Project Align: A Pilot Initiative to Align Services and Practices to Support Survivors of Domestic Violence

Bailey Ray
Advocacy Manager, Campus Advocacy Coordinator
WISE of the Upper Valley

Elias Tyrrel-Walker
Manager of Client Services
HAVEN

Erin Barnett
Child Psychologist and Associate Professor
Dartmouth Health and West-Central Behavioral Health

Project Align

A collaboration between the Dartmouth Trauma Interventions Research Center, The Center for Safer Communities, and WISE of the Upper Valley

Supported by the NH Coalition against Domestic and Sexual Violence

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Acknowledgements:

Becky Parton, LICSW

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Christy Trenholm, LICSW

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Emily Provencher, BA

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Amanda Mace, MS

The Center for Safer Communities (Turning Points Network)

Objectives

1. Identify misalignments in mental health, domestic violence, and child protection systems and alignment solutions

2. Introduce innovative ways to grow the DV workforce ability to deliver mental health support to families impacted by domestic violence

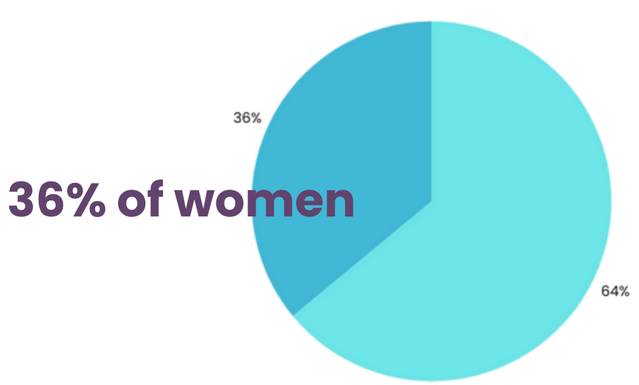
3. Describe five considerations when delivering mental health assessment and treatment with survivors of DV and their families

Poll

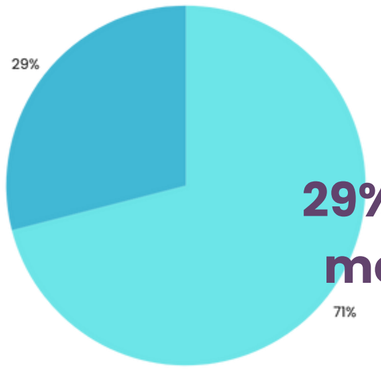
- What most closely describes your role?
- In your work, do you ever work with adult or child survivors of domestic violence?
- In your work, do you have a relationship with local domestic violence support services?
- On a scale of 1-10, how familiar are you with the basic dynamics of domestic violence?

Prevalence of DV/ IPV

About a third of people experience DV in their lifetime.



36% of women



29% of men

Most incidents are not reported to police or in health care settings.
In mental health settings, when asked, about 30% of people endorse exposure.

Bosk et al. 2022; Stewart et al., 2016; US National Intimate Partner and Sexual Violence Survey

DV/ IPV is often Gender Based

Women are more likely to experience serious injury and/or mortality.

IPV can be associated with physical injury, chronic pain, depression, PTSD, gastrointestinal and gynecological problems

IPV is more complex in transgender, LGBTQ+ relationships

Bradley et al. 2005; Campbell 2002; Dutton et al. 2006; McTavish et al., 2022; WHO Demographic and Health Survey of 15 countries; Stewart et al., 2016

Definitions of DV

“a **pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control** over another intimate partner.” (US Department of Justice)

“Domestic abuse, also called ‘domestic violence’ or ‘intimate partner violence’, can be defined as **a pattern of behavior in any relationship that is used to gain or maintain power and control** over an intimate partner.” (United Nations)

“the **willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated** by one intimate partner against another.” (National Coalition Against Domestic Violence)

