹ Good Cause is defined in ACL 23-109 as “Good cause exists when the CWD determines there is a condition or other circumstance that temporarily prevents or significantly impairs the recipient’s ability to be regularly employed or to participate in WTW [Welfare-to-Work] activities. Good cause for waiving WTW requirements exists when participation would put the survivor’s safety and well-being at risk. When good cause exists programmatic requirements that are detrimental to or unfairly penalize the survivor or their family must be waived.”

sessions with direct service agencies) expressed challenges with staff that made survivors feel devalued as a person. Many of the ECE workforce members shared similar experiences when trying to help the families in their care access services.

With this mom, I helped her apply, everything sent from my computer, emailed to her, she would forward to subsidy agency. October applied, November approved, didn't get actual care because of her employment (I know that because I did it), didn't get aid until mid-February. She was at her wits end. Tempted to go back. No family. It got so bad, family started closing doors on her, couldn't pay rent. I ended up calling subsidy agency, got into it with supervisor, 'you guys are failing families'. Take into consideration, this family going through so much, they need that life jacket, that little help. Doing right thing for children. Really hard to see that. They deserve priority when coming from DV situation. Hard to admit, let alone ask for help."

– ECE Workforce

One survivor shared that she felt the staff were biased and had a poor attitude and made it difficult for people they do not like to get benefits. Survivors mentioned they did not like having to go through their county worker because of their judgmental attitudes, and preferred going to community-based organizations that were more empathic, helpful, and willing to advocate for survivors.

"The last couple of years I was trying to get help using emergency housing. When you talk to the county about housing I was made to feel like my situation wasn't severe enough. It wasn't bad enough, kind of like it was my fault. Like my situation didn't matter because it didn't fit in their box."

– Parent Survivor

"When you are in the midst of it.... You believe the people that hold the power. This person was extremely rude. And of course, I'm not going to sit there and question what this person is saying because they hold the power, they have the credentials, they wear the badge. Now, it really cost me my physical and my emotional and mental health. And so I wish people, like this person, were more empathetic and more truthful and ethical on the way that they address the questions and the need for clarification from a potential client."

– Parent Survivor

Cultural Competency Barriers

“I felt discriminated and rejected because of language. There was a big bad language barrier because not everybody wanted to accept that I wasn’t able to speak English, and some of these people were uncomfortable even trying to look for an interpreter to assist. So, I felt that rejection right away when they realized that language was a barrier.”

– Translated from Spanish Speaking Parent Survivor

Barriers around cultural competency bubbled up from 24 of the 36 listening sessions (eight survivor sessions, eight CDSS staff sessions, four ECE workforce sessions, and four sessions with direct service agencies). Both immigration status and/or not having English as a primary language made accessing services more difficult for survivors whose primary language was not English. Additionally, many survivors were told that applying for services would negatively affect them when they applied for citizenship. While documents are supposed to be provided in multiple languages, many survivors reported only being offered documents in English. Direct service agencies and others shared that more resources are needed for translation and multilingual staff to address language barriers. Suggestions from CDSS staff included reviewing training, ensuring a lens of cultural humility, and ensuring a harm-reduction approach in policies.

“CDSS minimum training guide is too old and does not include topics like racial equity, implicit bias, trauma-informed care, etc. Which would be most beneficial in identifying and servicing DV clients and their children.”

– CDSS survey

“Need a lens of cultural humility and someone who can empathize with their situation.”

– CDSS survey

The Intersection of Domestic Violence with the Early Care and Education (ECE) Workforce

Six listening sessions were held with members of the ECE workforce who had served families experiencing domestic violence. These listening sessions provided a unique perspective on the complex challenges families experiencing domestic violence face as their situations unfold. The members of the ECE workforce shared that they not only take care of the children, but they also see it as their duty to care for the whole family. In all six listening sessions, ECE workforce

members shared that families trusted them to share when they experience hard times or the workforce members notice signs of abuse and would reach out to the families to support them. Based on a registration survey for this set of listening sessions, 34 percent of the ECE workforce members that participated in the listening sessions had also been survivors of domestic violence themselves.

Members of the ECE workforce provide stable routines and comfort for children, which create bonds between the workforce members and the children they serve as their families try to figure out a new life. ECE workforce members shared 90 comments across all six listening sessions that they used their personal time to assist families with accessing services and encountered many of the same barriers discussed above. One workforce member shared that she kept a binder with a list of information for families that needed help. The majority of ECE workforce members agreed that they had challenges connecting families to services, and they had a need for a list of resources to which to connect families. They also noted that the available services were not sufficient to support families. There was not enough emergency or supportive housing, not enough mental health counselors, and in general not enough emergency services available to families in need.

It is outside the scope of this project, but still worth mentioning that members of the ECE workforce can offer not only child care but also a vital sense of safety and security to children and families in addition to child care; however, there is concern withing the ECE workforce about abusers trying to locate children at child care locations (the ECE workforce members' homes or businesses). To enhance their safety, measures can include:

1. **Security Measures:** For example, surveillance cameras, alarm systems, and secure entry points. These steps ensure a secure environment for both the ECE workforce and the families they serve.
2. **Training and Education:** Members of the ECE workforce should receive training on recognizing and responding to potentially dangerous situations. This training can empower them to protect the children under their care, themselves, and their own family.
3. **Emergency Protocols:** Having clear emergency protocols in place, which are communicated to all staff and families, can ensure a rapid and coordinated response to potential threats (emergency plans are required as part of licensing and should include information specific to threats of violence).
4. **Legal Protections:** Advocating for legal protections that safeguard members of the ECE workforce and the children they serve, including restraining orders and privacy laws, can further enhance their safety.

Entities such as Child Care Resource and Referral (R&R) agencies could include these topics in their trainings for the ECE workforce. Emergency plans are required by Community Care Licensing for all licensed programs. Training on how to deal with potential threats of violence is likely to become increasingly relevant. It is essential to recognize that ECE workforce members not only provide a valuable service but also face unique challenges due to their role as protectors and caregivers. By taking proactive measures to increase their safety, we can help create an environment where both the workforce and the families they serve can thrive with a sense of security and peace.

Implications and Recommendations

The following recommendations were informed by the perspectives of domestic violence experts, staff who develop and deliver services, supports, and policies, and most importantly, parent survivors of domestic violence. These perspectives and the associated recommendations are intended to improve CDSS's policies and the delivery of programs and services for survivors of domestic violence and their families throughout California. Footnotes are added to specify which groups suggested that recommendation or something very similar. Each recommendation is then followed by specific methods or activities to achieve that recommendation. A few quotes that represent some of these recommendations and activities are included throughout to provide additional context. Recommendations are categorized by feasibility, impact, and cost. Not all the opportunities, challenges and recommendations that emerged during the listening sessions are actionable by CDSS and may require action on behalf of other state or local agencies, or the federal government. The recommendations presented in this report are specific to CDSS-administered programs and reflect the perspectives of the participants in the listening sessions (including survivors, county and community representatives, and in some instances individual staff of the CDSS), as well as other experts consulted by the CCRC, and do not necessarily represent the views or recommendations of the CDSS.

Low-Cost Recommendations

1. Develop a comprehensive list of CDSS-administered programs, services, and resources available to CDSS staff and parent survivors of domestic violence²

“I think there just needs to be more information on what resources are out there, what rights clients have because it makes a huge difference when they’re coming forward and reporting the abuse they’re receiving. If they know there will be some monetary resource they can get, that may be the difference in them coming forward or not...just making sure that these resources are available to as many people as possible in many different language comprehension levels.”

– Direct service agencies serving parent survivors

Survivors, ECE workforce members, and CDSS staff all shared the need for a current and comprehensive list of resources for survivors. At least ten survivors shared they had no idea what services existed for them, let alone the services for which they qualified. Various survivors mentioned that the lack of updated resources was a barrier to them seeking and receiving services. Survivors shared that the resources given to them were outdated, did not have any more funding available or other issues that led to those services being unavailable. Survivors shared that they had to turn to other avenues in their search for services, such as Google and Reddit, because there was not a current list of available, local, and fully funded services for which they were eligible.

“I had to go on Reddit to see what other people figured out to be able to navigate my own situation. So just like having that comprehensive resource would just be amazing.”

– Parent Survivor

Parent survivors also expressed the need for clear and quickly accessible guidelines on how to apply and qualify for services. There is a need for instructions on how to access services. Parent survivors would like the required documentation to be clearly outlined and for the paperwork to be streamlined. Parent survivors regularly mentioned how they were in emergency situations and need faster assistance in obtaining services in situations where their safety and the safety of their children are at risk. The desire for a streamlined process to receive emergency

² Source: Parent survivors, ECE (Early Care and Education) workforce, CDSS large group session, CDSS CalWORKs and OCAP/CFS (Office of Child Abuse Prevention/Child Family Services) sessions, CWDA (County Welfare Directors Association) and county welfare departments, survey completed by CDSS staff, direct service staff, interview with Victim’s Compensation Board.

assistance faster is needed for all CDSS programs, particularly for CalWORKs and housing supportive services.

The recommendation of a comprehensive list of services for survivors needs various components to be functional. It is recommended that the list be updated no less than annually, be easy to access, and list all relevant services and resources CDSS administers for survivors of domestic violence. This list is also recommended to be available on the CDSS website, easily understood by those accessing services, and in multiple languages. While it is a CDSS requirement to provide material in a manner that families understand, almost all the parent survivors agreed that the current forms and materials they received were often only available in English and very difficult to comprehend. It would be helpful to include additional resources outside of CDSS like payments from the Victims Compensation Board, and the Safe at Home address program. It is recommended that this list include information on CalWORKs Family Reunification and promote Linkages practice in counties. Most importantly, it is recommended that this list include guidelines on how to apply to specific services and eligibility requirements for survivors of domestic violence.

The cost of creating a webpage, including language translation, is recommended to be considered, and compared to the cost to families unable to access services. The webpage is recommended to incorporate search engine optimization (SEO) to ensure it is easy for parents to find and should keep user experience in mind. It would also be beneficial to incorporate an emergency button on any DV webpage developed for the CDSS website, similar to the CPEDV's website button that says, "quick escape." Any webpage development is recommended to include a step for gathering and incorporating survivor feedback, which would also include costs for stipends.

"Create an overview document of all that we do for DV survivors (e.g., programs, benefits, services, waivers, etc.)."
– CDSS large group session

This recommendation is also based on the finding that CDSS staff discussed the staff's (both at the state and county level) own lack of awareness and knowledge of some CDSS programs and services that would benefit survivors of domestic violence. For example, during listening sessions with CDSS staff, they discussed the general lack of awareness of various CDSS programs or other relevant state programs including, but not limited to Safe at Home (a confidential address program), Trafficking and Crime Victims Assistance Program (TCVAP) for non-citizen survivors, and Enhanced Services for Asylees and Vulnerable Noncitizens (ESAVN). This lack of awareness can result in survivors of DV not receiving services from these vital programs. The Office of Equity suggested a need to increase county staff knowledge that certain non-citizen survivors of crime are eligible for services.

With most parent survivors sharing that accessing services was a significant challenge due to the confusing nature of all the different services, policies, and statute limitations, a “no wrong door” approach to accessing DV services would be beneficial to survivors. The [BenefitsCal portal](#) allows participants to manage their state benefits for programs such as cash aid through CalWORKs, food benefits through CalFresh, and Medi-Cal health insurance. Many survivors were unaware of this portal, indicating the need for increased awareness and outreach.

Recommendations That May Require Additional Time or Funding

2. [Implement enhanced support from CDSS to counties administering CDSS programs about DV survivor rights and program eligibility](#)³

“There are inconsistencies depending on training, staffing, expertise, vacancy levels. You can establish dual benefits but if they are not aware of the benefits, that county will not provide that level of service.”

– CDSS CalFresh session

As previously discussed in the section on barriers to service, parent survivors spoke frequently about their confusion regarding CDSS-administered programs and benefits. CDSS staff and other community partners discussed the significant challenge posed to parent survivors due to county variability in interpretation and implementation of regulations. The Blue Shield of California Foundation funded podcast “[Let’s End DV](#)” suggests exactly this; positive and effective policies give the permission to change. However, county variation in implementation of those policies can create barriers for survivors of domestic violence. The next important step is to implement those changes. Several improvements to CDSS policies have been implemented in the last few years, but many survivors are not yet aware of or benefiting from them. The policy has changed but not necessarily the practice; an important next step is to support CWDs in implementing these changes. The following recommendations are made to address variation in county-level implementation of State policies to ensure consistent implementation across the state.

“Email communication does not work. Individual training is key.”

– CWDA leadership session

A recent CalWORKs [All County Letter \(ACL 23-109\)](#) has been issued to counties with guidance about notifying past and present survivors of DV of their ability to request program

³ Source: Podcast <https://www.letsenddv.org/podcast>, CDSS Survey, and CalFresh session.

requirement waivers. Support for implementation will be vital to ensuring consistent services across California’s counties. For example, site visits, technical assistance (TA), communities of practice, webinars and trainings are recommended to ensure policies are implemented appropriately and consistently across counties. The resources and funding for these activities needed would depend on which of these recommendations might be provided.

