Social Worker's Practice Guide

to Domestic Violence

Children's Administration
Washington State Department of Social and Health Services

February 2010
Revised May, 2012

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Issued: February 2010

Acknowledgments

Special thanks to the following people
for their contributions to this guide:

Laurie Alexander
Brent Borg
Roy Carson
Lonna Davis
Jeff Edleson
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Kristin Glenn
Steve Hassett
Sonja Heard
Margaret Hobart
Sheila Huber
Tim Jaasko-Fisher
Maureen Kelly
Colette McCully
Holly Miranda
Nicole Muller
Jeff Norman
Bob Palmer
Chris Robinson
Roberto Rodriguez
Cindy Rust
Leah Stajduhar
Meri Waterhouse

Thanks also to the following for permission to
use and adapt materials developed by them:

The Family Violence Prevention Fund
Georgia Domestic Violence Coalition
Praxis International
State of Massachusetts
State of Minnesota
State of New Hampshire
State of Oregon
Washington State Coalition Against Domestic Violence (WSCADV)
Washington State Supreme Court Gender and Justice Commission

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Table of Contents

Message from the Assistant Secretary **2**
Introduction and Definition of Terms **3**

Part 1 Overview of Domestic Violence and Child Welfare **5**
Recognizing Domestic Violence 6
Impact of Domestic Violence on Children, DV Victims, and DV Perpetrators 7
Increasing Children's Safety by Supporting
Adult DV Victims and Holding DV Perpetrators Accountable 9
Working with the Community to Increase Safety for DV Victims and Children 11
Part 2 Legal Considerations and CA Domestic Violence Policies **15**
Protection Orders 16
Reasonable Efforts Regarding Domestic Violence 17
Access to Records and Information 18
Access to Children 19
Foundation for CA's DV Specific Policies 20

Practice Recommendations: Responding to Domestic Violence **21**
Safety First: Interviewing Strategies for Screening, Assessing, and Responding to Domestic Violence 22

Part 3 Routine Screening for Domestic Violence **25**
Domestic Violence Screening Procedures at Intake 26
Screening for DV throughout the Life of a Case 28
DV Screening Procedures at Investigation/Assessment 29
Part 4 Specialized Assessment of the Risk DV Poses to Children **33**
Key Elements of the Specialized DV Assessment of Risk to Children 34
Specialized DV Assessment Procedures 34
Specialized DV Assessment Procedures at Intake 35
Specialized DV Assessment Procedures during Investigation/Assessment 36
Specialized DV Assessment during Service Planning, Monitoring, and Review 51
Documentation of the Specialized DV Assessment 51
Integrating the Specialized DV Assessment into the CA Risk Assessment Process 51
Talking with Children about Domestic Violence 52

Part 5 Applications of the Specialized DV Assessment to Case Decision Making **55**
When the Threat to Child Safety Is Specifically from the DV 56
When the Threat to Child Safety Is Not Specifically from the DV 60

Part 6 DV Safety Planning, Service Planning in DV Cases, and Practice Applications with DV Perpetrators **61**
DV Safety Planning 62
Service Planning in DV Cases 67
Practice Applications with Adult DV Victims 69
Practice Applications with DV Perpetrators 72
Visitation Protocols for DV Cases 79

References **81**

Appendix A
Power and Control Wheel 84
Comparison of Court Orders: Legal Protection from Domestic Violence, Harassment, or Abuse 85

Appendix B
Domestic Violence Services and Information 87
Resources on Domestic Violence 88

Message from the Assistant Secretary

Dear Colleagues:

I am pleased to introduce the Social Worker's Practice Guide to Domestic Violence. Every day Children's Administration staff and our dedicated community partners work diligently with families to ensure safety and secure permanency for children, as well as improve child and family well-being. However, the families we serve are often challenged by multiple complex issues. Research in recent years shows domestic violence is one issue that often coexists with child maltreatment in the families CA serves.

Domestic violence may profoundly impact the ability of a family to protect and nurture their children. It may also pose a threat to social workers and other professionals working with the family. Because of these concerns, it is critical that Children's Administration social workers have access to current information and resources about domestic violence, and that our social workers partner with private agencies to better serve families experiencing domestic violence.

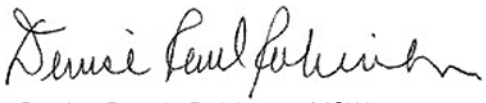
This practice guide is one of the key results of a multi-agency, multi-year collaboration that has leveraged the knowledge and expertise of state and national experts in the fields of domestic violence and child welfare. The guide provides relevant research, practice recommendations and information regarding community supports to help social workers implement domestic violence-specific policies of Children's Administration. The development of these policies was also a key result of this important collaboration.

As we work together to address co-occurring child maltreatment and domestic violence, we must remember that the focus of our actions must always be to increase safety for children. To keep this focus at the forefront of our efforts, Children's Administration developed the primary goals for addressing domestic violence which are shown below. We will continue to use these goals in shaping our response to families experiencing domestic violence.

Children's Administration primary goals for addressing domestic violence — we will increase safety of children by:

- Working with domestic violence victims to increase their own safety.
- Respecting the protective efforts and decision-making of adult domestic violence victims.
- Holding domestic violence perpetrators accountable both for their abuse and for changing to become safe parents.
- Working with families in culturally competent ways.
- Collaborating with community partners, as well as with families, to promote solutions and resources.

Thank you for your continued efforts to improve the lives of the children and families involved in the child welfare system in Washington State.



Denise Revels Robinson, MSW
Assistant Secretary
Children's Administration

Introduction

What is the purpose of the Social Worker's Practice Guide to Domestic Violence?