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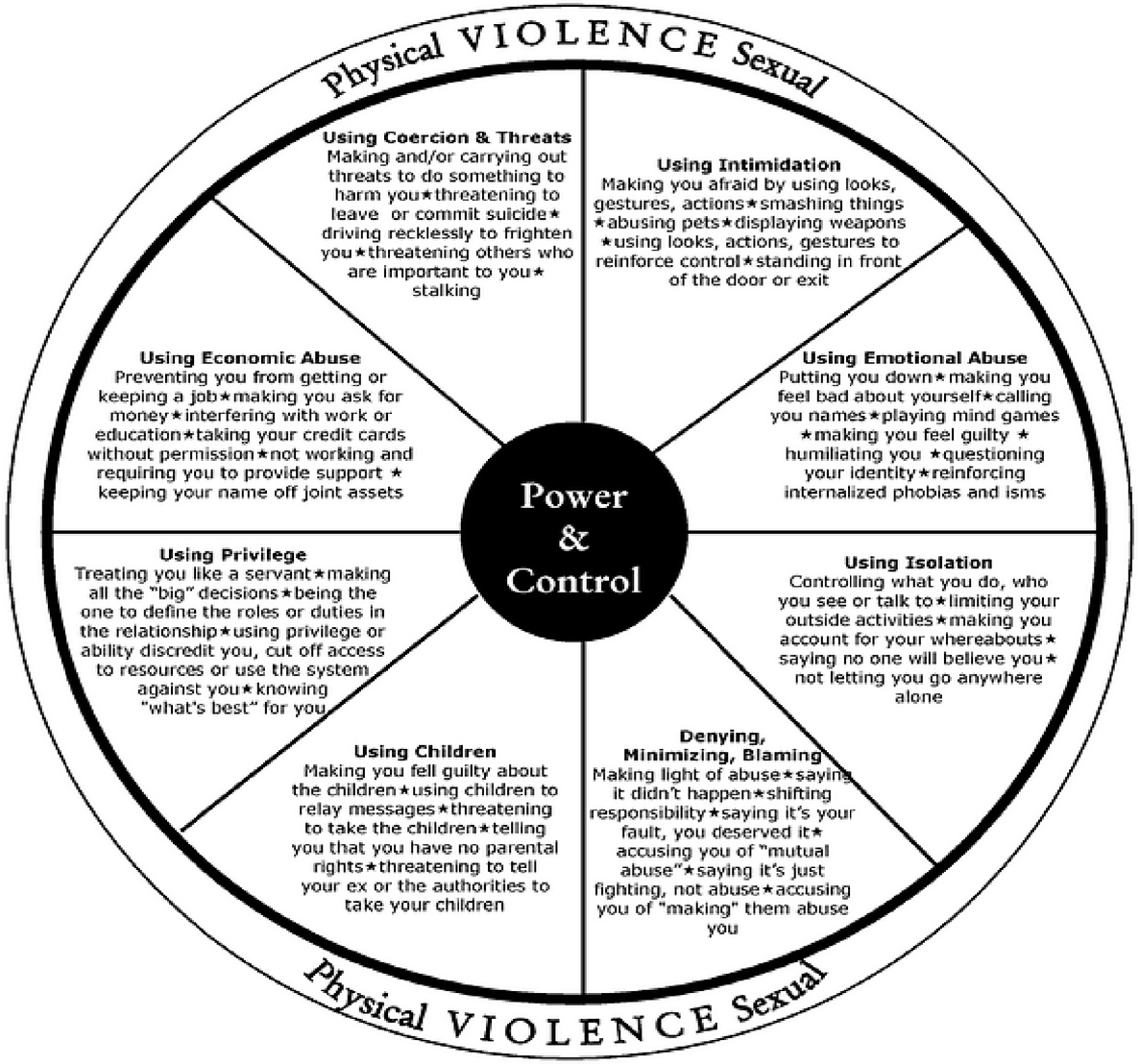
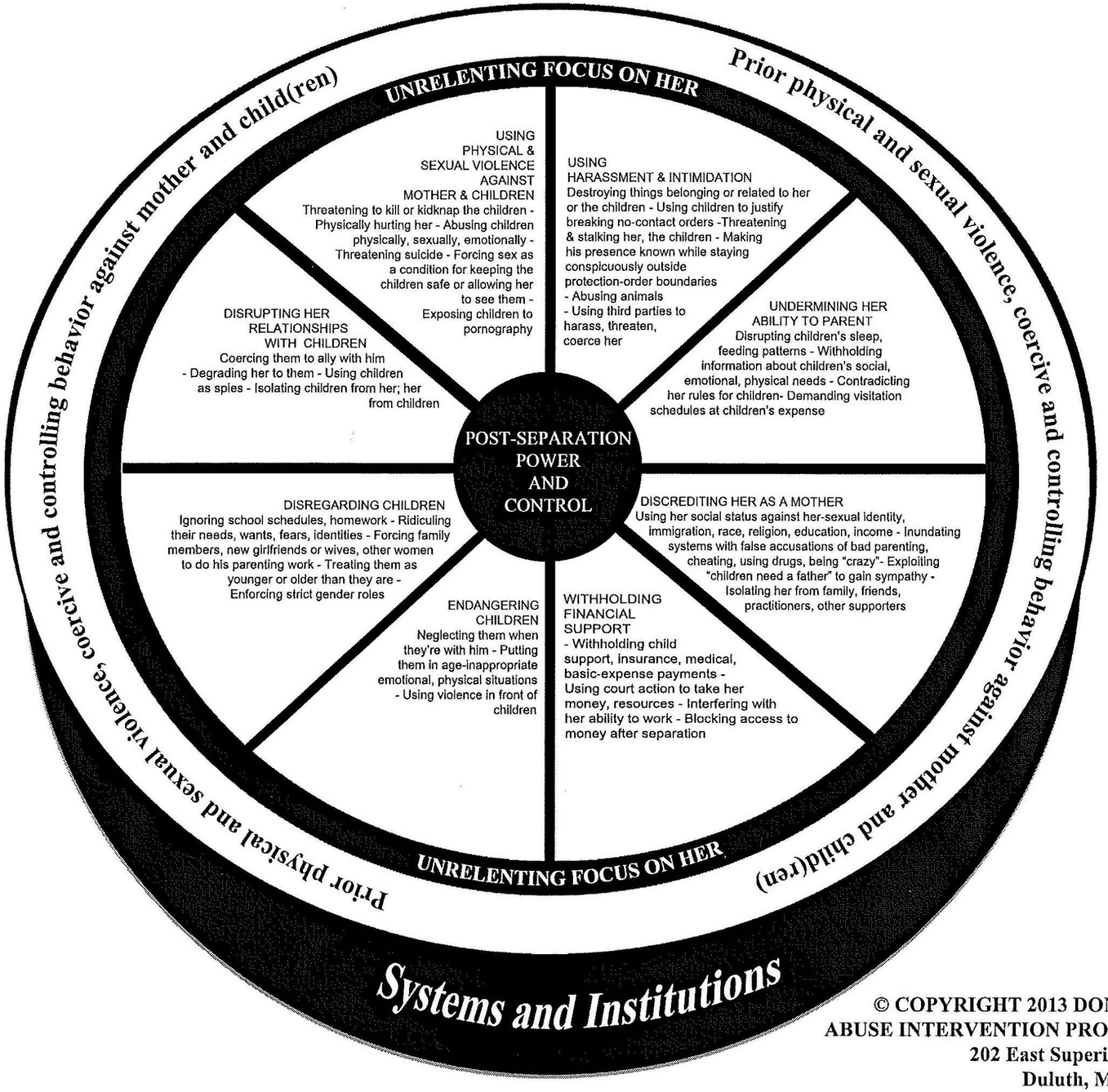
Power and Control Wheel



Adapted from the Domestic Abuse Intervention Project
Duluth, Minnesota



202 East Superior Street
Duluth, MN 55802
218-722-2781
www.theduluthmodel.org

Why victims don't "just leave"