It is also recommended that CDSS create a DV specific email address (similar to the email address already underway for the CalWORKs team) for counties and various CDSS divisions to ask questions related to CDSS-administered programs that serve survivors and program eligibility for survivors. It is suggested that as part of the Department’s Internet Redesign Project and the Welfare to Work external web redesign project, the [FEED SharePoint](#) intranet and the existing [CDSS Domestic Abuse Training webpage](#) be updated and maintained with additional domestic violence resources and materials that may be monitored by the new CalWORKs domestic violence unit. This will help ensure questions are directed to the relevant staff in the event of staff turnover. Another recommendation is to provide regularly scheduled TA sessions for counties to ask questions about program waivers, definitions of program elements such as “good cause” and other topics, to reduce county variability in understanding and implementation.

A similar activity has been a tremendous success with another program coordinated and funded by CDSS – the [Emergency Child Care \(ECC\) Bridge Program for Foster Children](#). CDSS staff in the ECC Bridge program provide a dedicated email inbox for questions, bi-monthly webinars, and site visits (visits would entail a cost) to support counties in their implementation of the program and this type of support could be considered for topics specific to DV. Topics that arise from sessions, TA/the dedicated email inbox, and site visits could be addressed in webinars.

Sharing of best practices from counties through webinars has been a great success in the ECC Bridge program. As aspects of the program become further defined or new letters and notices related to the program are released, these webinars offer an opportunity for counties to bring forward additional questions and receive answers as a group and increasing consistency in county service delivery. In the webinars the collective question and answer process builds on itself, resulting in counties thinking of new questions that were prompted by questions and comments increasing general understanding of the program. This type of interaction is not easily obtained in a static one-way method such as an email inbox or individualized TA.

Finally, it is recommended that CDSS consider methods for accountability to ensure counties are consistently implementing programs based on updated ACLs and other communications.

3. Develop videos on how to apply to specific services for survivors of domestic violence⁴

“Survivors might not know what waivers to ask for. A video and matrix or other document in multiple languages of what to expect, eligibility criteria and what resources are available would be good.”

– CDSS CalWORKs session

Related to the previous recommendations, multiple community partners discussed the significant challenge to access services posed to parent survivors due to county variability in interpretation and implementation of various regulations across most CDSS programs. Creating short videos that demonstrate how to complete forms and apply for services, either with the local County Health and Human Services Agencies or a community-based organization, would help reduce barriers to access for survivors of DV. This would help survivors know what to expect from the process. Similar videos exist for the CalFresh program and serve as an example for other programs, including, but not limited to CalWORKs. An assessment of the cost to develop instructional videos detailing how a survivor of domestic violence can apply for specific services is recommended. These videos would be made accessible in the language of those accessing services.⁵ See Recommendation 1 for more background information.

4. Increase access for CDSS program leaders to data on survivors participating in their programs to ensure equitable services.⁶

“Lack of data and lack of visibility into survivors’ experiences [is a challenge]”

– CDSS large group session

“We need the ability to track services to DV survivors.”

– CDSS OCAP/CFS session

One of the initial themes this study team learned of was how much was unknown about families who were accessing services and experiencing domestic violence. Across all CDSS divisions and branches, it was unclear the extent to which survivors of domestic violence were being served. Where data exists on survivors, the extent to which that data was used to inform program implementation or improvement is inconsistent. One recommendation is to reduce the challenges around data sharing, data access, and data reporting. It is recommended that the expertise of the Research, Automation and Data Division (RADD) within the CDSS be

⁴ Source: Parent Voices communication to CDSS, CDSS large group session, and CDSS CalWORKs session.

⁵ Source: Parent Voices communication to CDSS, CDSS large group session, and CDSS CalWORKs session.

⁶ Source: CDSS large group session, CDSS CalWORKs session, and CDSS OCAP/CFS session.

leveraged for this. Information privacy and protecting recipient information is a high priority, and there are various ways for state and county systems to securely share data such as memoranda of understanding (MOU), secure file exchange, data encryption, password protection, etc.

Another recommendation is to automate TCVAP codes in the Statewide Automated Welfare Systems (CalSAWS), which is the case management system that county human services eligibility staff use to determine program eligibility and provide program benefits to people across California). The aid codes are used to classify a client into the type of benefits and services they are to receive. The TCVAP aid codes have been waiting to be automated into the system since the start of the program in 2007 and has caused many issues in performing eligibility for noncitizen survivors of DV. Including clients being wrongfully denied benefits. Another recommendation from the listening sessions is to indicate in CalSAWS when a client is using a Safe at Home address so it does not trigger a fraud investigation.

Recommendations That Would Require Additional Time, Funding, or Policy Change

5. Embed a racial equity approach in all aspects of CDSS service delivery⁷

“Services need to be equitable and culturally appropriate. Lack of this can prevent some [families] from reaching out to services.”

– CDSS OCAP/CFS session

Multiple partners shared the need to ensure that services are delivered through a racial equity and implicit bias lens and delivered in a culturally competent manner that fosters equity in access and service delivery. One way to foster equity in access is continuing on-line applications that will allow survivors to self-identify. Survivors shared that when they were able to access services on-line where their face and accent (if they had one) were anonymous, they felt less discriminated against. Additional suggestions include ensuring all line staff are required to attend training in understanding and preventing implicit bias. Any training required of all county frontline staff may require a change to statute and require funding. Current CalWORKs regulations require frontline staff to whom survivors of DV are referred be specially trained in topics related to DV. However, the statement “Each applicant or recipient who has been identified as a victim of domestic abuse shall be referred to staff who are trained in serving recipients who are victims of domestic abuse” in MPP (Manual of Policies and Procedures)

⁷ Source: Parent Survivors, ECE Workforce, internal CDSS staff, and Benioff Homelessness and Housing Initiative 2023.

section 42-715.2 suggests that the line staff who first encounter survivors might not be required to have some level of minimum training to understand and identify domestic violence.

6. Continue reducing documentation burden for parent survivors⁸

“Some counties are still requiring [survivors] to provide other sources of documentation than sworn statements. Some counties ask different questions that they shouldn’t be.”

– CDSS CalWORKs session

As stated in previous sections, parent survivors discussed many barriers involving documentation they were told were required to apply for services and programs. The types of documentation used to verify DV status varied across counties, causing unnecessary restrictions in accessing services. Some recommendations to address these barriers include the creation of standardized, statewide forms to reduce county variation. Counties are responsible for determining some of their own procedures and creating supporting materials to communicate and collect information. Standardizing eligibility criteria and public facing forms at the state level would help eliminate inconsistencies in service delivery for survivors and help to reduce conscious and unconscious bias when providing services to survivors.

“But counties still determine DV on their own terms.” AB 2277⁹ provides a mandatory waiver of some program requirements for recipients of past or present DV when “good cause” exists.”

– CDSS CalWORKs session

⁸ Source: Parent Survivors, ECE Workforce, internal CDSS staff, and Benioff Homelessness and Housing Initiative 2023.

⁹ CalWORKs: victims of abuse. Cal. Assemb. 2272 (2022-2023), Chapter 693 (Cal. Stat. 2022).

“Like he said, you turn in paperwork and either they’ll lose it or they’ll wait like three or four days to turn in the paperwork and you’re waiting on your benefits. And it’s like whenever they get around to it, and sometimes they’ll be biased and sometimes they just don’t like you for whatever reason and they give you attitude, and they’re mean and stuff like that. And you have to keep going back to the same person. I’ve had it to where some workers have made it difficult for me to try to get the benefits, but now that, it’s a phone call it’s basically you and the automated system. You can just call and everything’s pressing numbers, unless you need to talk to a worker. You can do everything just through numbers now on the phone, which I personally think it’s better.”
– Parent Survivor

7. Expand efforts to update statewide and county staff training relevant to domestic violence¹⁰

“Antiquated language. It doesn’t talk about cultural competence.” [when asked about training]. I’ve seen some counties bring in new service providers for training and their numbers go up a little bit because they’re better able to identify the signs of DV.”
– CDSS CalWORKs session

Most participants in the listening sessions discussed the need for more statewide and county-level training for staff administering CDSS programs around a variety of topics related to domestic violence, including trauma-informed care, compassion fatigue, and racial equity and implicit bias. While some counties or specific programs have trainings that are effective, there is an opportunity for enhancement through the development or updating of training to include topics related to survivors of DV. For example, the CalWORKs domestic abuse training was last updated over 20 years ago in 2002.

Various community partners mentioned the need for additional training topics related to the specific needs and experiences of survivors. One specific training topic we recommend based on staff and survivor feedback on lack of awareness of programs, eligibility, and requirements, would be a training on the available CDSS programs and resources for survivors (also mentioned in Recommendations 1 and 2). There is a need for training on updated definitions and identification of domestic violence and serving survivors at all staff levels and across programs. Statewide training could be supplemented with county-specific information on policies and

¹⁰ Source: Parent survivors, CDSS survey, CDSS CalWORKs session, CDSS OCAP/CFS session, and CDSS CalFresh session.

procedures along with information on local resources so frontline staff can share it with the families they serve. Although much of this is already in statute, participants in the listening sessions shared that there is tremendous county variation, revealing the need for systematic training to ensure staff receive effective and consistent training. At the CalWORKs Training Academy held in December 2023, county staff expressed confusion around some program requirements and expressed a desire to be better informed about how to best serve parent survivors of DV.

More specifically, one specific recommendation is for CDSS to develop and implement training for county staff on how to implement programmatic waivers for survivors to reduce county variability in implementation, including but not limited to the 3-month “good cause” waiver of CalWORKs requirements for survivors of DV. It is recommended that the training target both frontline staff, their supervisors and county leadership. Similarly, it is recommended that CDSS develop and implement training on when to use “good cause” to allow for waivers of CalWORKs requirements, including directives to trust parents when there are multiple instances of DV to reduce county variability (e.g., understanding that survivors return to their abuser multiple times). During one listening session with county frontline staff, there was discussion that some counties have a threshold for the number of times they will allow a survivor to identify DV before requesting proof of abuse. In the session, the counties were eager to learn current practices from one another and how to better serve survivors. Also, it is recommended that clarification be provided to counties that protective orders, or other documentation, are not required to prove DV status for a survivor to obtain a waiver to reduce variability in granting them, and documentation such as protective orders are just one of many possible ways to qualify for a waiver of program requirements. Additionally, a community of practice or learning community, much like described above with the ECC Bridge Program would provide space for continued guidance and learning from one another about what is learned in training. These learning communities could help reduce county variability in understanding and implementation of regulations and guidelines.

“Offer some type of training to [county] staff. Understanding what it is, what DV can consist of, when individuals are victims, how they might be offered more services. Training might help employees better assist clients.”
– CDSS CalFresh session

Additionally, survivors have unique, traumatizing experiences that affect their day-to-day life. A deeper understanding of this by staff will greatly affect the service delivery to survivors. Training on trauma-informed care, cultural competency, compassion fatigue, and implicit bias delivered through an equity lens would greatly benefit survivors. Specifically, training to help staff

understand the need to affirm a survivors' feelings through empathic service delivery so that survivors feel staff understand their challenges and pain, recognizing that many program decision are out of the control of staff. Training on compassion fatigue is recommended for staff as they experience second-hand trauma from listening to the stories of survivors. Finally, while there are currently efforts to implement new trainings on cultural competency, racial equity, and implicit bias, it is recommended that these trainings are reviewed with a parent survivor lens to ensure optimal relevance for survivors. Perhaps the CDSS Office of Equity could play a role in these types of trainings. More funding is needed to implement and incorporate all of these different types of trainings. Additionally, it is recommended counties connect with their local community-based organizations who are subject matter experts and have experience serving survivors.

"Counties tell me they don't have money for training and it's expensive to have people out for training. If we could have an allocation specific for DV training similar to what we have for mental health and substance abuse, so they don't have to take it out of their single allocation."

– CDSS CalWORKs session

8. Create a centralized office of domestic violence prevention within CDSS to coordinate all related DV services in the Department¹¹

"Single point of entry, coordinated services, materials with all available services."

– CDSS large group session

Many parent survivors shared that accessing services is a significant challenge due to the confusing nature of the different services, policies, and statute limitations. Additionally, CDSS staff expressed a desire for greater understanding of the services available to DV survivors across CDSS. Therefore, it is recommended that the CDSS create a centralized office of domestic violence prevention to coordinate all services and benefits relevant for DV survivors. A similar effort is under way within CalWORKs, where the CalWORKs Engagement Bureau Family Support Section is now tasked with updating and facilitating the provision of DV training to county health and human services agencies so that staff may better identify and serve DV survivors. This centralized office could convene representatives from across the branches and divisions of the CDSS that serve survivors of DV. Some potential tasks of this office could include convening

¹¹ Source: CDSS large group session, CDSS survey, and CDSS OCAP/CFS.

meetings with staff administering programs to identify gaps and challenges in serving survivors, working to align and simplify documentation across programs to reduce documentation burden, reducing potential duplication of services across divisions and branches, and developing a current and ongoing list of CDSS programs and eligibility. This information could be shared with counties to create a more integrated approach to addressing the needs of survivors.