CA developed this practice guide to provide direction to social workers working with families experiencing domestic violence. While varying definitions for "domestic violence" appear within Washington statute, it is important to note that this guide addresses best practices for working with families experiencing domestic violence occurring between intimate partners.

The guide focuses on the knowledge and skills needed by all workers, not solely DV specialists. The guide reflects new insights in effective child welfare responses, so it is relevant for both experienced and new workers.

Who should use the guide?

- Any CA social worker who works with children and families in:
  - Intake
  - Child Protection Services (CPS) Investigations
  - Child and Family Welfare Services (CFWS)
  - Family Voluntary Services (FVS)
  - Family Reconciliation Services (FRS)
  - Division of Licensed Resources (DLR)
  - Alternative Intervention Services
- CA supervisors involved in training and guiding workers
- CA Training and Staff Development

How is the guide organized?

The guide is divided into sections, with tabs to identify key topic areas.

How should a worker use the guide?

Part 1: To effectively implement the practice guidelines in later sections, all workers should read the brief overview of DV and child welfare in this section, as well as:

1. "Understanding Domestic Violence: The What, Why, and Who" (Ganley, A., Chapter 2, Domestic Violence Manual for Judges 2006, Washington State Gender and Justice Commission), available at http://www.courts.wa.gov/index.cfm?fa=home.contentDisplay&location=manuals/domViol/index.
2. "Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety" (Mederos, F. (2004) Family Violence Prevention Fund), available at http://endabuse.org/userfiles/file/Children_and_Families/Accountability_Connection.pdf

Part 2: Workers should read (and then reference as needed) this review of DV/CA-specific legal and policy issues.

Parts 3–6: These sections contain the more detailed descriptions of CA protocols and practice guidelines for social workers working with families for whom DV is an issue. Each section is tabbed to facilitate easy access to guidelines for handling specific CA tasks such as:

- Routine screening for DV at intake, investigation, service planning, and case review
- Conducting the Specialized DV Assessment throughout the life of a case
- Case decision making, service planning, and case review for identified DV/CA cases
- Documenting DV in case files and integrating DV issues into CA decision-making tools

Appendices A and B: These sections contain resources and tools that workers may use when working with individual families.

Definition of Terms Used in This Guide

Child maltreatment: sexual abuse, sexual exploitation, or injury of a child by any person under circumstances that cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child (RCW 26.44.020, see also WAC 388.15.009).

Caregiver: legal parent, custodian, or person acting in loco parentis.

Child(ren): any person under the age of 18 years.

Coercion: using force or threats to make somebody do something against his or her will.

Collaboration: two or more entities or organizations working together to achieve an agreed-upon goal that they each cannot achieve autonomously.

Domestic violence (DV) (aka intimate partner violence (IPV)): (behavioral definition) a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. (This behavioral definition is most useful to the safety tasks of CA workers.)

A DV perpetrator's abusive tactics may include (but are not limited to): physical abuse, sexual abuse, intimidating tactics (for example use of or threats of violence against victim, children, others, or property), physical and/or psychological isolation of the victim, repeated attacks against the victims' competence, alternating use of indulgences, control of family funds and resources, stalking, and use of children and systems (such as CPS and the courts) to control the adult victim.

Domestic violence advocate: a trained staff person who works in a program that provides services to DV victims. DV advocates include:

- *community*-based advocates working in nonprofit DV programs
- *system*-based advocates working in and paid by a government system, such as a prosecutor's office or police department

Domestic violence perpetrator (aka DV perpetrator): a person in an intimate relationship who uses a pattern of assaultive and coercive behavior to control his or her partner. The DV perpetrator uses a variety of tactics that result in power and control. (Some of these tactics are criminal or physically violent, while others are neither criminal nor physically violent.)

Domestic violence perpetrator treatment program (aka domestic violence batterer's intervention or treatment program): an intervention program specifically designed for individuals who perpetrate intimate partner violence. In the state of Washington, DV perpetrator treatment programs must be certified by the Department of Social and Health Services (DSHS) and must comply with the minimum standards in WAC 388-60.

Domestic violence safety plan: a plan developed with the adult DV victim to increase safety for both the adult DV victim and the children. DV safety planning:

- addresses both immediate and long-term safety threats to both the adult victim and the children
- takes into consideration the specific pattern of the DV, the DV perpetrator's tactics, and the protective factors of the adult victim, children, community, and DV perpetrator

Domestic violence screen: a routine, universal inquiry protocol used at each stage of a CA case to answer the following questions:

- Is DV present in this case?
- If DV is present, then who is the adult DV victim and who is the DV perpetrator?

Domestic violence victim (aka adult victim): the adult (or adolescent) intimate partner at whom the domestic violence perpetrator's pattern of coercive and controlling behavior is directed (see list of behaviors in above definition of DV). The adult or adolescent victim may or may not be the legal parent or the "in loco parentis" caregiver, the subject of the referral, the perpetrator of child abuse or neglect, the primary caregiver or the secondary caregiver.

Specialized Domestic Violence Assessment: a protocol to determine risk to a child posed by identified DV.

Overview of Domestic Violence and Child Welfare

Part 1

This section of the guide builds social workers' knowledge about:

Recognizing DV when they see or hear it

- DV is a pattern of assaultive and coercive behaviors resulting in power and control over an intimate partner.
- DV perpetrators use a variety of tactics and strategies to control victims and children.
- It is important to understand the role that culture plays in DV.

Understanding the impact of the identified DV

- DV affects individual children differently.
- DV can impact the parenting of both DV victims and perpetrators.
- DV may interact with, and impact, other issues a family may be experiencing (such as poverty, substance abuse, and social isolation).
- The presence of DV may inform what services and other help a family needs.