Fear for their own safety

Not wanting their partner to be arrested or deported

Fear for the safety of their children

Not knowing where to seek help

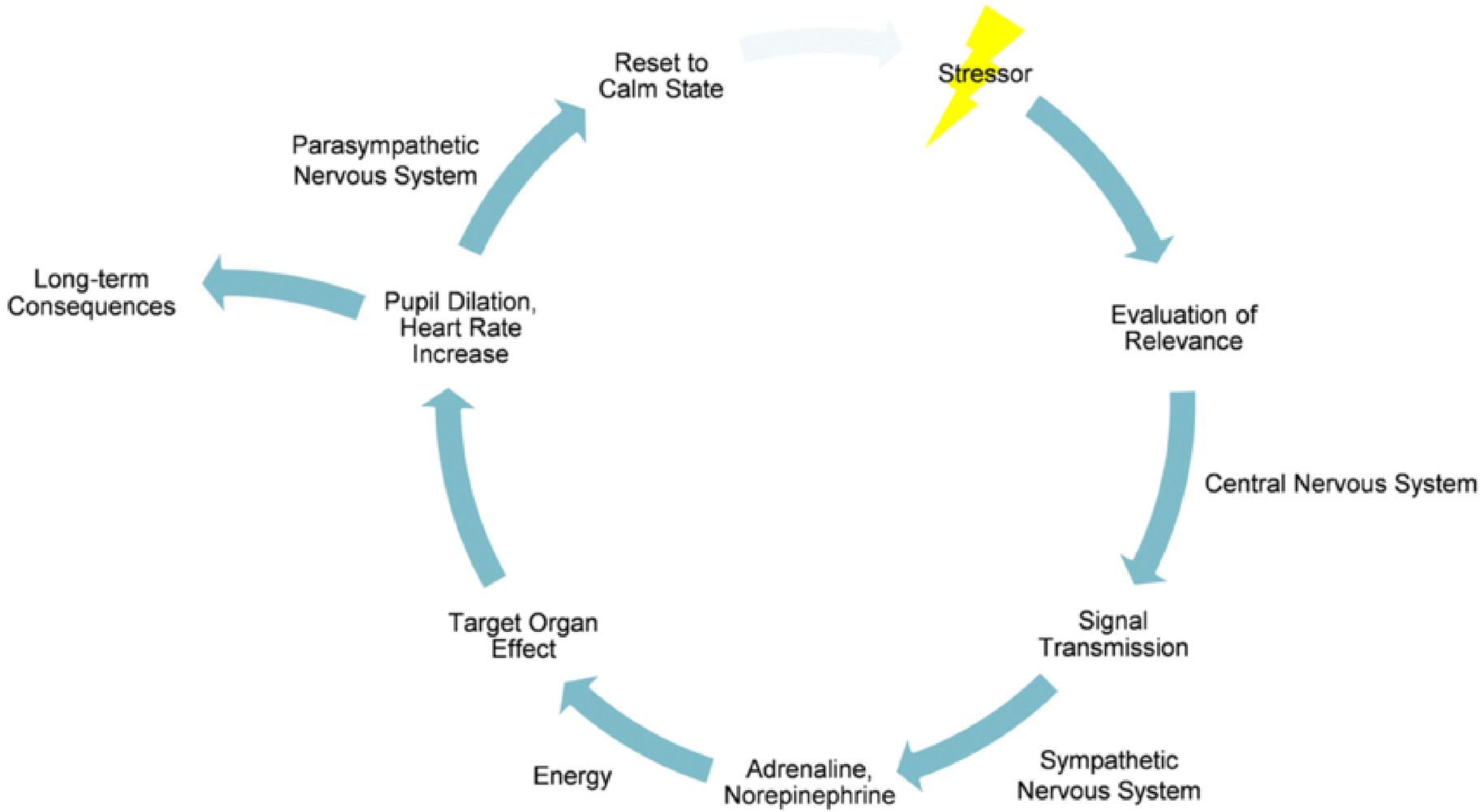
Fear that their violent partners will get custody of children

A manipulative partner

Financial Insecurity

Nowhere to go (housing)

The Stress Cycle



The Lifetime Spiral

Overlap with MH systems

Not all survivors of DV/IPV will need or seek MH treatment

Some will seek MH treatment for their children.

- Exposure to IPV increases risk of anxiety, depression, aggression in children (girls more likely to internalize, boys more likely to externalize)

½ of men and ¾ of women receiving treatment for Substance Use Disorders have perpetrated/experienced IPV

- Each of these experiences is predicted by their own childhood abuse or neglect

Bosk et al., 2022, Stein et al 2002; Ponce, 2014, Rebbe et al., 2025

Overlap with Child Welfare systems

1 in 6 children are exposed to IPV in childhood

In 2024, NH DCYF had nearly 2,400 instances of DV co-occurrence in cases.

- 2,395 FVPS referrals made by CPSWs
- 1,306 survivors served by FVPSs

NH DV programs served almost 12,000 people in 2023. Of those, 15% were under age 17 (1,700+ children experienced sexual violence and/or were exposed to DV)

Finkelhor et al, 2015; DCYF, 2023; NHCADSV, 2025

Choose your own adventure:

Walk in the shoes of a survivor

Misalignments in Services

Catchment Area of Service Sectors

State of New Hampshire
Domestic and Sexual Violence
Crisis Center Catchment Areas

the coalition AGAINST DOMESTIC & SEXUAL VIOLENCE

REV 10/25

MAP KEY

- RESPONSE
- STARTING POINT
- VOICES
- WISE
- NEW BEGINNINGS
- CENTER FOR SAFER COMMUNITIES
- THRIVE
- REACH NH
- MCVP
- BRIDGES
- HAVEN/SHARPP CENTER*