Similarly, this group could function like the group coordinating the CDSS California Emergency Child Care (ECC) Bridge program for foster children and provide monthly or bi-monthly technical assistance webinar for counties to learn about updates and share best practices. The ECC Bridge program staff at the CDSS also collects data from counties and reports on statewide data (a similar request for available data on survivors arose in listening sessions due to the lack of data on DV survivors).

“Opportunities to collaborate with other state agencies that address domestic violence. To create a better understanding of the safety net.”

– CDSS large group session

9. Expand the Family Stabilization Program in the California Work Opportunity and Responsibility to Kids (CalWORKs) Program¹²

“Many apply but don’t end up participating in Welfare-to-Work and so we miss the opportunity to connect them to community resources.”

– CDSS CalWORKs session

Consensus was seen across multiple CDSS sessions that the Family Stabilization program, which offers intensive case management, was key to supporting DV survivors. However, Family Stabilization is limited in various ways, including (1) only Welfare-to-Work eligible assistance units can participate, (2) a county does not always have available resources that fit the need of the family, (3) when the crisis does not meet the county’s Family Stabilization program plan based on the information client gave to county, or for other reasons. Family Stabilization has its own funding stream, but it is finite and once exhausted, counties must use their Single Allocation dollars to fund services. Counties use their Single Allocation to fund an extremely wide array of services, so its use needs to be carefully considered against all other needs vital to supporting families. Expanding the Family Stabilization program to all assistance unit types and increasing funding to serve more families experiencing DV would be another way to support survivors. However, the expansion of the Family Stabilization program would require statutory

¹² Source: CDSS large group session; CWDA sessions (leadership and line managers)

change and funding. An alternative could be to strengthen relationships between county offices and local agencies that provide parenting supports (e.g., parent cafés, support groups, home visiting, etc.)

10. Fund Domestic Violence Advocates/Navigators within counties¹³

“A comprehensive advocate that is like, ‘okay, like this is your situation. I’m knowledgeable about it. These are all the things you can apply for. These are all the things that you need to watch out for as far as like, documentation that needs to be turned in’ or, here’s a basic checklist that they have to be able to do their job.”

– Parent Survivor

“I would say, if I had guidance, if I had somebody taking me step-by-step to explain whether I have to write here or there, that would have been really ideal for me because paperwork is a challenge for all type of services.”

– Parent Survivor

When survivors were asked what would make their experience accessing services better, 14 parent survivors said they would like someone like an advocate or a navigator to guide them through applying for services. Parent survivors are often in a crisis state and have difficulty navigating through the different forms and eligibility requirements to access the services they may need. Survivors said they felt that having an advocate or navigator, with lived experience in DV, who is knowledgeable about all the relevant services, what to expect (e.g., documents and timelines), and how to apply would be extremely helpful. Survivors also expressed that a navigator with lived experience would be more likely to provide compassionate service, reducing or eliminating the shame and stigma sometimes experienced by survivors when interacting with some county staff. Also, this position would need to be able to provide services in the language with which survivors are comfortable communicating.

Similar service navigation programs exist, like the California ECC Bridge Program for Foster Children, which is a partnership between Child Welfare Services and Child Care Resource and Referral agencies (R&R). In this program, navigators are staffed at R&R agencies, but funding comes from the CDSS to the counties. The number of navigators for each county is determined by the need, which in this case is the number of foster children per county. This navigation

¹³ Source: Parent survivors, ECE Workforce, CDSS large group session, CDSS survey, Little Hoover Commission report, Victims Compensation Fund interview

program is one model of how this type of navigation service could be applied to DV survivors. Another suggestion is to fund local CBOs that serve survivors of DV to increase their outreach and service to county offices (e.g., provide holistic support and service navigation that connects DV survivors to resources such as child care, housing, food, income supports, legal aid, etc.). Navigation services could be tailored to the needs of the survivor. It is recommended that the DV navigator is one with lived experience. Trust and compassion were mentioned many times by parent survivors and working with staff that understand their experiences is helpful for making meaningful connections to services. The ECC Bridge program is in statute and funding is allocated for training members of the ECE workforce in Trauma-Informed care, child care vouchers, and for navigators. DV navigators would require similar support.

“Ensuring survivors can access the full array of the social safety net in a way that is low-burden, human centered, and in their language.”
– CDSS large group session

11. Allocate additional resources to bolster housing assistance initiatives¹⁴

Multiple housing assistance programs are available to support survivors of domestic violence. However, as highlighted by all participant groups, the main challenges revolve around the scarcity of housing resources. Limited resources (availability of housing and funding and landlords willing to take vouchers) prevent access to housing services. Those fleeing from domestic violence need emergency housing that is easy to access and safe. It is recommended that more funding is allocated to housing and homeless assistance services to better support the dire need survivors and their families are in.

¹⁴ Source: Parent Survivors, ECE Workforce, Direct Service Agencies, and internal CDSS staff.

“The process itself is very cumbersome with lots of barriers. Every county, they do it a little bit differently. The first problem is that all of the systems and most counties are set up for serving people who are chronically homeless and not necessarily those who are fleeing domestic violence. The second thing is once you’re there, there are lots of obstacles in terms of documents that you have to prove income verification, homelessness verification, disability verification. That’s just a lot of documentation and a lot of times survivor that we’re working with, they don’t have ready access to all of those documents. And then once they are in the system, and they’ve got like a voucher, then finding an apartment complex or a landlord that will accept it is very difficult, especially as the market gets smaller. Some of the bigger housing developments, they’ll take it, but then they require the survivor to go through the same process and answer all of the same questions which becomes really frustrating. We have had several clients who have gotten their voucher, they’ve been accepted preliminarily into housing, but then it’s like another six months before they can actually get into housing.”

– Direct service agencies serving parent survivors

Policy-Relevant Recommendations

Several policy recommendations arose from the CDSS and CWDA listening sessions and are presented below along with the group(s) that shared the recommendation.

1. Some specific recommendations for reducing documentation burdens for parent survivors include:
 - Continue to collaboratively review forms (across CDSS divisions/branches and with community partners) to assess ways to streamline eligibility, waivers, and paperwork to reduce to one or two forms. A recent example is the streamlining of paperwork for child support, good cause, and information on absent parents in CalWORKs.
 - Continue to ensure forms are available in multiple languages and in a language level understandable by all parents.
 - Consider a change to statute eliminating the requirement of a sworn statement with penalty of perjury and instead allow self-attestation of abuse.
 - Revise the 3-month reassessment of good cause for CalWORKs program requirement waivers to align with the federal rules of no less than every six months through statute change. Parent survivors and CDSS partners suggested three months to re-evaluate a family is too frequent, is retraumatizing and places undue burden on parent survivors.
2. Improve access to housing for survivors

Some entitlement benefits in the CalWORKs program, for example, temporary homeless assistance, are limited to once in a 12-month period, with certain exceptions, or once in a lifetime. This may be a barrier for clients that experience recurring domestic violence and need additional benefits beyond the current eligibility limitations in statute. *“Those who may experience domestic violence may filter through a reoccurring cycle with domestic violence, may return to their abuser and find themselves in need of these or similar benefits at a later time. AB557 [housing] benefits are available once in a lifetime to apparently eligible applicants.”* - CDSS survey and CDSS Housing session. It was also suggested in the CWDA session that a verbal/written statement be accepted in the initial 16 days of housing for CalWORKs recipients to automatically be approved for the second 16 days. Finally, it was suggested in multiple listening sessions with parent survivors, ECE workforce, CWDA, and CDSS staff that the allowance for homeless assistance payments be increased.

“One of the concerns we have is when issuing out homeless assistance payment in Bay Area, but in the Bay Area not even covering cost, how can we make sure DV clients going through safe environment and shelter in safe space when cost allocated for temporary homeless assistance is only \$85 a day, just not enough, can’t rent hotel.”

– CWDA sessions

3. Improve access to child care for survivors

It was recommended that a DV-approved need status be added for all child care programs (currently only allowed in the CalWORKs Stage 1 child care program). This suggestion was made in both the large CDSS listening group session and in the small-group session with the Child Care and Development Division.

4. Continue to reduce barriers to CalWORKs for survivors

It was recommended that attention be brought to removing the need for the presence of a survivor’s partner for application.

“If survivor wants to flee, they will not disclose in the presence of the abusive partner.”

– CWDA session

“When there’s a recent separation, someone fleeing, that could be cause for referral to the investigative unit. This could be considered a deterrent to the application process and could be dangerous if cops are sent to the house.”

– CWDA session

Recommendations were also made regarding income documentation. *“I would like to see a policy where someone with DV who has joint accounts with their abuser but can't access them, should not be included or considered in their assets.”* - CWDA session and CDSS CalWORKs session.

Recommendations were made regarding waivers of program requirements for DV survivors.

“There is no state level requirement that says in X instance you have to provide a waiver. It would be nice if we had a policy that says when someone initially discloses they are a past or present victim of DV they’re automatically given a 3-month waiver of program requirements so they can become assessed and stabilized before they really start to participate in welfare-to-work activities.” “Can there be an automatic 6-month waiver?” [Federally it is 6 months]

– CDSS CalWORKs session

Numerous recommendations were offered regarding training that would likely require funding and policy change.

“Counties tell me they don’t have money for training and it’s expensive to have people out for training. If we could have an allocation specific for DV training similar to what we have for mental health and substance abuse so they don’t have to take it out of their single allocation.”

– CDSS CalWORKs session

“It’s difficult to pull a lot of staff off the line at once as that really impacts service delivery - meaning there’s a need to offer more, smaller, group training sessions, which also adds to the cost. All of this should be part of the discussion when considering funding needs for increased training.” – CWDA feedback on this recommendation.

Multiple suggestions arose regarding the reduction of work and income requirement barriers. It was mentioned that contacting employers to verify employment could put survivors at risk. Additionally, verification of income for those who have not worked (e.g., stay-home parents) would be a challenge. This is particularly problematic when there is an assumption that a survivor has left the household and the full Assistance Unit is considered for work and income requirements. In an additional session with CalWORKs and OFEEI it was suggested that the CDSS could assess legality of waiving income and work requirements for anyone who attests to domestic violence (California Law Code of Civil Procedure Section 2015.5 (CCP 2015.2) WIC 11495.25).

5. Improve services for survivors of DV through the Children and Family Services Division (CFSD) of CDSS

It was suggested in the small group listening session with CFSD and OCAP staff that a specific call out for service to DV survivors be included in future Office of Child Abuse Prevention requests for proposals and funding opportunities. Another recommendation that arose from

OCAP was to improve training for child welfare workers, Community Based-Organizations (CBOs), Family Resource Centers (FRCs), and to ensure grantees are trained and engaging with families in a trauma-informed way. Changes to training on DV and implicit bias for counties would require legislation according to staff in the listening session with CFSD and OCAP. A suggestion was also made for CFSD to continue their practice of reviewing policies with the lens of serving survivors of DV and issuing any necessary letters for guiding staff. Training on DV for staff who develop policies was also a recommendation that arose.

6. Continue to assess policy related to Supplemental Nutrition Assistance Program (SNAP) relevant to serving undocumented survivors of DV

Confusion was expressed on the part of agencies that support survivors regarding what non-citizen survivors qualify for in terms of food benefits. CalFresh staff also expressed a desire to expand their understanding of these policies. Undocumented residents may try to not be identified due to their status and then find themselves in a precarious situation as a survivor of DV. Therefore, county staff may not encounter these survivors regularly. When there is a low rate of encountering people with specific needs, the awareness of policies for that type of situation might be limited (specifically, if you encounter a situation once /year, one's knowledge base may not as strong as more common types of situations and participants). CDSS staff have suggested creating notices that emphasize policies that staff might not be aware of.

Conclusion

In conclusion, the findings from the 36 listening sessions have illuminated critical barriers that survivors of domestic violence in California face when attempting to access essential services. The multifaceted nature of these challenges, ranging from lack of awareness and lack of access to services to documentation and eligibility barriers, underscores the need for comprehensive and thoughtful interventions.

The recommendations put forth in this report represent a blueprint for transformative change in service delivery for survivors of domestic violence. Recognizing the reality that some recommendations may necessitate additional time, funding, or policy changes, the report underscores the importance of investing in these areas. The emphasis on absorbable and impactful changes, such as developing a comprehensive list of available services for survivors and implementing enhanced support for both CDSS staff and survivors, aims to streamline access to services and foster a more informed and empathetic approach. Initiatives like reducing documentation burdens, creating informative videos on how to access services, and ensuring equitable access to data are crucial steps toward dismantling systemic barriers.