Engaging with DV perpetrators and partnering with non-offending parents to increase safety for children

- Successful engagement of DV perpetrators requires social workers to connect with DV perpetrators and hold them accountable for the harm they inflict on children and for becoming safe/responsible parents.
- When social workers support DV victims to increase their safety, it increases safety, well-being, and permanency for children.

Collaborating with community partners to remove the risks posed by DV perpetrators and increase safety for adult DV victims and children

- Working cooperatively with DV victims' advocacy organizations and DV perpetrator treatment programs benefits both social workers and families.
- CA supports and encourages collaboration at the local level to address co-occurring DV and child maltreatment.

Did you know?

In a 2005 study of families served by CA, DV was indicated as present in:

- One in five cases referred to child protective services
- 38% of cases meeting the sufficiency screen for screen-in
- 47% of cases assigned for investigation

(English, Edleson, & Herrick, 2005)

The U.S. Advisory Board on Child Abuse and Neglect suggests DV is a major precursor to child abuse and neglect fatalities in this country *(U.S. Advisory Board on Child Abuse and Neglect, 1995)*.

DV was indicated in 48% of 117 child fatalities reviewed by Washington State DSHS in 1997.

A total of 635 people died in domestic violence–related fatalities in Washington State between January 1, 1997, and June 30, 2008.

- Domestic violence abusers or their associates killed almost all of the homicide victims (90%).
- Victims included domestic violence victims and their children, friends, and family members.

(Fawcett, Starr, & Patel, 2008)

Recognizing Domestic Violence

Behavioral definition of DV: Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.
This behavioral definition is used in carrying out the multiple safety tasks of CA social workers.

Domestic violence is:

- A pattern of conduct, not an individual, isolated event.
- Use of physical force or the threat of physical harm against adult victims (or children) to establish dominance. DV perpetrators' use of physical force against people or property is key to the definition of DV. DV perpetrators may use physical force frequently or infrequently.
- A wide range of assaultive and coercive behaviors: some criminal, some not; some physically damaging, some not. Not all DV perpetrators use all the tactics. One DV perpetrator's pattern may include one event of physical force (e.g., shoving the adult victim against a wall) combined with repeated incidents involving non-physical tactics (e.g., threats to kill, to abduct the children, etc.). Another DV perpetrator may repeatedly use physical violence against the adult victim and/or children.
- A pattern of assaultive and coercive behaviors in intimate relationships. Not all assaults are part of an ongoing pattern of coercive behaviors that results in gaining power and control over a partner. A DV victim may use physical force (in self-defense or in retaliation) without engaging in a pattern of assaultive and controlling behavior against the DV perpetrator.

Only by considering both physical **and** non-physical DV tactics can social workers determine the risks individual DV perpetrators pose to children.

Understanding the Why of DV

Perpetrating DV is a chosen, learned behavior of the DV perpetrator. DV is learned in families, communities, and cultures. DV perpetrators learn not only their abusive tactics but also the belief systems that support their use of abuse against intimate partners and children.

DV is not caused by illness, substance abuse, anger, the behaviors of adult victims, or problems in the relationships.

Variety of intimate relationships
Domestic violence occurs in a relationship in which the perpetrator and victim are known to each other. The abused party and the perpetrator are or have been or may become intimate partners. It occurs in both adult and adolescent intimate relationships. The victim and perpetrator may be or have been dating, cohabiting, married, divorced, or separated. They may or may not have children in common. The relationships may be heterosexual, gay, or lesbian. The relationships may be of short or long duration.
(Adapted from Ganley, Chapter 2, Domestic Violence Manual for Judges, 2006)

When it appears that both partners use physical force in some form against each other, it is critical to ask:

- Whose use of physical force creates fear in other members of the family?
- What is the intent of each person's physical force (i.e., physical self-defense or intimidation)?
- Who suffers the most serious consequences from being a target of violence in terms of injuries, impact on daily routines, or isolation?
- Who is exerting control through other coercive tactics: control of finances, manipulation of children, sabotage of work or family relationships?
- Is one partner more vulnerable to coercion due to her or his cultural status, language access, residency status, or other disadvantages?

Tactics DV perpetrators use to control their victims

- ***Physical abuse*** (e.g., pushing, hitting, biting, restraining, hitting with objects, slapping, choking, strangulation, using weapons or objects)
- ***Sexual abuse*** (e.g., forced or violent sex, forced pornography)
- ***Psychological attacks***
  - *Intimidation and threats (e.g., use of or threats of violence against adult victims, children, others, or property, display of weapons, stalking)*
  - *Surveillance (e.g., tracking via GPS system, calling victims numerous times per day, monitoring e-mail and telephone use)*
  - *Physically and/or psychologically isolating victims from family, friends, the community*
  - *Emotional abuse (systematic attacks on victims' self-image and sense of competence)*
- ***Economic coercion*** (e.g., controlling family funds and resources, ruining credit, stealing and misusing money, sabotaging victims' efforts to work or gain education)
- ***Using the children to control adult victims*** (e.g., using the children to conduct surveillance of adult victims, blaming adult victims for the perpetrators' attacks against the children's loved objects or pets, threats to take the children, interference with children's health care or education or visitation, false reports to child welfare or custody proceedings)

Did you know?

In studies comparing children of DV victims to community samples, children show a wide range of resiliency to DV:

- In some studies, children of DV victims were indistinguishable from community samples in terms of behavior problems or depression.
- Other studies found somewhat elevated levels of depression, behavior problems, and insecurity.