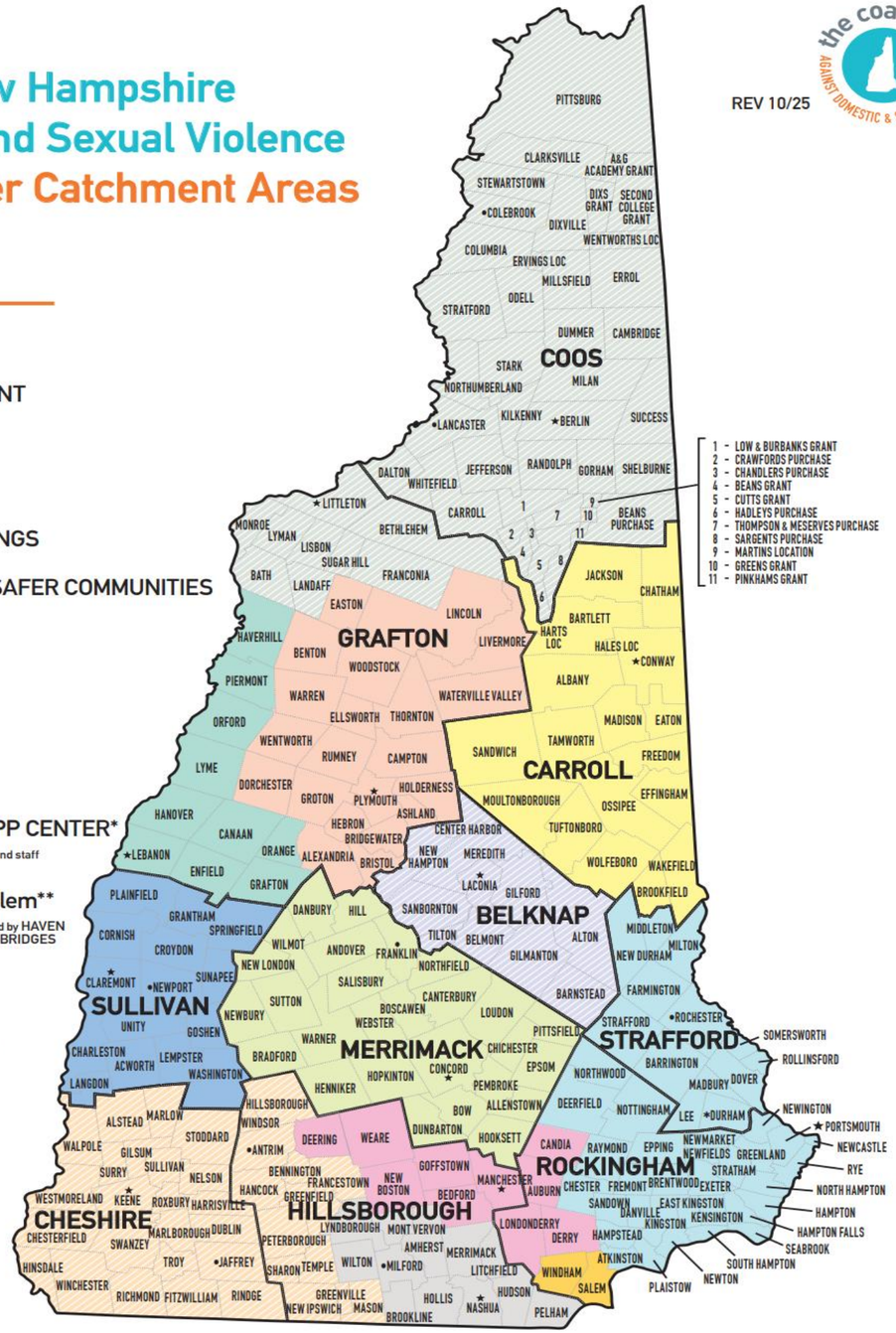
*SHARPP serves the students, faculty and staff of the University of New Hampshire

- Windham & Salem**

**Calls for Domestic Violence covered by HAVEN
**Calls for Sexual Assault covered by BRIDGES

★ MAIN OFFICE
● SATELLITE OFFICE

NOTE: Due to space restrictions, some smaller towns may not be shown on this map.



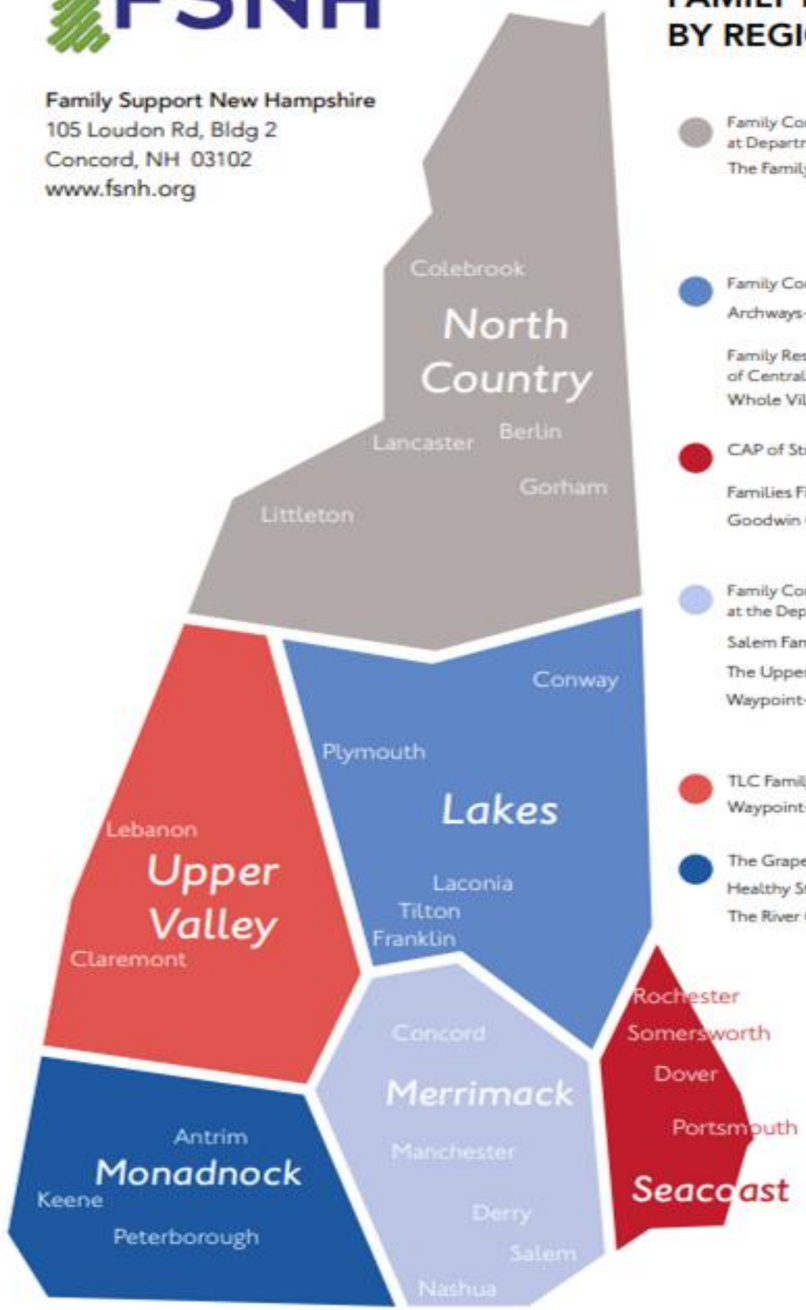
24/7 HOURS / DAYS

NH Statewide Domestic and Sexual Violence Hotline 1-866-644-3574

FSNH

Family Support New Hampshire
105 Loudon Rd, Bldg 2
Concord, NH 03102
www.fsnh.org