Furthermore, the report advocates for more substantial, albeit time-intensive, changes. Updating staff training, establishing a centralized office of domestic violence prevention within CDSS, expanding the Family Stabilization Program, and funding county domestic violence advocates and/or navigators are essential measures for fostering a more robust and responsive support system for survivors of domestic violence. Finally, the overarching recommendation to embed a racial equity approach in all aspects of CDSS-administered programs and in service delivery acknowledges the intersectionality of challenges faced by survivors. By prioritizing an inclusive and equitable framework, the aim is to create lasting change that addresses the unique needs of all survivors.

In essence, the recommendations put forth in this report represent a blueprint for transformative change in service delivery for survivors of domestic violence in California. By heeding the insights of domestic violence experts, direct service agencies, and most importantly, survivors themselves, the path forward is paved with the potential to strengthen a system that is not only accessible but also empathetic, equitable, and ultimately empowering for survivors.

Appendix A: Project Funders

The Blue Shield of California Foundation is funded entirely by contributions from Blue Shield of California, a mission-based, not-for-profit health plan founded by physicians in 1939. The Foundation believes that domestic violence and inequities in health are the result of deeply-rooted, systemic issues including gender and economic inequity, and racism. Their strategy is to effect systems change by addressing these root causes. They seek to improve the lives of the Californians who are most affected, particularly people of color in communities with low incomes. To move the needle for survivors of domestic violence the Foundation has three primary areas of impact: (1) Strengthen Economic Security and Mobility, (2) Break the Cycle of Domestic Violence, and (3) Align Systems with Community Priorities. This project is funded under the second impact area.

The mission of the California Department of Social Services (CDSS) is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The CDSS carries out this mission in partnership with its 16 sister departments and offices in the California Health and Human Services Agency and many other key partners. The Department is comprised of more than 5,500 employees (located in 51 offices throughout the state) who are responsible for the oversight and administration of programs serving more than 8 million of California's most vulnerable residents. As part of this work, the CDSS oversees several programs that already support survivors of domestic violence. In some instances, these survivors are served through the programs in the same ways as other beneficiaries or clients of the programs. In other instances, there are specific policies or benefits targeted to meeting the needs of survivors.



Appendix B: CDSS Programs and Services for Survivors of Domestic Violence

Housing Support/Homelessness Programs

- CalWORKs Homeless Assistance:
 - Effective July 1, 2018, [Assembly Bill \(AB\) 557](#) (Assemblymember Blanca Rubio, 2018)¹⁵ expanded CalWORKs benefits for survivors of domestic violence who are fleeing their abusers. AB 557 mandates that a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing his or her abuser, shall be deemed homeless and eligible for up to 32 days of temporary HA benefits regardless of his or her abuser's income or assets.
- CalWORKs Housing Support Program (HSP):
 - Effective May 13, 2021, the definition of homelessness for HSP was revised to align with Welcome.2026
 - the U.S. Department of Housing and Urban Development (HUD) definition of Homelessness in 24 Code of Federal Regulations (CFR) section 91.5 under "Homeless" Sections (1)-(4) and [now explicitly encompasses survivors of violence under section \(4\) of Attachment Two](#), which includes any individual or family who:
 - i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.
 - [Counties operating HSP \(54\)](#), Bringing Families Home, Housing and Disability Advocacy Program, Home Safe, and Project Roomkey are required to collaborate with their homeless Continuum of Care (CoC), the regional or local governing body responsible for coordinating housing and homelessness services funding for a community, which may include, but is not limited to: community-based organizations, social service providers, governments, domestic violence survivor service providers, behavioral health services, hospitals, schools, and more.

¹⁵ <https://legiscan.com/CA/text/AB557/id/1652808>

- Emergency Shelters
 - Certain emergency shelters provide support for domestic violence survivors. Every shelter has different levels of bed availability and considerations, though the requirements for entering a DV shelter should be focused solely on survivors' experience of DV.
 - While county social service agencies may have contracts with these programs for various services, CDSS does not have a formal or direct oversight or fiscal relationship with these entities. However, the Department works in close coordination with other state agencies and departments who may administer these funds including the Homeless Coordinating and Financing Council within the Business Consumer Services and Housing Agency. California Governor's Office of Emergency Services (Cal OES) also administers dedicated DV funds at the state level and at the county level, a department administers marriage license fees and probationer fee dollars to the shelters.

Child Welfare Programs:

Office of Child Abuse Prevention (OCAP)

- While the following grant programs do not directly target the DV population, they could be helpful to a DV survivor:
- **Road to Resilience** - The Road to Resilience grant has been awarded to 12 partnerships that through interagency collaboration and integration of services, identify and serve pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants.
- Trauma-Informed Investigations and Safety Planning
 - The CDSS encourages county social workers and probation officers to use a trauma-informed approach when investigating allegations of child neglect or abuse, especially when domestic violence is a factor. A trauma-informed approach to child welfare investigations uses an awareness of the impact of trauma on all family members to collaborate system-wide (with mental health professionals, domestic violence organizations, substance abuse recovery organizations, etc.) in order to support family resiliency, with a focus on keeping families together.
 - The CDSS also encourages a trauma-informed approach to safety- planning during the course of child welfare investigations. Safety planning in the context of domestic violence includes addressing the safety of the domestic violence survivor along with his or her children. The best way to keep a child safe who is

exposed to domestic violence, is to keep the non-offending parent safe and ensure that they can engage in a safe, secure, and nurturing relationship with the child. Trauma-informed safety plans are a collaborative effort between the social worker and the survivor to ensure overall family safety and well-being.

Child Care and Development Programs

- Availability and accessibility of child care is crucial for parents and children leaving a domestic violence situation because they often lack resources and support. Child care programs are a necessary step to helping survivors of DV become financially independent.
- **Voucher-based Child Care**
 - **CalWORKs Child Care Program** - Current or former CalWORKs cash aid recipients are eligible to receive assistance with paying for child care with a provider of their choice.
 - **The Emergency Child Care Bridge Program for Foster Children (Bridge Program)** - The Bridge Program provides subsidy and support for resource families and foster children seeking to increase provider capacity to meet the needs of foster children and increase placement stability. It also provides trauma-informed training and coaching to the child care and development workforce.
 - **Alternative Payment Program (APP)** - APP provides subsidies to pay for child care in a location of the parents' choice while the parent or parents are working, in training, or seeking employment. At-risk youth are prioritized for enrollment.
 - **Migrant Alternative Payment Program (CMAP)** - CMAP provides vouchers for eligible, migrant families to purchase child care and development services with child care providers throughout California's central valley.
- **Direct Contracts – Title 5 Subsidized Child Care**
 - **General Child Care and Development (CCTR)** - General Child Care and Development Programs, including CCTR and Family Child Care Home Education Networks, are state and federally funded programs that use centers and family child care home networks.
 - **Migrant Child Care and Development Programs (CMIG)** - Migrant child care and development programs use centers and family child care home networks operated or administered by either public or private agencies and local educational agencies.
 - **Children with Severe Disabilities (CHAN)** - The child care and development services for children with disabilities program provides federal and state funds for providing children with exceptional needs with additional access to child care

and development programs up to 21 years of age. The program is located in the San Francisco Bay Area.

- **Family Child Care Home Education Networks (CFCC)** - CFCC are a consortia of licensed family child care homes in a community that provide child care and development services, parenting education, social and health services referrals.

Family Empowerment and Engagement Division (FEED) Programs

- CalWORKs Welfare-to-Work Program
 - Domestic violence survivors may have welfare to work participation requirements waived:
 - [Manual of Policies and Procedures \(MPP\) 42-715.52](#): A county shall develop criteria for waiving program requirements for victims of domestic abuse. In developing that criteria, a county can establish the duration of welfare-to-work and time limit waivers as long as the granting of such waivers complies with the state and federal regulations. However, waivers must be re-evaluated periodically based on the established criteria.
- CalFresh
 - There are certain flexibilities for survivors of domestic violence who are fleeing their abuser. These include:
 - Section 3(n)(5) of the Food and Nutrition Act of 2008 (Act): Conferring separate household status to temporary residents of shelters for battered persons;
 - Section 3(k) of the Act: Allowing those residents to use their SNAP benefits to purchase food from the shelter; and
 - 7 CFR 273.3(a): Allowing duplicate participation of an individual who is a resident of a Shelter for battered persons and was a member of a household containing the person who had abused him or her.
 - Memo dated 12/18/14 specifying that the above is not restricted to only women and children and extends to all survivors regardless of gender or sex.
 - Welfare and Institutions Code (W&IC) 18930(b)(2): Battered immigrant spouse or child or the parent or child of the battered immigrant are eligible for CFAP regardless of immigration status.
 - [Manual of Policies and Procedures \(MPP\) 63-403.31](#): Trafficking victims, crime victims and domestic violence survivors are not subject to the Able-Bodied Adults Without Dependents (ABAWD) rules as California Food Assistance Program (CFAP) recipients.

- [Manual of Policies and Procedures \(MPP\) 63-403.211](#): Trafficking victims, crime victims and domestic violence survivors are not required to have a Social Security Number (SSN) to be eligible for CFAP.
- [Manual of Policies and Procedures \(MPP\) 63-403.2](#): Victims of abuse by their sponsor or sponsor’s spouse shall be exempt from deeming.
- [Welfare and Institutions Code \(W&IC\) 19814.5](#): The household will qualify for expedited service if the household includes a domestic violence survivor who is a resident of or on a waiting list for a domestic violence shelter and certifies as a separate household from the abuser if the separate household is otherwise eligible.
- [Manual of Policies and Procedures \(MPP\) 63-404.1](#): All household members must either provide their SSNs or verify that they applied, have good cause to not apply, or are exempt (e.g., fleeing human trafficking, domestic abuse or other serious crimes).
- [Welfare and Institutions Code \(W&IC\) 18914.5](#): A domestic violence survivor who is a resident of a shelter and whose current CalFresh household includes the abuser can apply for CalFresh as a separate household and may be eligible for an additional allotment of CalFresh once per month. Shelter residents and their children can be aided as members of the former household and as members of a new household once per month.
- [All County Letter \(ACL\) 18-91](#): Supplemental Nutrition Benefits (SNB) eligibility will remain linked to the household. The exception is SNB eligibility transfers to a new household for a domestic violence survivor who creates a separate household.
- [Manual of Policies and Procedures \(MPP\) 63-501.3\(n\)](#): The resources of applicants who are residents of domestic violence shelters, when the abuser co- owns the property and access to the property would require the abuser’s consent. The family residing in a domestic violence shelter does not have to seek consent, just show that consent would be needed to access the resource.

Refugee Programs

- [Trafficking and Crime Victims Assistance Program](#) (TCVAP) - The TCVAP provides eligible non-citizen victims of human trafficking, domestic violence, and other serious crimes services such as cash assistance, food benefits, employment, and social services. Benefits and services are modeled after the Refugee Resettlement Program which follow the same grant amounts, structure, and time frames as CalWORKs. The TCVAP is a state-funded program and is administered by the Refugee Programs Bureau (RPB).

Appendix C: Project Coordinator and Partners

The contractor for this project is the Child Care Resource Center (CCRC), whose mission is to cultivate child, family and community well-being. CCRC subcontracted a portion of the work to the California Partnership to End Domestic Violence (CPEDV) and Parent Voices (PV). Each month CCRC serves almost 45,000 children and families across a 22,500-square-mile service area through home visiting, early care and education workforce development, family and community engagement, resource libraries, child care financial assistance, Emergency Child Care Bridge for Foster Children, Head Start Birth to 5, Early Head Start–Child Care Partnership, Motherhood, Kaleidoscope, and so much more. CCRC’s Research Division employs a diverse group of professionals skilled in both quantitative and qualitative methods and has capacity in culturally sensitive evaluation practices to ensure inclusion of a wide range of voices. CCRC’s Government Relations division works to ensure results and outcomes are brought to legislators, policy-makers and advocates to help make informed decisions.

Parent Voices is a parent-led, parent-run grassroots organization fighting to make quality child care affordable and accessible to all families. They seek to build the leadership of low-income families so that they can advocate for themselves and for policies that will have positive outcomes for their families and their communities. They envision a just and caring society where Black, Indigenous, and Immigrant families thrive, in order to ensure all children, parents and caregivers journey through life with dignity and love. Through grassroots organizing and leadership development, they activate and center the wisdom of parents to transform child care and social service systems to be just, fair and inclusive to ensure a more equitable, family friendly social service delivery system for all families.

Parent Voices is a project of the Community Partners. For the past 27 years, Parent Voices has been the longest and most reliable organization that brings the authentic voices of parents from low-income communities to the childcare and CalWORKs policy making process. They have 11 active Parent Voices chapters across the state. Parent Voices brings unique contributions to the policy advocacy field because they seek to have three levels of impact. At the individual level, they support, train, and coach parents to be the most effective advocate for their children. Through their one-on-one model of leadership development, Parent Voices helps parents to see themselves as leaders and experts. At a community level, Parent Voices bring parents together to form relationships, build their confidence, and encourage them to advocate together. Lastly, at the system's level they ensure parents directly impacted by policies can share in creating the solutions.