(Sullivan et al., 2000)

Understanding the Who of DV

DV perpetrators come from all groups: all ages, races, religious affiliations, occupations, educational levels, and personality types. Some have histories of abusing a series of partners. Some believe they are entitled to use violence to get adult victims and children to behave in certain ways. They minimize, deny, and lie to continue their controlling tactics.

Adult DV victims come from all groups: all ages, races, religious affiliations, occupations, educational levels, and personality types. They may minimize and deny the violence in order to protect their children and themselves from the perpetrator.

DV and Culture

DV is present in all cultures, social or economic classes, and communities of faith. Differences in culture can impact the following:

- How people perceive and react to DV
- How DV victims or DV perpetrators seek services related to DV
- How DV perpetrators carry out the abuse

DV perpetrators often misuse cultural norms to maintain their power and control over their victims. They also may justify their abuse in cultural or religious terms if they think doing so will be effective.

However, just as all cultures hold values that support the protection and nurturance of children, all cultures also hold values that support peaceful, mutually respectful intimate relationships.

Impact of DV on Children, DV Victims, and DV Perpetrators

DV's Impact on Children

DV does not affect all children in the same way. The impact of DV on children varies by:

- The types, frequency, and severity of tactics used by the DV perpetrator
- The age, gender, and development stage of the child
- The presence of other risk and protective factors

(Edleson, 2001)

This range of findings indicates the need for social workers not only to identify when DV is present, but also to assess and consider all of the following:

1. Specifics of the DV perpetrator's particular pattern of violent and coercive behaviors
2. Impact of the DV on the child and adult victim
3. The child's relationship with the non-offending caregiver
4. Protective factors in the child, adult victim, community, or DV perpetrator

DV's Impact on Parenting

DV Victims as Parents

As a group, DV victims as parents are not significantly different from non-victims as parents. Multiple published studies did not identify differences between groups of battered and non-battered women in terms of their parenting practices.

Parenting by DV victims may be directly sabotaged or indirectly undermined by DV perpetrators whose tactics:

- Interfere with childcare arrangements, visitation, or CA service plans
- Tell the children they do not have to follow house rules (or school plans, health plans, etc.) of the other parent
- Result in injuries, stress, isolation, and/or economic vulnerability, which compromise adult victims' parenting
- Undermine victims' ability to address their own issues of substance abuse, mental health issues, etc. (For example, DV victims may abuse substances as a way of coping with the physical and emotional pain of DV victimization and need support to address these issues.)

DV Perpetrators as Parents

Unlike DV victims, DV perpetrators do differ from parents in general.

- DV perpetrators are much more likely than non-batterers to abuse their children physically (Straus,1983).
- They are up to four times more likely than non-batterers to abuse their children sexually (McCloskey, Figueredo, & Koss, 1995).

DV perpetrators' violent and controlling behavior can harm children by:

- Physically harming the children
- Endangering the children through neglect
- Psychologically terrorizing the children
- Coercing the children to participate in the abuse of their non-offending parent or other adult caretakers
- Preventing or undermining adult DV victims' care of the children
- Undermining the ability of CA and community agencies to intervene and protect the children

DV perpetrators may also impact children negatively by:

- Creating role models that perpetuate violence
- Undermining DV victims' parental authority
- Retaliating against DV victims for efforts to protect children
- Sowing divisions within their families
- Using children as weapons against DV victims

(Bancroft & Silverman, 2002)

DV perpetrators exhibit a broad range of parenting capacities:

- They may range from neglectful to rigid and/or authoritarian parents.
- Some may see their children and partners as extensions of themselves or objects they own, as opposed to vulnerable, individuals who are deserving of care and dignity in their own right.
- Other perpetrators may desire to be good parents. This may afford opportunities for social workers to engage DV perpetrators in making positive changes.

Did you know?

According to one study of mothers and children in a battered women's shelter, "The vast majority of mothers and children agreed that the mothers were available to their children, closely supervised their children, and enjoyed being parents."

The same study found that the DV perpetrators' assaults and abuse of the victims did increase the victims' parenting stress and had a direct impact on children's behavior problems.
(Sullivan et al., 2000)

Practice Tip:

Assessing DV Adult Victims as Parents

It is critical for social workers to distinguish between DV victims' difficulty in coping with DV (which is a normal response to high stress) and chronic poor coping skills. The stress of coping with DV, parenting, and perhaps working can result in DV victims appearing frazzled, exhausted, or disorganized.

Many DV victims recover and increase their coping capacity when they receive support, are free from danger, and/or have protection from DV perpetrators' ongoing emotional abuse.
(Holden et al., 1998)

CA social workers may encounter a wide array of DV case scenarios:

- DV may or may not be identified as the primary issue in the referral.
- The DV perpetrator is primarily responsible for physical/sexual abuse of the child, while the DV victim is as protective as possible under the circumstances.
- The DV perpetrator physically and/or sexually abuses the child as well as the adult DV victim.
- The DV perpetrator endangers the child during assaults against the adult victim (e.g., the child may be hit by objects thrown by the perpetrator or struck while attempting to intervene in an assault between adults).
- The DV perpetrator neglects the child's basic needs while exclusively focusing on controlling the adult victim.
- The DV perpetrator's abuse and control undermines the adult DV victim's parenting of the child or ability to work with a CA service plan.
- The DV does not directly pose a danger to the child, but the effects of the DV do (e.g., the adult victim abuses alcohol or prescription drugs as a method of coping with DV, and the drug use compromises parenting capacities).
- The DV is a co-occurring issue along with other child maltreatment concerns of either the DV perpetrator or adult victim (e.g., the adult victim's abuse of the child or the DV perpetrator's methamphetamine addiction makes DV more dangerous to both the adult victim and the child, or there are DV issues in family or foster care placements).