NEW HAMPSHIRE FAMILY RESOURCE CENTERS BY REGION



Family Connections Center
at Department of Corrections—**Berlin**
The Family Resource Center—**Berlin**
Colebrook
Gorham
Lancaster
Littleton

Family Connections Resource Center —**Conway**
Archways—**Tilton**
Franklin
Family Resource Center
of Central New Hampshire—**Laconia**
Whole Village Family Resource Center—**Plymouth**

CAP of Strafford County—**Dover**
Rochester
Families First—**Portsmouth**
Goodwin Community Health—**Somersworth**

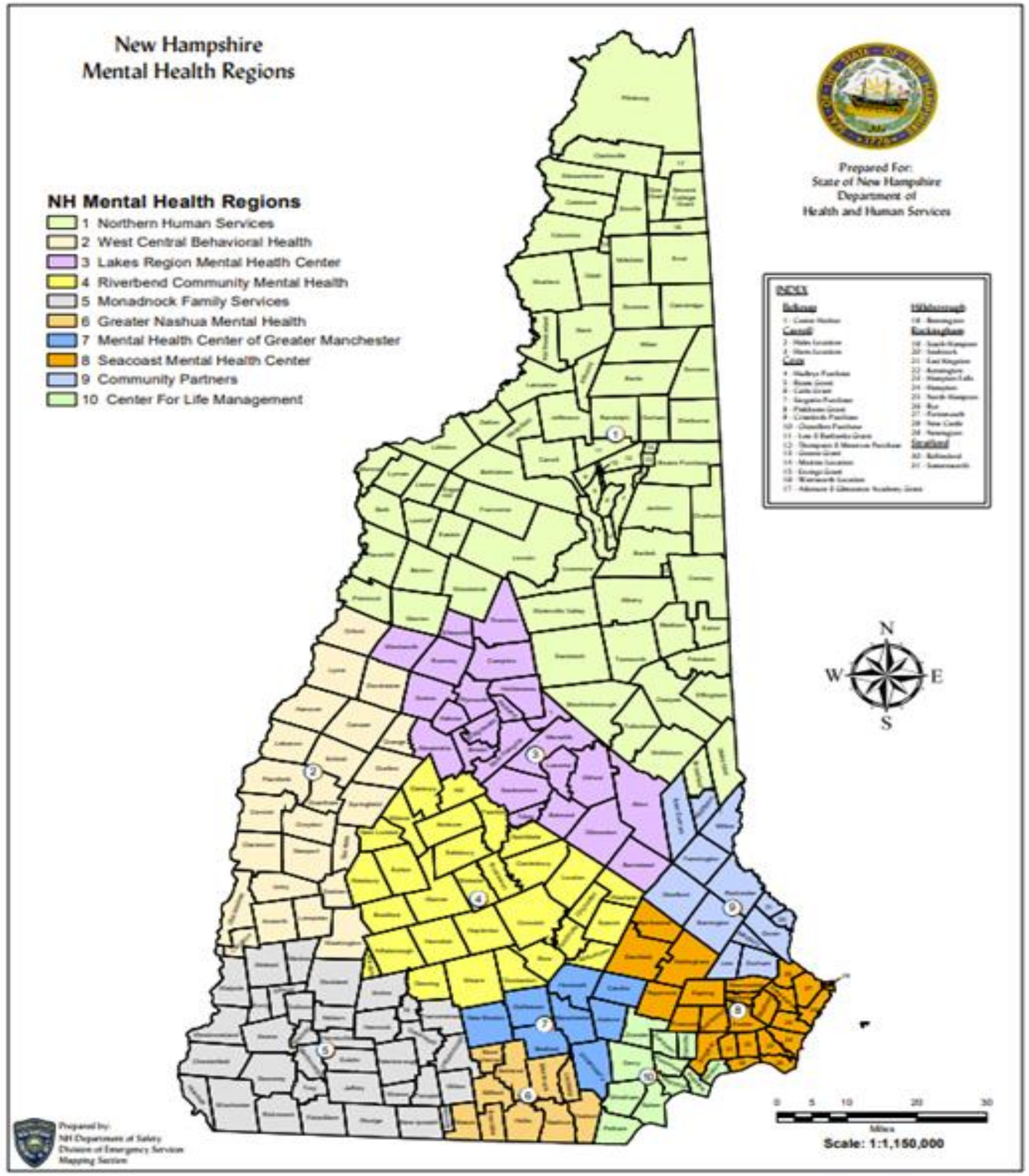
Family Connections Center
at the Department of Corrections—**Concord**
Salem Family Resources—**Salem**
The Upper Room—**Derry**
Waypoint—**Concord**
Manchester
Nashua

TLC Family Resource Center—**Claremont**
Waypoint—**Lebanon**

The Grapevine—**Antrim**
Healthy Starts—**Keene**
The River Center—**Peterborough**

New Hampshire Children's Trust
(603) 224-1279
info@nhchildrenstrust.org
www.nhchildrenstrust.org

New Hampshire Children's Trust
New Hampshire chapter of Prevent Child Abuse America