The California Partnership to End Domestic Violence (CPEDV) is California’s recognized domestic violence coalition, representing over 1,000 advocates, organizations, and allied groups throughout the state. Through their public policy, communications, and capacity-building efforts, CPEDV aligns prevention and intervention strategies to advance social change. They believe that by sharing expertise, advocates and policymakers can end domestic violence. For nearly 40 years, CPEDV has inspired, informed, and connected all those concerned with this issue, because “together we’re stronger.”

Appendix D: Project Activities

Overview of Listening Sessions

12 sessions were held with 67 parent survivors

- Eight English sessions
- Three Spanish sessions
- One Tribal community sessions

Four sessions were held with 14 agencies that provide direct service to survivors

- Two shelters sessions
- One culturally specific organization session
- One tribal organization session

Six sessions were held with 44 members of the ECE workforce

- Alameda, Contra Costa, Los Angeles, San Bernardino, San Diego, Solano
- 2 Spanish sessions

Eight sessions (or interviews) were held with 40 CDSS staff

- CDSS Multi-Division (kick-off)
- CalFresh and Nutrition Branch
- CalWORKs and Family Resilience Branch
- Child Care and Development Division
- Children and Family Services and Office of Child Abuse Prevention
- Housing and Homelessness Division
- Office of Equity
- Office of Tribal Affairs (submitted written responses)

Six sessions (or interviews) were held with statewide or key partners

- County Welfare Directors Association (CWDA; one session with leadership and one with line managers and supervisors)
- Victim's Compensation Board
- California Association of Food Banks
- BANANAS Child Care Resource and Referral Agency
- End Child Poverty California

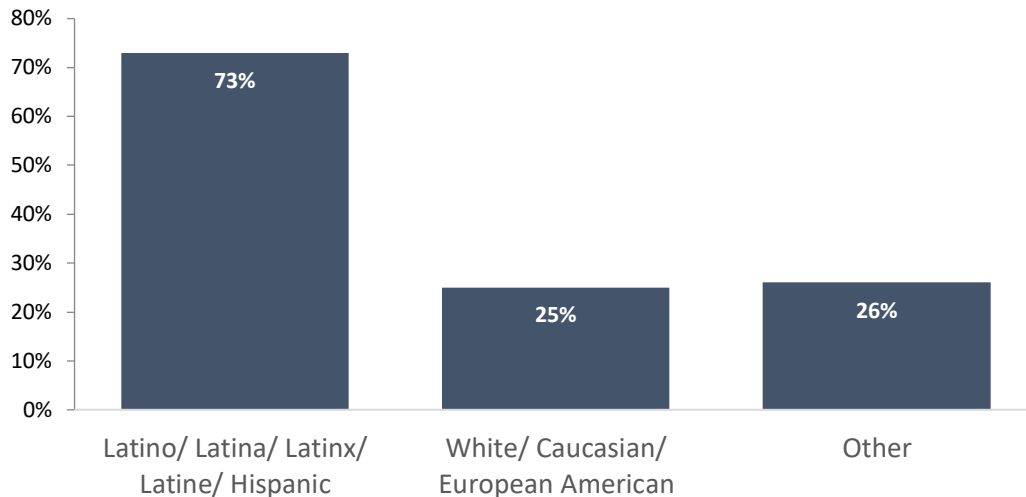
Appendix E. Overview of Gathering Person-Centered Feedback from Community Partners

The CCRC, Parent Voices, and the CPEDV facilitated a series of listening sessions with relevant community partners with guidance from CDSS. Parent Voices facilitated five listening sessions with parent survivors including young parent survivors, LGBTQIA+ parent survivors, immigrant parent survivors, and non-English speaking parent survivors across geographically diverse areas. CPEDV facilitated seven listening sessions with parent survivors including LGBTQIA+ parent survivors, immigrant parent survivors, Indigenous parent survivors, and non-English speaking parent survivors from geographically diverse areas, and facilitated four listening sessions with agencies that serve survivors including agencies that serve specific cultural groups of survivors, and a Tribal-affiliated agency. CCRC facilitated six listening sessions with members of the ECE workforce serving families experiencing domestic violence and eight listening sessions and key informant interviews (KIIs) with CDSS staff and other key community partner agencies.

Parent Survivors

Parent voices and CPEDV conducted outreach to a diverse group of parent survivors to engage them in listening sessions to ensure a wide range of voices inform future program and policy decisions intended to serve them. A total of 67 parent survivors participated in 12 listening sessions. Parent survivors represented urban, suburban, and rural geographies from the following counties: Alameda, Contra Costa, Fresno, Los Angeles, Marin, Monterey, San Diego, San Francisco, San Joaquin, San Mateo, Shasta, and Stanislaus. As shown in Figure 2, the majority of parents identified as Latino (-a, -x, -e)/Hispanic. Parents selected this racial group either alone or in combination with other racial categories (73 percent). One-quarter (25 percent) of parents selected White/ Caucasian/ European-American as their race, either as their only race or in combination with other races. To ensure proper de-identification of data, the final racial categories were combined. The final category of “other” represents 26 percent of parents. The footnote for Figure 2 describes the racial categories that comprise this combined category. The lack of Arab/Middle Eastern and Asian-American/Pacific Islander parents may illustrate the stigma that domestic violence holds in many communities. When asked about this possibility, project partners agreed that this is likely the case and more work needs to be done to destigmatize the identity of survivors.

Figure 2. Race of Parent Survivors Participating in Listening Sessions¹⁶



Three of the 12 parent survivor listening sessions were held in Spanish. Almost half of the parents (49 percent) had Spanish as their preferred language or preferred both Spanish and English, while 51 percent preferred English. This is not surprising given the targeted outreach into communities that speak Spanish. Although there were a wide age range of parent survivors represented, 41 percent were under 40 years old and 59 percent were over 40 years. Slightly more than one-quarter (27 percent) of the parent survivors had physical, emotional, or cognitive disabilities. Almost one-fifth (19 percent) of parent survivors lived in rural areas or identified as LGBTQIA+ or Two Spirit, deaf or hard of hearing, or male (NOTE: these groups were combined in percentage to ensure de-identification of parent data).

Most parents (78 percent) had two or more children (see Figure 3). Parent survivors reported the ages of their children and 19 percent had children under age three years, 23 percent had children age 3- to 5 –years-old, 58 percent had children age 6- to 11-years-old and 56 percent had children age 12 years and older (see Figure 4). This wide distribution of ages of children has implications for services for parents fleeing from domestic violence (e.g., the need for full-time child care for non-school age children, challenges with finding shelters that take mix gender families with a teenage son, etc.). Parent survivors represented urban, suburban, and rural

¹⁶ In Figure 2, “Other” refers to a parent’s selection of one of the following racial categories either alone or in combination with other racial categories: Black/ African/ African-Caribbean/ African American, American Indian/ Alaskan Native/ First Nations, Arab/ Middle Eastern, and Asian/ Pacific Islander/ Native Hawaiian.

geographies from the following counties: Alameda, Contra Costa, Fresno, Los Angeles, Marin, Monterey, San Diego, San Francisco, San Joaquin, San Mateo, Shasta, and Stanislaus.

Figure 3. Distribution of Children Among Parent Survivors

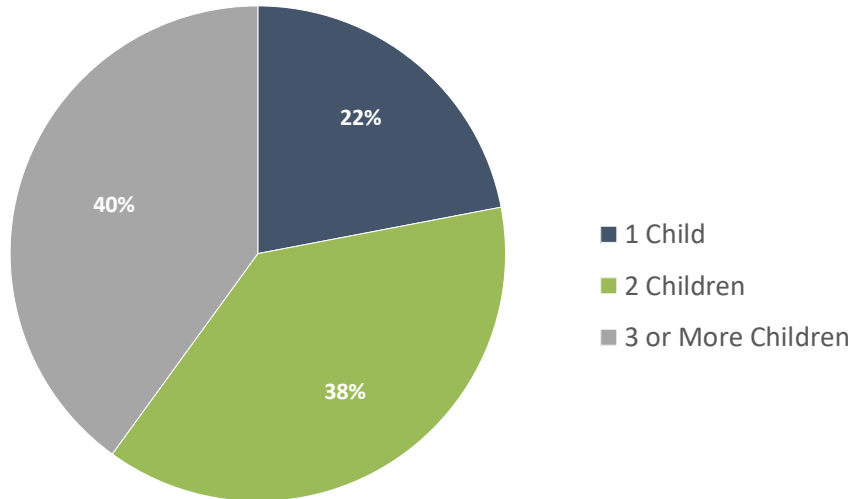
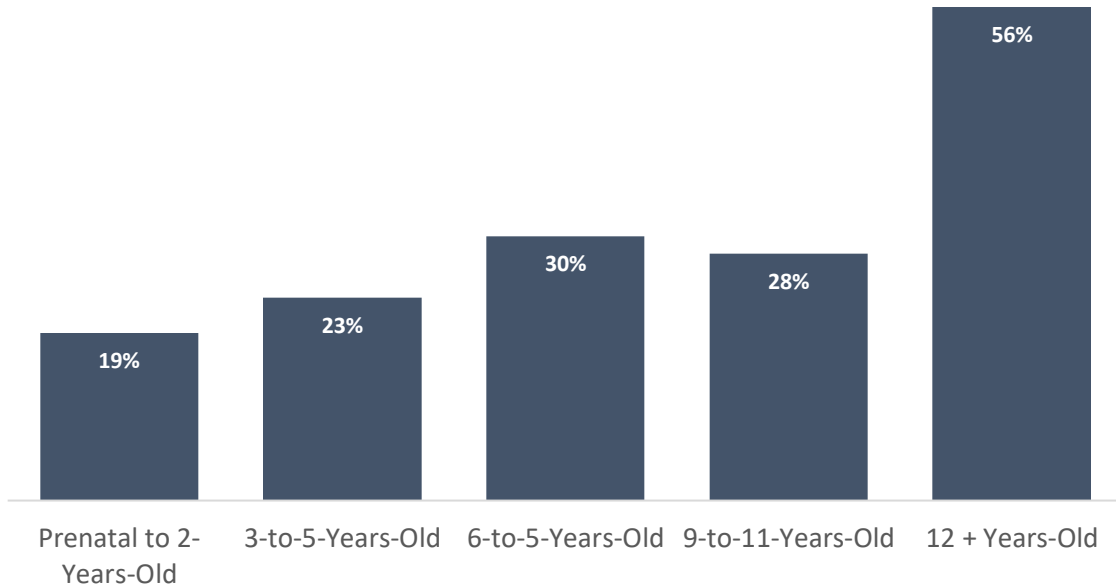


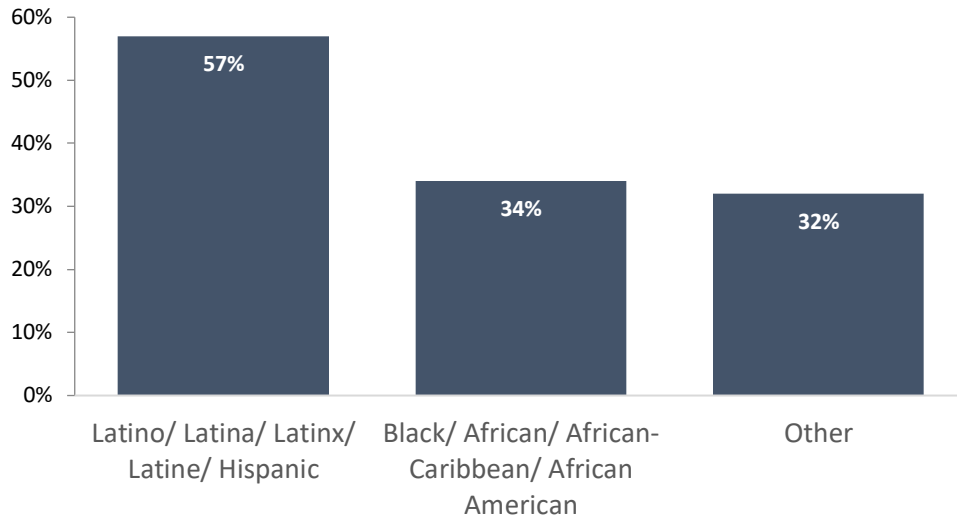
Figure 4. Age Distribution of Children Among Parent Survivors



Early Care and Education (ECE) Workforce

Given the intimate relationship many parents have with their child care providers and their child’s teachers, this project outreached to and facilitated listening sessions with members of the ECE workforce. A total of 44 members of the ECE workforce participated in six listening sessions and are from Alameda, Contra Costa, Los Angeles, San Bernardino, San Diego, and Solano counties. Both licensed family child care and licensed center-based programs were included. However, because of the small sub-group number for centers, the breakdown is not provided to ensure de-identification of participants. Figure 5 presents the racial background of the ECE workforce listening session participants with the top two groups identifying as Latino (-a, -x, -e)/Hispanic (57 percent) and Black/African/African-Caribbean/African American (34 percent). This group reflects the diversity of the ECE workforce in California. The Center for the Study of Child Care Employment cites 55 percent of licensed home-based providers are Latina, Black or Multiethnic.^{xxxv} Two of the seven sessions were facilitated in Spanish.