CA Response to Domestic Violence

Throughout gathering, assessing, analyzing, service planning, and review of cases, social workers should consistently consider DV-related questions such as:

> *Is there DV in this case or not? If so, who is the DV perpetrator and who is the adult victim?*
>
> *Does the DV perpetrator's abusive behavior toward the adult DV victim place children in present or impending danger?*
>
> *How does the DV perpetrator's abusive behavior toward the adult victim impact the ability of the family to address issues of concern for the children?*
>
> *How can CA work with the family to minimize the DV perpetrator's ability to control and abuse the perpetrator's intimate partner and therefore the children?*
>
> *How can CA help increase the protective capacity of the DV victim to create safety for the victim and the children?*

Increasing Children's Safety by Supporting Adult DV Victims and Holding DV Perpetrators Accountable

Historically in DV case plans, child welfare workers tended to focus exclusively on adult victims and paid little or no attention to DV perpetrators. Social workers expected adult DV victims to end abusive relationships in hopes that this alone would protect the children. Case plans often required adult DV victims to move out or file protective orders against DV perpetrators. However, expecting adult victims' actions to change DV perpetrators' conduct proved to be an unrealistic strategy that often set up poor outcomes for the children involved.

Nationally, child welfare experts and innovators are now recognizing that child welfare approaches that focus exclusively on separation as the safety strategy and that use "failure to protect" allegations against adult DV victims as the tool to force DV victims to comply with agency-driven safety plans do little to increase the safety and well-being of children.

Not all DV situations are the same, not all require immediate separation, and not all separations prove to be the safest route for adult victims and children.

In DV cases children's safety is best served when social workers carefully assess the identified DV in the individual families, work collaboratively with the DV victims to determine the best course of action, and engage the DV perpetrators in changing their abusive conduct and in becoming safe parents.

Separation or Protection Orders May Not Decrease the Danger DV Perpetrators Pose to DV Victims and Children

DV perpetrators should be held accountable for the threat their violence poses to DV victims and children.

Separation does not necessarily end the danger that DV perpetrators pose. DV perpetrators continue to be DV perpetrators whether or not they are living with their partners, separated or divorced, incarcerated, or subject to protective orders.

- Many DV perpetrators are infuriated by DV victims' attempts to obtain help or lessen the perpetrators' control over them. When DV perpetrators' control is threatened, their abuse often escalates. Many DV victims face higher risks of violence when they attempt to leave the perpetrators.

- DV victims who file for protection orders, move out, or demand that the DV perpetrators move out may also face housing instability or potential homelessness if they do not have adequate resources or if they depend on the DV perpetrators' income.

Separation alone does not offer protection. Research indicates even when DV victims separate from DV perpetrators, their children may be exposed to equal amounts of threats and physical violence as children of parents still living together, unless precautions are taken to ensure both the children's and the DV victims' safety (O'Sullivan, 2002).

Living in separate housing or being a subject of a protection order does not keep DV perpetrators out of their children's lives. DV perpetrators actively seek opportunities to continue to exercise power and control over their victims using issues of parenting, custody, and visitation.

When adult DV victims separate from, divorce, or file protection orders against DV perpetrators, courts may order unsupervised visitation and joint custody of the children with the perpetrators.

- DV victims often fear this outcome, as it potentially leaves their children in the care of an abusive parent without a protective parent present.

- Joint decision making forces adult victims to negotiate with the people who have been abusing them, and it exposes children to ongoing abuse through visitation.

Did you know?

In Washington 47% of homicides committed by domestic violence perpetrators took place as the victim attempted to leave the relationship or soon after.

In 2005, half of all women murdered in Washington were killed by current or former intimate partners. *(Fawcett & Starr, 2006)*

Two of the major reasons reported by DV victims both for staying with and for leaving abusive partners are the safety and welfare of their children. *(Hilton, 1992; Humphreys, 1995; Sullivan et al., 2000)*

Tips for successful community collaboration in responding to DV and child maltreatment

- Understand the particular role of each agency in the community with regard to reporting, responding to, and intervening in DV and child maltreatment.
- Respect each agency's legal and ethical obligations regarding confidentiality and release of information.
- Work to improve how the systems respond to families generally rather than focusing exclusively on particular cases.
- Keep a positive attitude. Focus on strengths and possibilities—what you have done together and what you can do together—while understanding limitations that may exist. Avoid being cynical—don't decide in advance that nothing can work.
- Be willing to create a recommendation, an agreement, and/or a plan of action with the other parties involved.
- Be open to being influenced by others. There may be more than one right way. Be neither a doormat nor an immovable object.
- Maintain a curious/investigative attitude about others' needs, power, mandates, mission, barriers, and opportunities to move forward. Avoid blaming, "should-ing," and/or making assumptions about others' motives and meaning.
- Look for connections—the "fit," meeting your needs and others' needs—rather than differences.
- See yourself as a significant partner and have confidence in your ability to "hold your own" when situations are confusing and complex. *(Piercy, 2000)*

Working with the Community to Increase Safety for DV Victims and Children

Collaboration with Community Partners

Responding to DV, helping DV victims and their children increase their safety, and holding DV perpetrators accountable for their actions is complex work that involves multiple institutions. While child welfare workers have a particular role in protecting children, successful collaboration efforts recognize that keeping DV victims and children safe is a community responsibility.

CA can help make this safety possible by collaborating with other social service and civil and criminal justice agencies in responding to DV. Many local CA offices regularly work with other agencies and institutions in their communities to develop coordinated responses to co-occurring child maltreatment and DV.