New Hampshire
Mental Health Regions
NH Mental Health Regions
1 Northern Human Services
2 West Central Behavioral Health
3 Lakes Region Mental Health Center
4 Riverbend Community Mental Health
5 Monadnock Family Services
6 Greater Nashua Mental Health
7 Mental Health Center of Greater Manchester
8 Seacoast Mental Health Center
9 Community Partners
10 Center For Life Management
Prepared For:
State of New Hampshire
Department of
Health and Human Services
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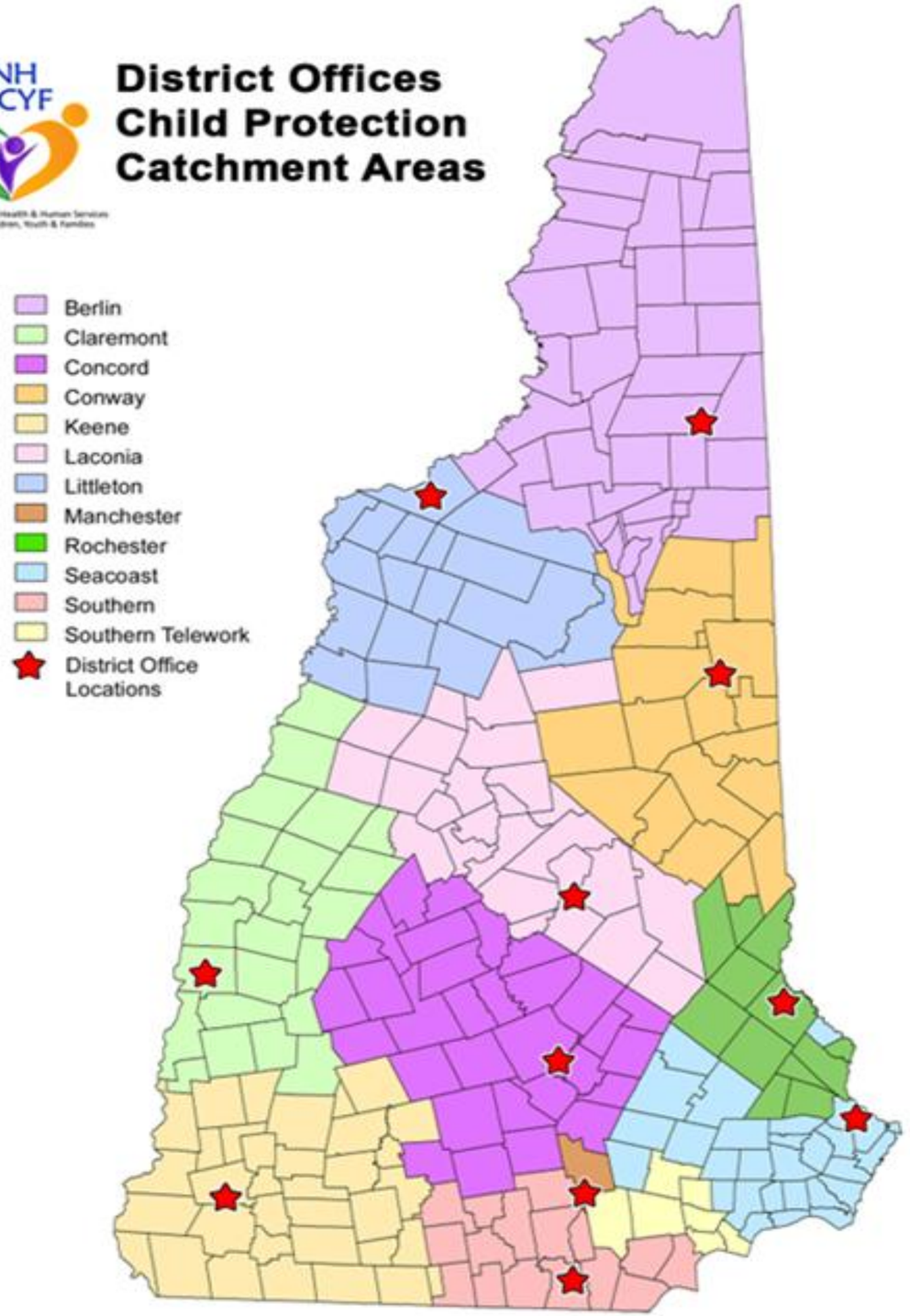
NH DCYF

NH Department of Health & Human Services
Division for Children, Youth & Families

District Offices Child Protection Catchment Areas



What misalignments have been identified in the literature?

System Roles

DV providers	MH providers	Child Welfare
Support survivor with their goals	Support identified client with their goals	Assess risk of harm to children
Advocacy and self sufficiency, Empowerment model	Therapeutic, trauma-Informed, person centered, Use clinical judgment	Safety focused**, child-focused, fact finding**, requirements for parents; ; have **legal authority**, have to **follow legal statutes**
Identified **client is the survivor**	Identified **client is whoever's service gets billed** (could be child or adult)	Identified client is the **child**

Barriers for Survivors

Real fear of losing custody

MH diagnoses, services, and information documented can be weaponized (custody or CPS)

Professionals may lack training so survivors may find services unhelpful or even retraumatizing

- Professionals sometimes also use dynamics of power and control, even inadvertently, contributing to disempowerment
- Professionals give unsafe or inappropriate advice
- Professionals hold the survivor responsible for child safety and well-being

Barriers for Survivors

Timelines don’t match

Finding resources and securing stable housing and finances takes a lot of time

Confusion in roles professionals play

Child welfare has legal authority, MH and advocacy are supportive roles

Local Findings: Project Align "All Teach All Learn" Workshop

Misalignments we discussed locally:

- Usually, both legal guardians must authorize child's MH treatment
- Perpetrator may:
  - Block other parent's access to insurance cards, custody orders, etc. needed for intake to MH services
  - Abusers can coerce other parent into allowing perpetrator to have access to the parent's medical records, complicating documentation of DV
- MH (and child protection) services implicitly hold survivor responsible for the "wrongs" that have been committed - for protection of child, getting child to services, etc.