Figure 5. Racial and Ethnic Background of ECE Workforce Participating in Listening Sessions¹⁷



Direct Service Agencies

Four listening sessions were held with 15 direct service staff from agencies that serve parent survivors (e.g., domestic violence shelters). One session was held with staff from culturally specific organizations serving DV survivors, two sessions with DV shelter staff, and one session with Tribal organizations serving DV survivors.¹⁸ Direct service staff were from 10 counties in California including El Dorado, Fresno, Los Angeles, Napa, Nevada, Sacramento, San Bernardino, San Diego, San Francisco, and San Mateo.

CDSS Large Group Sessions

The CCRC conducted several listening sessions with CDSS staff. The CDSS has a wealth of programs and services to support California families. The CCRC held one large group session with multiple divisions and branches represented plus the CDSS Directorate, which was followed by a series of smaller sessions that focused on a particular division or branch. Participants were from the Family Engagement and Empowerment Division which includes the CalFresh and Nutrition Branch; CalWORKs and Family Resilience Branch; and the Office of Family Engagement

¹⁷ In Figure 5, “Other” refers to an ECE workforce member’s selection of one of the following racial categories either alone or in combination with other racial categories: White/ Caucasian/ European-American, American Indian/ Alaskan Native/ First Nations, Arab/ Middle Eastern, and Asian/ Pacific Islander/ Native Hawaiian.

¹⁸ Due to small groups representing racial categories, data cannot be reported to ensure proper de-identification. This group of direct service staff represented a wide range of racial categories.

and Empowerment Initiatives; Child Care and Development Division; Children and Family Services Division, which includes the Office of Child Abuse Prevention; Housing and Homelessness Division; and the Office of Equity, which includes the Office of Tribal Affairs. The Office of Tribal Affairs participated by submitting written responses to the listening session questions via email. In total, these sessions included 40 staff across eight sessions.

County Welfare Directors Association of California

The [County Welfare Directors Association \(CWDA\)](#) of California is a nonprofit association that represents the human service directors from all 58 counties. CWDA's Executive Committee and their various policy and program committees identify and analyze issues, develop program and policy recommendations and work with state agencies to develop and implement program services. Two listening sessions were organized by CWDA and facilitated by CCRC; one with CWD leadership with 11 participants and the other with CWD line managers and supervisors with 26 participants. The former group leads policy and program, and the latter group has greater connection with those served by the county's programs. Each group brings a unique perspective to improving programs and policies for survivors of domestic violence.

Additional Small Group Sessions and Interviews

Several small group sessions and interviews were conducted for this project. A key informant interview was held with the Executive Officer of the [Victim's Compensation Board \(VCB\)](#) to understand the services provided to survivors and the barriers to accessing services. The agency offers compensation for a wide range of reimbursement categories related to domestic violence. A key informant interview was also conducted with leaders from the [California Association of Food Banks](#) to assess awareness of services provided to survivors of domestic violence. Lastly, an interview was conducted with a member of the subcommittee for the 2021 Little Hoover Commission report.^{xxxvi} A small group session was also held with a child care resource and referral agency in Oakland, California. This agency has a close relationship with a housing partner. Program leadership, who coordinates their programs for low-income parents, and the ECE workforce were present.

Session Interpretation

Session participants were provided multiple opportunities to request interpretation for simultaneous American Sign Language (ASL), Spanish, or Chinese. These opportunities came during recruitment as well as registration for the sessions. Sessions for parent survivors were held either in English or Spanish.

Session Recording, Transcription, and Notes

All listening sessions were conducted using the Zoom conferencing software, and, with participants' permission, listening sessions were audio recorded. One team member from CPEDV, Parent Voices, or CCRC facilitated the listening session while another team member managed the chatroom and took notes. Listening sessions lasted approximately one and a half hours each, depending upon the length of responses from participants. Audio recordings were transcribed with support from Otter.ai software, and then reviewed by a team member to facilitate data analysis. Data collection methods were the same across all listening sessions conducted.

Appendix F: CPEDV Outreach Protocol and Parent Survivor Listening Session Guide

The following listening session guides were reviewed, edited, and approved by CDSS.

[CPEDV Parent Survivors Outreach Protocol](#)

CPEDV will send invitations to everyone who attended the survivor conference last year, plus all members who identify as survivors. CPEDV will also send invitations to promotora groups. CPEDV's Comms Team also includes the notice in our ENews. CPEDV will also be reaching out to their regions through the regional reps to have them share the invitations with the programs and connections in their areas. CPEDV also has connections with Strong Hearted Native Women's Coalition and will ask them to help with recruitment. CPEDV also has a great relationship with one of their translators and she'll be working with them to recruit immigrant and refugee parents.

To ensure that we are responsive to survivor needs and to address potential activation of any traumatic thoughts or feelings, the Partnership hosts listening sessions with an advocate present. They are introduced at the beginning of each session to let participants know that the advocate's role is to reach out to any survivor they believe might need a little additional support and to respond to any inquiry made by survivors including provision of support in the moment and connections to additional resources in their area.

After listening session participants sign up, we send out a reminder about the date, time, and process for payment and reiterate the purpose of the session, the topic we are covering, and that it could potentially activate negative thoughts and feelings associated with their experiences. We let them know we will have an advocate present. We remind them again during the introduction of the session. We have a list of resources on hand prior to each session. As we end the session, we let participants know they can reach out to us after if they would like support and/or additional resources.

[Parent Survivors Community Listening Sessions Recruitment Flyer](#)

In partnership with the CDSS, the Child Care Resource Center, Parent Voices, and **the California Partnership to End Domestic Violence** will be conducting listening sessions with survivors who are parents. Survivor voices and experiences must be at the center of all of our work and through funding from Blue Shield of California Foundation, we are inviting survivor parents to share their experiences during listening sessions to help us better understand their stories accessing and utilizing prevention and supportive social services. Some of the areas we will cover include:

- Awareness of services available (Cash aid (TANF), Cal Fresh/EBT, CalWORKs, child care, etc.);
- Ease of access to and navigating services;
- Challenges and barriers to accessing and navigating services; and
- Recommendations – what would make the processes easier and more accessible.

Your views and opinions will help inform CDSS’s efforts to improve services and supports for survivors. Participants will receive a summary of our listening session discussions and a \$150 gift card for their time and emotional labor for these sessions.

To express interest, please complete this form. Selected participants will be notified by (date) and sent a contributor agreement form to complete and sign via DocuSign. Feel free to contact zoe@cpedv.org with any questions.

We ask their:

Name

Pronouns

Email

Phone

County (this helps us determine region)

DOB

Primary Language

Race/Ethnicity

Location (urban, suburban, rural, other)

Gender Identity

Sexual Orientation

Other identities (Deaf/Hard of Hearing, Person with physical, emotional, cognitive disabilities, veteran)

All fields are optional for participants.

[Confirmation for CPEDV’s Parent Survivor Community Listening Session](#)

Hi [Name],

Thank you so much for agreeing to participate in our Listening Session on (date)! Please secure your spot by registering Zoom link

The following are themes we'll discuss in our time together:

- Awareness of services available (Cash aid (TANF), Cal Fresh/EBT, CalWORKs, child care, etc.);
- Ease of access to and navigating services;
- Challenges and barriers to accessing and navigating services; and
- Recommendations – what would make the processes easier and more accessible.

You may find it helpful to make notes on key ideas before the session. You can also share your gut responses as we speak. It's completely up to you. If you have any questions or comments, please feel free to contact me at email@cpedv.org.

We also want to remind you that whenever we begin to discuss our lived experiences as survivors, there is a chance that these conversations can activate past trauma. We understand that we cannot always control or foresee these situations and therefore, we will have an advocate available during the session to provide support and connect you with additional resources in your area if that is helpful. Thank you again. I look forward to speaking with you on date @ time PST.

Zoë (She/Her)

Special Projects Analyst

California Partnership to End Domestic Violence

CPEDV Parent Survivors Listening Session Guide

- [Facilitator introduces herself] and the rest of the team introduces themselves
- Today, we're discussing your feelings and experiences about _____
- If at any point you feel uncomfortable and need to take a break, please feel free to mute yourself, turn off your camera, and return if/when you're ready. Again, we have _____ here from our Capacity Building Team. She is here to be a listening ear and connect you with a local advocate if needed. You can privately message them here in Zoom.

Before we get started, let's take a quick moment and take a big collective breath and let it out. *This is difficult work, and we very much appreciate you showing up to help support our efforts.*

Group Agreements

- First off, the information you provide today will be kept confidential. We will not be taking notes in a way that identifies the speaker. When pulled together, the information

will be reported out in aggregate form meaning we will be identifying themes from a combination of all the groups. Any quotes used will not identify the speaker or names of officers or prosecutors.

- Due to the group size, please raise your hand when you want to respond. You may also write your response in the chat. We will capture and save that information as well.
- Please don't use the names of your children or others who may have been victimized to protect their identity.
- We encourage everyone to speak, and again, if you feel uncomfortable speaking, you may use the chat. It is important that everyone participates in whatever way feels okay.
- Finally, we ask that you all agree not to share information from this session that could identify another member of this group. We want everyone to feel safe in this space to share and be present.
- Are there any other agreements others would like to put forward?
 - *Have everyone raise their hand in agreement.*

Questions

1. Please tell us your experience accessing benefits and services. (Probe for: If they didn't access benefits/services, why not? Probe for: Cash aid (TANF), Cal Fresh/EBT, CalWORKs, child care, housing, etc.).
2. What worked well for you?
3. What didn't work for you?
4. What would have made the experience better for you?
5. How would child care services have helped, if at all and weren't provided?

Allow them to ask questions

Wrap-Up

Okay, we would like to thank everyone for their participation and for sharing time with us in this space tonight. Let's end as we started. Let's all take a collective breath and then release it and with it, release all the feeling and emotions that tonight brought up. Remember to take care of yourselves, drink lots of water and maybe take a moment before bed to do something that centers your spirit.

Again, we very much appreciate you, your experiences, and your thoughtful sharing. Have a good evening.

Appendix G: Parent Voices Outreach Protocol and Parent Survivor Listening Session Guide

The following listening session guides were reviewed, edited, and approved by CDSS.

Parent Voices Outreach Email Template

Hello [Parent name], I have a new opportunity to share with you. Parent Voices is working with the Child Care Resource Center and the California Partnership to End Domestic Violence to understand the experiences of survivors of domestic violence when you apply for and hopefully get the social services you and your children needed to heal. In so many ways you did not have control and power was taken away from you and we want to understand how the systems that are supposed to help survivors are either helping or hurting your ability to regain that control and power. We want to make sure that there is an opportunity to hear from people directly impacted by Domestic Violence so that we can strengthen the service delivery systems and policies to better serve families like yours. Your perspective will help ensure that services are more effectively delivered to survivors in the future. We will be having a focus group coming up that we think you will be perfect for. Please let us know if you are available for one of the following dates. There is an incentive available for your participation in the amount of \$150.

Date: TBD

Time: TBD

In partnership

Jennifer

Text message

Hello [Parent name], I have a new opportunity to share with you. Parent Voices is working with the Child Care Resource Center and the CA Partnership to End Domestic Violence to understand the experiences of survivors of domestic violence when you apply for and hopefully get the social services you and your children needed to heal. I remember that we talked recently about your experience as a survivor. I would really love to have you join a focus group to share your important expertise. Please let me know if you're interested and I can send you the dates and information about upcoming focus groups. There is a \$150 incentive for your participation.

Parent Voices Listening Session Guide Template

Introduction (5-10 min):

Welcome and thank you for joining us this evening. Parent Voices is working with the Child Care Resource Center and the CA Partnership to End Domestic Violence to understand the experiences of survivors of domestic violence when you apply for and hopefully get the social services you and your children needed to heal. In so many ways you did not have control (pause) and power was taken away from you and we want to understand how the systems that are supposed to help survivors are either helping or hurting your ability to regain that control and power. We want to make sure that there is an opportunity to hear from people directly impacted by Domestic Violence so that we can begin to recreate the service delivery systems and policies to better serve families like yours. Your perspective will help ensure that services are more effectively delivered to survivors in the future.

My name is [name] and I am the Director of Parent Policy with Parent Voices California, and my role here is to ask questions and listen. I won't be participating in the conversation; I'll be moving the discussion from one topic to the next. *Since we have a limited amount of time, I may interrupt if the discussion begins to stray from the topic.*

We are asking you to share parts of your life and some of you may be really confident in doing that and some of you may be more shy. We want to create a space where each of you feel heard so if you are sharing a lot, we ask you be mindful of others and if you are holding back, we want you to be mindful of how important it is to hear from you. Your experience could create lasting change for other survivors.