Collaboration sometimes focuses on helping particular individuals. However, the most powerful collaborations include strategizing to change systems generally. This results in institutional responses that are consistently more effective and useful to the people affected by them.

Collaborations between the child welfare system and DV advocacy organizations should focus on improving experiences and outcomes for children and adult DV victims rather than simply smoothing procedures or easing access to information or paperwork.

Working with Domestic Violence Victim Advocacy Organizations

> "Some of the most difficult cases both child welfare and battered women's programs confront are ones they confront in common" *(Schechter and Edleson, 1994).*

Domestic violence advocacy organizations can be essential resources for families affected by DV. DV victims' assistance programs typically offer all or most of the following services:

- Emergency shelter
- Transitional (longer-term) housing
- Advocacy
- Legal advocacy (i.e., support and assistance with the process of obtaining a civil protective order)
- Support groups
- Programs for children, including groups or individual support

Connecting adult DV victims to DV advocacy organizations may be very helpful to the victims. DV advocates can help adult DV victims to do the following:

- Understand their rights
- Become aware of community resources
- Create a safety plan

DV advocacy programs can also be excellent resources for social workers:

- DV advocates can help social workers think creatively about safety plans for adult victims and children.
- DV advocates can help social workers think through information the social workers have gathered and how it may or may not relate to any identified DV. In addition, they can help them think through how the identified DV may affect case plans and services that the social workers are developing with the families.
- DV advocacy programs may have information about community resources that are especially helpful for DV victims and their families.

By developing collaborative relationships with local DV agencies, CA staff can learn about policies and procedures that their local DV agencies may have regarding retention of records. Good collaborations between DV agencies and CA can result in Memoranda of Understanding (MOU) that clarify the kinds of information each agency can share, as well as how and when this sharing will take place.

Working with Community Partners Who Offer Programs for Domestic Violence Perpetrators

Some community partners may offer specialized programs for DV perpetrators, such as:

- Washington State-certified domestic violence treatment programs
- Safe Dads programs for DV perpetrators who are parents
- Substance abuse programs that work cooperatively with DV agencies

However, these programs may not be available in all communities throughout the state.

Through collaborative relationships with these community agencies, CA staff can learn about the policies and procedures of their local DV perpetrator programs and requirements for program participants. Good collaborations between these DV perpetrator programs and CA can result in Memoranda of Understanding (MOU) that clarify procedures for information sharing and monitoring of clients.

Resources for information on local DV services within Washington State:

- Washington State Domestic Violence Hotline, 1-800-562-6025 (v/tty): toll-free, 24-hour hotline for victims of DV, friends, family, and other community members that provides crisis advocacy, information, and referrals to local and national resources and programs that help victims of DV and their children
- DSHS Children's Administration Domestic Violence Services website, www.dshs.wa.gov/ca/dvservices: information about domestic violence and domestic violence perpetrator treatment, including lists of domestic violence victim services programs and certified domestic violence perpetrator treatment programs

Safety First

It's important to remember that a referral to a DV advocacy organization does not automatically result in increased safety for a DV victim and the victim's children. Victim advocacy alone does not and cannot change the source of danger to the victim, namely the behavior of the DV perpetrator.

SUMMARY

The Social Worker's Practice Guide to Domestic Violence is based on the following practice expectations for working with families experiencing DV.

Social workers' roles and best practices for working with families experiencing DV

When a social worker works with:	The worker should:
Children affected by maltreatment and DV	• Assess and address safety threats or dangers. • Maintain connections with the children and non-offending parent. • Increase protective factors to support child resiliency. • Increase the children's well-being through referrals to services that support children exposed to DV. • Discuss with the children ways that they can be safe.
Adult DV victims	• Approach DV victims in a compassionate and non-judgmental manner. • Reassure victims that they are not responsible for the DV perpetrators' violence and that it is not their responsibility to stop the DV perpetrators' violent and coercive behaviors. • Recognize victims' protective strategies and support victims to increase their capacity for protecting their children. • Assist adult victims in DV safety planning for themselves and their children. • Provide resources that reduce the DV perpetrators' power and control and enhance the victims' resistance and resilience. • Refer to and help the victims access resources, such as a DV advocate for safety planning, DV shelter and support services, Temporary Assistance for Needy Families (TANF), other DSHS services, housing, financial assistance, and drug and alcohol treatment.
DV perpetrators	• Hold DV perpetrators responsible for their violent and controlling behaviors. • Engage DV perpetrators throughout the course of the cases (investigation, case plans, case review) and document in the file, when applicable. • Assess DV perpetrators' ability to remain safely involved in their families, whether residing in the home or through visitation. • Look for DV perpetrators' strengths and commitment to their families, which can support them in changing their abusive behavior. • Develop service plans that offer and use other strategies to decrease DV perpetrators' tendencies and opportunities to abuse and control. Monitor DV perpetrators' compliance with the plans. • Work with law enforcement, courts, and corrections to hold DV perpetrators accountable and support the application of appropriate sanctions.

Legal Considerations and CA Domestic Violence Policies

Part 2

The Revised Code of Washington (RCW) and the Washington Administrative Code (WAC) contain varying legal definitions of domestic violence. These definitions support the subject and underlying purpose of each associated law or rule. Here are several places where domestic violence is defined:

RCW 26.50.010(1)
Civil protection orders
RCW 10.99
Crimes considered domestic violence
WAC 388-61A-0025
Emergency domestic violence shelter services

It is helpful for social workers to be familiar with these definitions. However, this guide focuses on best practices and strategies for addressing domestic violence between intimate partners. Therefore, the guide uses the following "behavioral" definition of domestic violence:

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

(See also page 6 for information regarding intimate relationships.)