Upper Valley Local Interviews

Local experts noted:

Lack of communication between service providers
Lack of understanding of each other's roles and restrictions
Staff turnover
Little incentive for collaboration
Role confusion

- legal authority vs support, clinical judgment vs. legal statute, differences in anonymity/confidentiality

Project Align Internship Issue Brief, 2025

Eleanor Pitcher, MPH Candidate

Upper Valley Local Interviews

Local experts recommended:

Ongoing shared meetings
Cross-training for each other focused on:

- roles, restrictions
- how their service system works
- limitations for survivors

Support agencies can help bridge gap between survivors and child protection in supportive way

Project Align Internship Issue Brief, 2025

Eleanor Pitcher, MPH Candidate

Discussion Questions

Innovative Approaches in NH

1

FVPS AT DCYF

Embedded DV specialists who work in/at the DCYF offices

2

PREVENTION PROGRAMMING

DV agencies, FRCs provide prevention programming in schools and community settings

3

(Project ALIGN) MH Supports through DV agencies

Circle of Security Training DV specialists ; contract with MH provider; MH consultation to DV advocates,

4

(Project ALIGN) CROSS AGENCY COLLABORATION

All Teach All Learn, shared creation of materials, DV training to MH

The NH Attorney General's NH DCYF DV protocol establishes a comprehensive approach to address the co-occurrence of DV in child welfare cases

All CPSWs receive training and consultation from experts on DV throughout the case process

Asses all families for DV

Attending SUD or MH health treatment should not be weaponized

Connect survivors and their children with crisis centers, legal, and MH services

Project Align "All Teach All Learn" Workshops

Building Collaboration and Coordination

Invite DV Agencies, MH, Child Protection, Family Resource Centers, Child Advocacy Centers

Each group shared their sector's goals, roles, what makes it difficult to support survivors, barriers and facilitators to collaboration

Table 4. Mean ratings of collaboration pre- and post-workshop across sessions.

Collaboration Topic	April 2025		September 2025	
	Retro Pre	Post	Retro Pre	Post
Trust	3.3	4.0	3.0	3.7
Role Clarity	3.3	4.5	3.7	3.8
Different Ways of Working	3.7	4.0	3.5	3.5
Open Communication	3.0	3.5	3.3	3.8

Improving MH Care to Survivors and/or their Children

Call your local DV agency to learn more about them, their services, and to get advice and help with specific issues

Case example

Top 5 Considerations when Providing MH Care to Survivors and/or their Children

1. Take the **pace of survivors** and keep them in the driver's seat
2. Provide **education and resources, not advice or judgment**
3. Be thoughtful about **documentation**
4. Hold **perpetrators accountable** in your language and actions
5. Ask what the **survivor needs**

Tricky Situations

- Considerations when documenting DV and impacts on child/survivor or dyad – in child's record? What about in caregiver's record?
- Report to police? Only if suspected child abuse/neglect or if / when victim wants this, and consult and collaborate with IPV experts
  - Exception: Health care providers DO have to report strangulation and gunshot wounds
- Not their fault, no blame, we hear and believe, validate how they are feeling
- Considerations for couples/family therapy when there is mild to moderate IPV/DV

Project Align Resources and Handouts

GUIDE TO SEEKING MENTAL HEALTH CARE FOR YOU AND YOUR CHILD

WHAT TO EXPECT WHEN YOU BEGIN MENTAL HEALTH SERVICES

- There can be a wait for services.
- With your permission, clinic staff can talk to others in you or your child's life (teachers, doctors).
- Clinics might have case managers and prescribing clinicians.
- Clinics might offer telehealth.
- Clinics might have attendance policies and rules about communication.

The mental health clinician will:

- **Talk** with you, your child, and maybe others
- **Give** you/your child questionnaires about depression, anxiety, stressful events, etc.
- **Determine** at least one mental health diagnosis to bill insurance
- **Develop** treatment goals and a treatment plan with you/your child
- **Meet** with you weekly, usually

WHAT YOU WILL NEED WHEN YOU CALL A LOCAL MENTAL HEALTH AGENCY

- Full name of person enrolling
- Contact information
- Insurance card/information
- Prior assessments that might be helpful

There is a lot of paperwork.
Clinics can usually help you fill out the forms.

If calling for a child/minor:

- You will almost always need contact information for *all* guardians.
- You may be asked to provide information about the child's pediatrician and school.
- Almost always, both guardians need to provide consent to treatment, unless a parent has lost their parental rights or cannot be located.
- Almost always, all legal guardians can request the child's mental health records at any time.
- You will be asked to provide custody/court/ex parte documents.

DEFINING MENTAL HEALTH SERVICES

Mental health services...

- Are different types of help for emotional or behavioral needs like depression, anxiety, trauma, relationship problems, or substance use.
- Can help parents learn how to manage their child's behavior, like tantrums, or help children with their emotions like anger, anxiety, or sadness.
- Can help the parent-child relationship.

TYPES OF THERAPY FOR YOU AND YOUR CHILD

Child Parent Psychotherapy (CPP) is a relationship-based therapy that helps you and your young child heal after stressful or traumatic experiences.

Attachment, Regulation, and Self-Competency is a framework for all age children with their caregiver that uses relational, emotional regulation strategies.

Other trauma treatments for children include TF-CBT, MATCH, EMDR, and others. Parents support the child.

Family Therapy includes many/all family members to understand the struggles and work together towards solutions.

WHY CAREGIVERS SHOULD BE PART OF THEIR CHILD'S THERAPY

1. You are the most important person in the child's life
2. You understand your child the best
3. You spend the most time with your child to help them cope. Clinicians need you to help the child practice what they learn.

Project Align

MORE ABOUT MENTAL HEALTH SERVICES IN THE AREA

Talk to your advocate or your doctor for a referral to mental health services for you and/or your child.

You can also reach out directly to one of the community mental health centers below.

COMMUNITY MENTAL HEALTH CLINICS

West Central Behavior Health
Serves people living in Grafton and Sullivan Counties of NH

(603) 542-5128
wcbh.org

Health Care and Rehabilitation Services
Serves people living in Windham and Windsor Counties of VT

(802) 886-4500
hcrs.org

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Supervising Child-Parent Visits with a Parent Who Used Domestic Violence:
Your Role as the Family or Friend Supervising

Project Align — Aligning systems and practices to prevent domestic violence and support survivors and their children.

What is a supervised visit? Why is it ordered?