We also know that we're asking you to talk about a difficult and traumatic time that may bring up emotions, if you need to step away to take a break, get some water, whatever you need to care for yourself, we understand. We also hope that being in community with other survivors reminds each of you how incredible and powerful you are!

This is _____. _____ is here as a parent advocate...." She is available to talk afterwards or provide some resources if you may need it. Please use the chat feature to speak privately with the parent advocate if you feel you would like additional support.

This is _____. _____ will be sitting in taking notes and watching the time.

Develop group norms (10 min):

“Notes will be taken to document this discussion. Names will be removed from any notes that are distributed. Information from this meeting will be presented in summary form with some quotes. Names will not be used. Although all project staff are required to hold your information confidential, we cannot guarantee that others in the room will do so. We ask that you respect each other’s privacy and keep information shared in this meeting confidential. We also ask that everyone be respectful to those in the room even if their opinions differ from yours. Your participation is completely voluntary and you may stop at any point without any risks.” The way I like to think about it is, “what we say here stays here, what we learn here can leave here.” If someone shares a resource or information you find helpful that’s ok to share but please don’t share details about other people’s experiences. Also, please don’t use the names of your children or others who may have been victimized to protect their identity.

Any Questions?

Ice breaker: (5-10 min)

Please share with us a little about your family. We’d like you to introduce yourselves.

Tell us your name, ages of your kid(s), and tell us ONE word to describe your experience accessing the services you needed. (have someone prepared to go first and provide the example) For example you could say grateful, scary, helpful, whatever it was you experienced either good, bad, or ugly.

Conversation Questions: (50-80 min)

1. Please tell us your experience connecting with benefits and services. (Probe for: If they didn’t access benefits/services, why not? Probes for: Cash aid (TANF), CalFresh/EBT, CalWORKs, child care, housing, etc.);
2. What worked well for you?
3. What didn’t work for you?
4. What would have made the experience better for you?
5. How would child care services have helped, if at all and weren’t provided?

De-Brief: (5-10 min)

Thank you so much for taking the time to talk with us about your very personal experiences. I know meetings like the one today can bring up a lot of hard and challenging memories. As a reminder, we have an advocate here on the call who would be willing to stay afterwards to listen if you would find that helpful. We have talked about a wide range of topics and we have learned a lot from you. We are so grateful for each of you, because of these focus groups we will be able to share a much clearer picture of what families are experiencing as they access services to support their family.

I want to be sure to take some time to see whether you have any questions or concerns about this discussion. *Be sure to give people time to reflect.*

Finally, I want to let you know that we will be sending your gift cards to the email address that you registered for the focus group with. Gift cards should be sent within the next two weeks. If you have any questions or concerns, please feel free to use the chat box to ask questions or email me after the focus group at [email].

Appendix H: CCRC Outreach Protocol and Listening Session Guide for the ECE Workforce

The following listening session guides were reviewed, edited, and approved by CDSS.

ECE Workforce Outreach

Email Title

Listening session series: How to improve delivery of services to families who experience domestic violence.

In partnership with the California Department of Social Services, Parent Voices, and the California Partnership to End Domestic Violence, Child Care Resource Center will be conducting listening sessions with child care workforce members who have served families experiencing domestic violence. Through funding from Blue Shield of California Foundation, we are inviting child care workforce members with the experience of working with families experiencing domestic violence to be part of listening sessions to help us better understand their experiences and share stories supporting families.

Why Participate?

- Make an impact on the future of children and families experiencing domestic violence by sharing your experiences with families who experienced domestic violence.
- Help provide feedback to improve the delivery of services to families experiencing domestic violence.
- Earn a \$150 gift card for participating in a 1.5 hour listening session.

Evaluation Background

Throughout the COVID-19, pandemic there has been a rise of domestic violence cases and incidents reported. COVID-19 mitigation strategies simultaneously increased the circumstances that have led to domestic violence while at the same time reducing the ability for survivors to reach out to those in a position to assist them in escaping domestic violence. The California Department of Social Services (CDSS) is focused on improving the delivery of services to families experiencing domestic violence through a series of targeted listening sessions leading to policy and practice recommendations.

What are we asking of you?

- Participate in a 1.5 hour group listening session.

We will ask about:

Awareness, use of, and barriers to the use of: Cash aid (TANF formerly AFDC), Cal Fresh/EBT, CalWORKs, child care, etc.

What are next steps?

If interested in participating, please complete this online form to submit your contact information. A member of the CCRC Research team will review your submission and will contact you as soon as possible with more information if you are determined eligible to participate in the discussion session.

Thank you for willingness to share your experience with us to better understand how to support families who experience domestic violence.

Who do I contact with questions?

Please contact, NAME at 818-717-1000 ext. or at name@ccrcca.org

[ECE Workforce Listening Session Guide](#)

Introduction (5-10 min):

“Thank you for joining us today. This discussion is part of a larger project where we are interested in improving service delivery for survivors of domestic violence. As a member of the child care workforce, you all work intimately with families and have a unique position to support families when they are impacted by domestic violence. We want to hear directly from child care workforce members who serve families who experience domestic violence so that we can inform the various service delivery systems and improve policies and practices to better support families that you serve.

My name is _____, and my role here is to ask questions and listen. I won't be participating in the conversation; I'll be moving the discussion from one topic to the next. *Since we have a limited amount of time, I may interrupt if the discussion begins to stray from the topic.* We are asking you to share parts of your life and some of you may be really confident in doing that and some of you may be more shy. We want to create a space where each of you feel heard so if you are sharing a lot, we ask you be mindful of others and if you are holding back, we want you to be mindful of how important it is to hear from you, your experience could create lasting change for survivors.

We also want to acknowledge that we're asking you to talk about difficult and traumatic experiences that may bring up emotions. If you need to step away to take a break, get some

water, whatever you need to care for yourself, we understand. We also hope that being in community with other workforce members reminds each of you how incredible and powerful you are!

This is _____. _____ is here as a parent advocate. She is available to talk afterwards or provide some resources if you may need it.

This is _____. _____ will be sitting in taking notes and watching the time.

Develop group norms (10 min):

- First off, the information you provide today will be kept confidential. We will not be taking notes in a way that identifies the speaker. When pulled together, the information will be reported out in aggregate form meaning we will be identifying themes from a combination of all the groups. Any quotes used will not identify the speaker or names of anyone you have interacted with.
- Due to the group size, please raise your hand when you want to respond. You may also write your response in the chat. We will capture and save that information as well.
- Please don't use the names of children or others who may have been victimized to protect their identity.
- We encourage everyone to speak and again, if you feel uncomfortable speaking, you may use the chat. It is important that everyone participates in whatever way feels okay.
- Finally, we ask that you all agree not to share information from this session that could identify another member of this group. We want everyone to feel safe in this space to share and be present.
- Are there any other agreements others would like to put forward?
 - Have everyone raise their hand in agreement.

Ice breaker: (5-10 min)

To start we are going to have you introduce yourselves. Tell us your name, and how long you have been working in child care.

Conversation Questions: (50-80 min)

1. How do you feel your child care and early learning services have impacted families experiencing domestic violence?

2. What challenges have you had while providing care to families?
3. What resources and supports do you need to support children and families experiencing domestic violence? (Tell us how to make it better for your child care.)
4. What services do you think these families could benefit from in addition to child care?
5. What resources and support services have you referred families who were experiencing domestic violence? (Probes for: Cash aid (TANF formerly AFDC), Cal Fresh/EBT, CalWORKs, child care, housing, etc.);
6. What barriers have you seen families experience when accessing these services, if any?
7. What, if anything, should change to improve child care for families experiencing domestic violence?
8. Anything else what you would recommend that we haven't asked about?

De-Brief: (5-10 min)

Thank you so much for taking the time to talk with us about these very personal experiences. I know meetings like today can bring up a lot of hard and challenging memories. As a reminder, we have an advocate here on the call who would be willing to stay for a few minutes afterwards to listen if you would find that helpful. We are so grateful for each of you, because of these focus groups we will be able to share a much clearer picture of what the child care workforce and families are experiencing.

I want to be sure to take some time to see whether you have any questions or concerns about this discussion. *Be sure to give people time to reflect.*

Finally, I want to let you know that we will be sending your gift cards to the email address that you registered for the focus group with. Gift cards should be sent within the next two weeks. If you have any questions or concerns, please feel free to use the chat box or email me at name@ccrcca.org.

Appendix I: CCRC Protocol and Listening Session Guides for CDSS Large Session, Small Sessions, and Community Partner Sessions

An email with a link will be provided to CDSS to distribute to all invitees prior to the session with a one-week request to complete. CCRC will review the results of this survey and incorporate into the session. While the pre-work is desired, it is understood that staff are incredibly busy and if the pre-work is not completed, this is acceptable as it will serve to prompt thinking prior to the session. It will serve as a chance to consider opportunities for synergy where participants can dive more deeply into that work within the session as well as in the individual department/branch sessions. The session will also allow for participants to brainstorm future recommendations with the Director.

Survey questions to ask in advance:

1. Name
2. Title
3. How does your program intersect with survivors of domestic violence?
4. What does your program do well when serving survivors?
5. What are policy barriers to serving survivors?
6. What are program barriers to serving survivors?
7. What are ways that county variability is a strength to serving survivors?
8. What are ways that county variability is a challenge for serving survivors?
9. Are you aware of effective cross-Departmental collaboratives focused on other groups that could be a model for improving services to survivors? Yes/No
10. Please tell us in your own words what opportunities for change are most critical to address to better serve survivors of domestic violence (open ended response)

Prior to this meeting, CCRC will review the responses received and provide a summary of a couple of key findings for staff to consider during the meeting. If few responses from the survey come in, the brainstorming questions below will be posted in the chat.

10 minutes: CCRC staff will introduce themselves, post the findings (or questions) in the chat and wait 5 minutes for participants to log in. Participants will be informed that: 1) the session will be recorded and that their participation is voluntary, 2) individual names will not appear in the final public report, but department/branch names may and the final report will include language that the views put forth in the report do not belong to CDSS 3) information published in final reports will be phrased in a constructive manner, focusing on policy, practice, and program improvements. Participants will be informed that the goal of the session is to gather

expert opinions and experiences across state, partner, child care workforce and parent survivors on policies and programs that need improvement to better serve survivors of Domestic Violence. Recommendations from the final report will be used by CDSS to advocate for critical changes to improve services for survivors.

CCRC Intro: Today we have a tremendous opportunity to foster cross-Departmental learnings and synergy to better support survivors of Domestic Violence. This group will begin to consider opportunities and gaps in serving survivors, specific to each of your program areas. We hope that this session will serve as a first step for fostering cross-Departmental coordination. We want to hear from you as experts on improvements to policy and practice and how to begin to strengthen collaboration with a focus on action and change. First, we'd like to hear from Director Johnson.

5-10 minutes: [pause for words from Director [name]]

Thank you, Director Johnson. Now, let's turn to today's session.

5 minutes: Transition to Brainstorm session PPT and questions:

CCRC to provide a few slides on the definition of IPV/Domestic Violence, the populations, risk factors, etc. to frame the goal of the session and ensure attendees are on the same page.

Initial slides: definition of domestic violence, population, background statistics

Middle slides: Idea Boardz or other link for participants to log into; CCRC will create Boardz with themes from the survey. If a low response rate occurs, some topics for discussion will include:

1. What are the strengths of CDSS in serving survivors of domestic violence?
2. What are the top areas for improving policies for serving survivors of domestic violence?
3. What are the top barriers to collaboration, specifically with respect to serving survivors: Lack of time/collaboration slows down progress, lack of knowledge, different mindsets, lack of alignment around goals, organizational siloes, lack of scope and focus, organizational culture, politics, tools, privacy/confidentiality, lack of passion/commitment, other
4. What do the branches and divisions within CDSS do well in terms of collaboration: Clear goals, extensive knowledge base, organizational culture, tools and resources, passion and commitment, other
5. What are your top recommendations for change based on this discussion – to be discussed in the next large groups session (after this breakout session)?
 - a. What can be implemented in the next 6-12 months?

b. What can be implemented longer term?

20-minutes: Once participants have the link, they will have an opportunity to provide their feedback in the session for a 20-minute discussion, posting their collective thoughts on the Idea Boardz (or Jam Board).

20-minutes: the final time will include a group discussion on top recommendations and brainstorming next steps with the Director as well as a 5-minute wrap-up and description of next steps including emails on instructions for the individual upcoming sessions and a request to complete the survey link if not already done so, or to edit responses based on their session today.

[CDSS Small Group \(Individual Division or Branch Groups\) Listening Session Guide](#)

Sessions will be scheduled via Zoom at the convenience of the CDSS participants. Questions will be provided in advance. CCRC's experience has found that many interviewees – parents, child care workforce, community-based organization (CBOs), and state officials appreciate having the questions in advance and some even provide their written responses in addition to their verbal statements.