This section of the guide builds social workers' knowledge about:

Federal and state requirements related to DV

- Understanding the laws governing CA social workers, DV advocates, and civil and criminal responses to DV can help social workers increase safety for children while providing necessary support for DV victims.
- Knowledge of legal requirements can help support collaborative relationships between DV programs and CA offices.

Best practices regarding protection orders, accessing DV records, and working with DV agencies

Protection Orders

- Courts may issue legal protective orders related to DV that can help increase safety for children.
- Social workers should learn of any existing protection orders and be careful not to take any actions that may conflict with or undermine the terms and conditions of the protection orders.

Access to DV Records and Information

- Washington State and federal law covers confidentiality needs of adult DV victims as well as the disclosure of information regarding incidents of child abuse or neglect.
- Social workers should always consider the safety of DV victims and children whenever they share or disclose information.

An overview of CA's DV policies

To help improve our response to victims of DV and their families, CA has developed several policies that specifically address DV. Part 2 of the guide covers the rationale behind these policies, while Part 3 includes best practice recommendations for implementing the policies.

CA's DV-specific policies address the following:

- Universal screening/routine identification of DV throughout the life of the case
- Specialized assessment of risks posed to children by identified DV
- Basing case decisions and service plans on the Specialized DV Assessment of risk posed to children

CA's DV-specific policies can be found in the Practices and Procedures Guide, Chapter 2000, section 2220 (7) and section 2331 (D)(2)(b) and (17) at http://www.dshs.wa.gov/ca/pubs/mnl_pnpg/chapter2.asp.

Protection Orders

For some cases, it may be more effective and safer for the DV victim if the social worker requests a protection order directly from the dependency court rather than having the DV victim file for a civil protection order under RCW 26.50.

For other cases, it is more effective for the worker to request a protection order under RCW 26.44.063 in addition to an order requested by the adult victim, to ensure that a DV perpetrator is held accountable in the dependency proceedings for posing a risk to the child.

Protective Orders Requested by DCFS or Other Parties

In the context of a dependency proceeding, a social worker may request the court to issue an order to:

- Prohibit a DV perpetrator from entering the family home
- Restrain the perpetrator from committing further acts of physical violence
- Restrain the perpetrator from having any contact with the alleged victim

(RCW 26.44.063(2))

In dependency cases and other civil proceedings, a court has the power to grant such an order if the court finds all of the following exist:

1. Reasonable grounds exist to believe an incident of abuse has occurred.
2. The order would eliminate the need for out-of-home placement and would protect the child's health and safety.
3. The order would be sufficient to protect the child from further sexual or physical abuse or coercion.

(RCW 26.44.063(4))

Information regarding protection orders can be documented in the Legal section in FamLink.

Protective Orders Initiated by the DV Victim

A social worker and adult DV victim may decide together that the best course of action is for the adult DV victim to initiate a protection order. The social worker may support the victim in filing this motion and provide the following information to the court:

- Level and type of danger posed to the children by the DV perpetrator
- Recommendation on whether or not it is safe for the DV perpetrator to have access to the children
- Recommendation on whether visitation can safely occur
- Recommendation on whether visitation should be supervised or unsupervised

Criminal No-Contact Orders

A criminal court may issue a no-contact order in a criminal case. A social worker may support and assist the adult DV victims by providing the following information to the court:

- The danger posed to the children
- Recommendation on whether or not it is safe for the DV perpetrator to have access to the children
- Recommendation regarding supervised or unsupervised visitation

(See page 85 for a comparison chart of court orders in Washington State.)

Reasonable Efforts Regarding Domestic Violence

Federal and state laws require DSHS to make reasonable efforts to prevent or eliminate the need for removal of the child from the child's home and to provide or offer preventive services when possible (42 U.S.C. §671(15)(B); RCW 13.34.130(2)).

This practice guide addresses DSHS's understanding of reasonable efforts regarding DV, which include:

- Consistent screening for DV
- Conducting Specialized Assessments of identified DV, which consider:
  - the DV perpetrators' tactics of control
  - the impact of DV on the children and on the non–DV offending parents
  - lethality risks
  - protective factors
- Making efforts to increase children's safety by increasing the safety of adult DV victims
- Holding DV perpetrators accountable (both in documentation and case planning) for the DV they commit

Services to Caregivers

Prior to a child returning home from out-of-home care, per RCW 13.34.138(2)(b), social workers must:

- Identify all adults residing in the home and conduct background checks on those persons
- Identify any persons who may act as a caregiver for the child in addition to the parent with whom the child is being placed
- Determine whether such persons are in need of any services in order to ensure the safety of the child, regardless of whether such persons are a party to the dependency

Social workers may recommend to the court, and the court may order, that placement of the child in a home is contingent on, or will be delayed based upon, the need for the caregiver to engage in or complete necessary services to address child safety issues (RCW 13.34.138). This may include such services as DV perpetrator treatment.

Social workers should consider these factors when making determinations in cases involving DV:

- Witnessing DV may (but does not always) present a risk to a child's physical and mental health.
- A person has not abused or neglected their child simply because the person is a victim of DV.
- Children should not be removed from the care of a non-offending parent solely because the parent is a victim of DV.
- A child can be protected by offering appropriate services to an adult victim of DV.
- A child can be protected by offering services to a DV perpetrator.
- If a child is injured during the course of a DV incident, this harm should be considered abuse by the perpetrator of the DV.
- The law does not require the state to wait for actual physical injury before intervening.
- Responsibility for child maltreatment as a result of DV should be placed on DV perpetrators and not DV victims.
- DV perpetrators should be held accountable for their behavior that causes harm to children, including emotional harm through abuse or neglect or exposure to DV.