Supervised visitation (referred to as 'parenting time' hereafter) is when the court requires a supervisor to be present during parenting time to ensure the child's safety. A judge's decision for ordered supervision is driven by what is in the child's best interest only. Judges do consider logistics like parent schedules and finding neutral supervisors.

Separation and Custody in the Context of Domestic Violence

Children are often put in the middle of parental divorce and separation. Domestic violence affects every individual in the family. Here are some signs of domestic violence:

Parents who used violence

- May try to control or scare the other parent or child by changing the schedule, sending messages to the other parent through the child, or bringing objects that remind them of bad memories.

Parents who experienced violence

- May be in denial about the risk from or take the blame for the violence.
- May act very protective of themselves and their child(ren).

Children

- Children's safety and well-being are dependent on the safety of their parents. In families with domestic violence, many children are exposed to or experience violence or neglect.
- Children may have behavioral or emotional concerns and may fear the parent who used violence.

Expectations of the Parent Who Used Domestic Violence

- To be physically and emotionally safe.
- To interact, play, and communicate with the child in a safe manner.
- To discuss age-appropriate topics with age-appropriate language.
- To avoid talking about other parent(s) or court/legal cases.
- To provide child's basic needs during parenting time (e.g. activities, snacks, lunch).

Resource for Friends and Family who may be supervising visitation

https://www.dartmouth-hitchcock.org/psychiatry/supervising-child-parent-visits-parent-who-used-domestic-violence

Supervising as a Friend or Family Member: The Basics

1. You agree to follow the court orders.
2. You have not been convicted of child abuse or other crimes against a person.
3. You have no record of requiring supervision in your own parenting time or custody arrangements with your own child.

General Duties

- Keep the child safe, protected, and comfortable.
  - Safety: Make sure the child(ren) and adults are in a safe environment and feel emotionally safe.
  - Health: Learn about each child's medical and mental health needs.
  - Comfort: If a child is very upset, consider ending the visit.
- Read and follow the court order.
  - Some, but not all, cases have protective orders as well.
- Stay neutral.
  - You may have feelings about the case. While you are supervising, remain neutral. Avoid discussing the case
- Report Abuse.
  - You must report abuse or problem behavior. Make sure the parents know this.

Before the First Scheduled Parenting Time

1. Have a copy of the protective order, if applicable.
2. Make a safety plan.
   a. Review the plan with the parent who experienced domestic violence.
3. Discuss expectations.
   a. Explain that the rules are intended to promote positive relationships and safety.
   b. Talk with the parent about their expectations for the parenting time and your ability to meet those expectations; prepare them for the child(ren)'s potential reaction.
4. Know what information is confidential and do not share it with the parent.
   a. If information must be released, remove identifying information, such as addresses, phone numbers, e-mail addresses, name(s) of employer, and name of school from paperwork as necessary.
5. Schedule the parenting time so there is NO CONTACT between the parents.
   a. Offer staggered arrival and departure times.
   b. Allow the custodial parent to wait nearby based on the safety needs, age, and disabilities of the child(ren).
6. Try to help the parent and child find fun things to do.
   a. Ask parents about the types of activities they would like to do.

During Parenting Time

1. See and hear what's going on at all times.
2. Do not let others stop by. (Unless the court has approved them to be present).
3. No negative comments about the child, the other parent, or other family members.
4. No talking about the court case.
   a. Children are kept out of adult talk about the court case; redirect when needed. The child(ren) may be looking for answers from the parent. Have a plan for what to say if the child(ren) ask direct questions.
5. Use your judgment and right to end or cancel parenting time.
   a. If the parent is under the influence of alcohol or illegal drugs, find a safe way to end the interaction, and make sure the child will not see or hear an argument.
   b. End parenting time or do not allow it to occur if parents behave in unsafe ways.
6. Respect the child(ren)'s wishes.
   a. Do not force the child(ren) to participate in the parenting time; explore gently their reason(s) for not wanting to and offer them other ideas, like saying hello, having it be shorter, and drawing a picture or writing a letter for the parent.
7. Check in with the child(ren), letting them express concerns or ask questions.
8. The parent should be the active participant; lessen your presence during the parenting time while observing.

After the Parenting Time

1. Document the parenting time.
   a. All observations are important. You may be asked to share your observations with the judge. Keep a record of parenting time, including positive moments and problem behaviors.

Special Rules for Sexual Abuse Cases

There are very strict rules for sexual abuse cases.The supervised parenting time must not be in the same place where the sexual abuse was said to have happened. Unless the court made a different order, you must not allow the parent to:

1. **Give gifts, money, or cards.**
2. **Photograph, audio, or video record the child.**
3. **Communicate by whispering, passing notes, hand signals, or body signals.**
4. **Have physical contact with the child (even if the child initiates the contact).**
   a. Do not allow the parent to:
      i. comb or stroke the child's hair,
      ii. hold hands, wrestle, tickle, horseplay with the child,
      iii. change the child's diapers or accompany the child to the bathroom.

This publication was made possible by [90EV0603] from the Department of Health and Human Services, Administration for Children and Families. Its contents are solely the responsibility of Dartmouth Health and do not necessarily represent the official views of the Department of Health and Human Services, Administration for Children and Families.

Additional Resources

- NH Coalition Against Domestic and Sexual Violence https://www.nhcadsv.org/
- NH Family Resource Centers https://www.fsnh.org/
- NH Community Mental Health Centers https://nhcbha.org/
- NH DCYF https://www.dhhs.nh.gov/programs-services/child-protection-juvenile-justice
- Power and Control Wheel https://www.thehotline.org/identify-abuse/power-and-control/
- Trauma Informed Care with Survivors https://nnedv.org/spotlight_on/understanding-importance-trauma-informed-care/
- SAMHSA's Practical Guide for Implementing TIC (2023) https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf
- National Domestic Violence Hotline https://www.thehotline.org/
- Mental Health Crisis Call or Text 988 or NH Rapid Response 1-833-710-6477 https://nh988.com/

Project Align https://www.dartmouth-hitchcock.org/psychiatry/project-align

- Resource for supervising visits

Questions

Erin.r.Barnett@dartmouth.edu

Bailey@wiseuv.org

Elias@havennh.org