Staff will introduce themselves, post the questions in the chat and wait for 5 minutes for participants to log in. Participants will be informed that: (1) the session will be recorded and that their participation is voluntary, (2) individual names will not appear in the final public report, but department names may and the final report will include language that the views put forth in the report do not belong to CDSS, (3) information published in final reports will be phrased in constructive manner, focusing on policy and program improvements. Participants will be informed that the goal of the session is to gather expert opinions and experiences across state, partner, child care workforce, and parent survivors on policies and programs that need improvement to better serve survivors of Domestic Violence. Recommendations from the final report will be used by CDSS to advocate for vital changes to improve services for survivors.

Listening Session and KII Questions:

- Let's talk about departmental policies for supporting survivors of Domestic Violence, specific to your program area.
 - How are the needs and situations of survivors of Domestic Violence integrated into your department's policies?
 - Which policies make it hard for families experiencing Domestic Violence to access services, resulting in them falling through the cracks?
 - What do survivors have to show related to their Domestic Violence situation to qualify either for programs or for waivers to policies?

- What are the types of families, or under what circumstance are families denied services with relation to Domestic Violence?
- Which policies work well for families, facilitating their access to needed services?
- When was the last time your branch/division/department updated eligibility requirements, policies and/or procedures?
- Now let's talk about coordination, training, and county implementation.
 - What could be improved in cross-Departmental collaboration, communication, and coordination to better serve survivors?
 - When was the last time your branch/division/department's training materials were updated, related to DV? What do you believe should change to improve it? What works well?
 - To what extent does variability at the county level create barriers for families who experience Domestic Violence? Can you give examples?
- What are the top three things you would change to reduce barriers to services for survivors?
- What have we not asked about that we should know to improve services for survivors of Domestic Violence?

[Listening Session Guide for CWDA Sessions](#)

Two of the community partner groups will include the Child Welfare Directors Association (CWDA), one with CWDA leadership and another with line Managers at the counties. CCRC will coordinate with [Executive Director] to engage their association during one of their meetings. CDSS will be included in that meeting. CCRC will also coordinate with End Child Poverty for the second listening session.

Sessions will be scheduled via Zoom at the convenience of the participants and questions will be provided in advance. Staff will introduce themselves, post the questions in the chat and wait 5 minutes for participants to log in. Participants will be informed that: (1) the session will be recorded and that their participation is voluntary, (2) individual names will not appear in the final public report but organization names may, (3) information published in final reports will be phrased in constructive manner, focusing on policy and program improvements. Participants will be informed that the goal of the session is to gather expert opinions and experiences across state, partner, child care workforce, and parent survivors on policies and programs that need improvement to better serve survivors of Domestic Violence. Recommendations from the final report will be used by CDSS to advocate for vital changes to improve services for survivors.

Listening Session Questions for CWDA:

- Let's talk about policies and programs for supporting survivors of Domestic Violence.
 - How are the needs and situations of survivors of Domestic Violence integrated into child welfare?
 - Which policies make it hard for families experiencing Domestic Violence to access services?
 - What do survivors have to demonstrate to prove their Domestic Violence situation to qualify either for programs or for waivers to policies?
 - What are the types of families, or under what circumstance are families denied services with relation to Domestic Violence?
 - Which policies work well for families, facilitating their access to needed services?
 - When was the last time eligibility requirements, policies and/or procedures were updated?

Appendix J: Additional Partner Listening Session Guides

One-hour sessions will be scheduled with the following agencies: the California Victim Compensation Board, End Child Poverty California, BANANAS Child Care Resource and Referral Agency, and the California Association of Food Banks because of their connections with survivors of domestic violence. The following questions will be asked during this interview:

1. Group introductions, including name and title.
2. Introduction of the project: the pandemic and economic downturn caused excess strain on families and when children and adults were attending school and work remotely, and therefore there were fewer opportunities to identify instances of domestic violence. Blue Shield of California Foundation is interested in turning this tide and has funded CDSS to conduct listening sessions across California with the goal of improving policies and programs for parent survivors of domestic violence. The CCRC was contracted to conduct these listening sessions with key partners that have experience with parent survivors of domestic violence.
3. Please describe your organization's mission and activities as they relate to supporting parent survivors of domestic violence.
4. How does your organization work with CDSS programs such as CalWORKs, CalFresh, housing or other programs?
5. What services and programs work well for parent survivors of domestic violence?
6. What services and programs need to be improved to better serve parent survivors of domestic violence?
7. What have we not asked that we should know about improving programs and policies for parent survivors of domestic violence?

Appendix K: Analysis

Phases of Coding

Analysis of the qualitative data from the 36 listening sessions was conducted in the following three steps:

1. Data sensitization. Coders selected, read, and re-read a small representative sample of transcripts to allow for a clear understanding of the content and to formulate initial themes and high-order categories.
2. Coding. All transcripts were uploaded into the qualitative data analysis software Dedoose. Coding proceeded deductively from the study questions to speak directly to the study's core areas of focus. Coders also read the transcripts inductively to generate new themes that may only indirectly address the study questions, but nevertheless provide important new insights that further the project's objectives. Analysis proceeded iteratively between deductive and inductive approaches. Coders first coded approximately 10 percent of the qualitative data. Using the study questions and the newly developed codes from the sample transcripts, coders identified categories and subcategories (parent and child codes). This process produced a standardized codebook against which the remainder of the qualitative data were coded. To ensure the validity of the analysis, inter-rater reliability testing was conducted whereby coding is compared across coders. Interrater reliability was measured with Cohen's kappa, the most standard measure of interrater reliability, targeting a minimum threshold of 0.80. [xxxvii](#)
3. Analyzing and interpreting the data. The categorized data was critically reviewed by the researchers against the study's central research questions. The categories produced a natural structure which produced a narrative summary of the data in the reporting stage.
4. Interpreting the data with community partners and funders. An initial draft of the findings and recommendations was shared with CDSS, Blue Shield of California Foundation, CPEDV, Parent Voices, CWDA, and a sample of parent survivors to gather feedback. It was especially important to gather feedback from parent survivors to ensure the findings and recommendations reflected their lived experiences and to ensure we were accurately lifting their voices.

Appendix L: Codebook

Improving Policies and Services for Domestic Violence Survivors Codebook

Domestic Violence Survivor Perspectives

| Codename/Label | Definition | Example |
|-----------------------------------|--|--|
| Experience with Specific Services | Named services (exactly what service/agency used) (code if service name mentioned at all) | “CalWORKs experience trying navigate child care system, in order to access child care had to access route of therapy. Exempt going after person for child support. Had to prove experiencing DV, put me through mental health issues. Very discouraging stressful. Prove every week, quota of hours to keep child care. Exempt from time clock. Put me through reliving experience in order to keep services, keep child in child care.” |
| General Experience | Survivor experience access services (survivors’ feelings, level of help they received, amount of time process took, any mention about the process and requirements for services) | “Having to go directly to office and wait the whole day to see a worker.” |
| Reasons Don't Seek Help | Any reasons a survivor mentions about why they didn't seek services for their domestic violence situation | “Afraid it will affect my immigration status.” |
| What Could be Improved? | Survivor recommendations for improving services | “Would have been easier/ better if...” “Wish didn't have to...” |

| Codename/Label | Definition | Example |
|--|--|--|
| Positive Experience / What Worked Well | Survivor mentioned what worked for them or what made the process easy for them | “Being able to get your paperwork processed faster because you can submit a lot online.” |

Agency Perspective- Agency experience with providing/ referring/ resourcing services to/ for survivors

| Codename/Label | Definition | Example |
|----------------------------|---|---|
| Current Policy / Processes | How is DV integrated into policy? | “CalFresh has different requirements for verification that we do for CalWORKs. Like, we still require some things that may not be applicable to CalFresh or MediCal, or some other need-based program we offer. From a CalWORKs perspective, it would be great if once we learn that an individual is experiencing DV we could provide some flexible application that we implemented during COVID 19, and we made permanent.” |
| Current Training | Any training around DV? How frequently are trainings updated? | “None that I know of in Child Care (Division)” |
| Data Tracking | Is data tracked? How is data tracked? | “Tracked through system. Check a box. Child support systems, non-cooperation. Application we use. System used to track/distribute. Currently there is no specific report now, but it is being tracked.” |
| Identifying Survivors | Any comment about identifying DV survivors | Ex; self-identifying, Training about identifying |

| Codename/Label | Definition | Example |
|-------------------------|--|---|
| What Could be Improved? | From perspective of frontline staff or agency employee | “Regular standing meetings cross divisional, learn about what they are doing. Feels siloed. We are so big, touch so many, programs feel like don’t know what’s going on.” |

ECE Workforce experience and perspective

| Codename/Label | Definition | Example |
|--------------------------|---|---|
| ECE Experience | ECE describe what types of support they have/ have tried to offer their families | “I have had a few families with different scenarios. Some are better at keeping it hidden than others. The in and out of parents coming and going.” |
| ECE Resources / Services | Resources and Services ECE have referred families to. Resources and supports providers need to support children and families. | “Applying for cash aid or food stamps online and referring them to ECTLC nearby. East county transitional living center. They have more resources as well.” |
| ECE Training | Trainings that will help ECE support families and children | “Any trainings that would help us help the parents, ways to recognize or talk to parents.” |
| Specific Service | Any comment naming a specific service ECE "referred" families to, helped them get info about etc. | “She wasn’t able to get that information. Not finding anything, then did for couple months, then go back. came to me and told me, looked myself for shelters, took her to Welfare Department, spoke to couple coaches at YMCA, I ended up going back and forth. Emergency vouchers for hotels.” |

Barriers / Challenges (for all partners)

| Codename/Label | Definition | Example |
|---------------------------------------|---|---|
| Language Barriers | Language is mentioned in any way as a barrier | “I want to share that I live near the border and a lot of the people speak Spanish because we are near the border. When they go ask for help I have seen that they are not treated well because of the language. I think it’s important that the people they help us know that it is a lot of work for us to be in this country and to work, to learn the language and we would like them to treat us in our language.” |
| Documentation / Qualification Process | Anything about barriers to qualify / eligibility Documentation process or requirements are a barrier. Challenges Navigating System | Ex: Restraining or protective orders required (as part of the process to apply for program waivers) |
| Fund Allocation | Specific funding allocated for DV services. General around services specific to DV | Budget '-' not enough in budget for ex. training |
| Lack of Information / Access | Unsure how to start, what services they eligible for, best way to access services, timely support. Don't have access to necessary requirements to receive services Don't have access to ways to get info about services | “[Clients] Not understand the information that they need to provide” |

| Codename/Label | Definition | Example |
|----------------------------------|--|---|
| Lack of Trust / Valued as Person | <p>Any comment about the lack of trust, empathy, kindness, helpfulness from staff.</p> <p>Lack of trust from individuals and the system as a whole... lack of relationship building/trust</p> <p>Lack of trust in the system by survivors (survivors don't trust system to get help)</p> | <p>“The last couple of years I was trying to get help using emergency housing. When you talk to the county about housing...I was trying get out of it. I was made to feel like my situation wasn’t severe enough. It wasn’t bad enough, kind of like it was my fault. It wasn’t bad enough, some women that this happened to their face is bloody and they had to get the police involved. Like my situation didn’t matter because it didn’t fit in their box.”</p> <p>“...drain on the system”</p> |
| Lack of a current Resource List | <p>No list of what resources exist, what their eligibility requirements are or the availability of services</p> <p>Staff is responsible to keep updated list of resources, services, and their eligibility</p> <p>No current list of services that have available slots or resources</p> | <p>“Resources I was given were outdated”</p> <p>“Some of the numbers I was given didn’t work”</p> |
| Siloed Agencies | <p>No document sharing/information sharing of what services client is already receiving or is eligible for</p> | <p>“A lot of the organizations or the agencies that don't necessarily work completely together and so for me at least I only really work in family law and so I don't personally have knowledge of the immigration rights and access and relief that clients are able to apply for so I personally would like for there to be more coordination with immigration, housing, etc.”</p> |

| Codename/Label | Definition | Example |
|---|--|---|
| Variability / Inconsistencies in Implementation of State Policies for Survivors | State policy doesn't match survivor experience inconsistencies in how the system works | "The hoops they have to go through to get resources are extensive. Phone is always busy, no one responds to emails" |

Other

| Codename/Label | Definition | Example |
|------------------------------------|---|----------------|
| Random | Not related to any other code, but coder felt worthy of a code / didn't want to lose excerpt, and will recode in second round of coding | |
| Best Practices | Domestic Violence policy or program successes highlighted by participant | |
| Best Practices - Specific Services | Examples of services that worked as intended/ well/ was beneficial to survivor | |
| Recommendations | Recommendations on how to improve domestic violence programs or policies | |
| Recommendations - Advocate | Advocate, social worker, navigator, someone who helped through process, direct contact during process, community advocate etc. | |

| Codename/Label | Definition | Example |
|--------------------------|---------------------------------------|---------|
| General Exp. / Quotes | General experience and good quotes | |

Appendix M: Endnotes

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