Access to Records and Information

Confidential Communications between Domestic Violence Victim and Advocate

DV victims need to know their communications with DV advocates will be confidential and protected from disclosure. With limited exceptions, Washington State and federal law provides this protection.

"A domestic violence advocate may not, without the consent of the victim, be examined as to any communication between the victim and the domestic violence advocate" (RCW 5.60.060(8)).

A "domestic violence advocate" includes employees or supervised volunteers from community-based domestic violence programs or human services programs providing information, advocacy, counseling, crisis intervention, emergency shelter, or support to domestic violence victims (RCW 5.60.060(8)(a)).

A DV advocate may disclose a confidential communication without the consent of the victim if failure to disclose the information would be likely to result in a clear, imminent risk of serious physical harm or death of the victim or another person (RCW 5.60.060(8)(b)).

Release of DV Victim Information to Other Parties

Communications between DV advocates and DV victims are privileged (RCW 5.60.060). No one has a right to access the records of a client of a domestic violence program without a written release of information from the client or a court order.

If an individual initiates a court process, he or she may ask the court to order release of the DV program's records regarding a certain client.

- Before such an order could be made, the court would be required to review the program's records, in private and outside the presence of the person requesting the records, and determine (1) whether the records are relevant; (2) whether the need for the records to prove the individual's case is outweighed by the victim's interest in confidentiality (taking into account the further trauma that might be experienced by the victim if the records are disclosed).
- The court can order that the records not be disclosed, that they be fully disclosed, or that only part of the record be disclosed.

Requests for clients' records made outside the court process can simply be denied by DV programs on their own accord.

The federal Violence Against Women Act (VAWA) prohibits recipients of federal funds from taking the following actions:

- Disclosing any personally identifying information or individual information they collect in connection with services they provide
- Revealing individual client information without the client's informed, written, time-limited consent

If statutes or courts require release of information, DV programs must make reasonable attempts to provide notice to victims affected by the disclosure and take all steps necessary to protect the privacy and safety of the people affected by the releases.

DV Advocates Are Mandated Reporters

Because DV advocates are mandated reporters, they must make a report to law enforcement or to DSHS when they have reasonable cause to believe a child has suffered child abuse or neglect (RCW 26.44.030(1)(a)). The statute that provides for confidentiality of DV victim and victim advocate communications does not relieve the DV advocate of the mandatory reporting requirements or the duty to disclose relevant records relating to a child (RCW 5.06.060(8)(b)).

Practice Tip: Social workers should be aware that many DV victims' services programs do not keep records on the children of adult clients and therefore may not have any relevant records to provide.

Release of Children's Records to CPS

Upon receiving a report of alleged child abuse or neglect, CPS "shall have access to all relevant records of the child in the possession of mandated reporters and their employees" (RCW 26.44.030(11)).

- The statute's reference to "all relevant records of the child" addresses records beyond those relevant to the specific referral made by a mandated reporter.
- It does not encompass verbal communications or an adult DV victim's records.

This release of "all relevant records of the child" is consistent with DV providers' duties under federal grant programs or their state grant contracts with DSHS.

RCW 26.44.030(11) compels the release of the information.

- State shelter contracts permit release of information pursuant to the contract terms when expressly authorized by a client or "as otherwise provided by law."
- Likewise, both the Family Violence Prevention and Services Act and the Victims of Crime Act permit release under RCW 26.44.030(11). However, this release is not without limitation.

Release of Parents' Records to CPS

As mandated reporters, DV victims' services programs must release all relevant records of *children* to CPS investigators.

Under the plain language of the statute, DV programs are not required (and under state and federal law not likely permitted) to release information relating to parents who may be their clients.

Thus, while DV programs would be obligated to provide relevant written records they have on the children, information about the parents (including whether they are at the shelter or receiving services from a DV program) cannot be released without signed releases from the parents or court orders.

Access to Children

DSHS has the right to interview children who are allegedly the victims of abuse or neglect. RCW 26.44.030(10) permits child interviews to be conducted in the following locations:

- On school premises
- At daycare facilities
- At the child's home
- At other suitable locations outside the presence of parents

A DV shelter or community-based DV program could very well be an "other suitable location," as described in the statute, where a child interview may occur, although one does not generally find a child "outside the presence of parents" at a shelter, as one does in a school.

- If investigating social workers go to DV programs or shelters seeking to interview children and are denied access (as one might be when attempting to enter a private home), the social workers can attempt to make contact under different circumstances.
- The social workers may try to make contact at other times or locations or may attempt to obtain court orders requiring production of the children for interviews.
- The DV shelters or programs may assist in facilitating contact through the parents, but DV programs have no power to compel parents to make children available for interviews.

Practice Tip: Local protocols that clarify when and how agencies will work together to facilitate contact with children can be very helpful.

Developing cooperative relationships with community partners can frequently lead to more effective investigations.

FOUNDATION FOR CA'S DV-SPECIFIC POLICIES

The DV-specific policies are located in the Practices and Procedures Guide, Chapter 2000, section 2220 (7) and section 2331 (D)(2)(b) and (17) at http://www.dshs.wa.gov/ca/pubs/mnl_pnpg/chapter2.asp.

Universal Screening/Routine Identification of DV throughout the Life of the Case

The process of universal screening for DV begins at intake and should be repeated at each stage of CA's work with a family. Brief DV screening protocols are both effective and efficient for identifying DV. They also do the following:

- Promote early detection
- Alert social workers about cases that need the Specialized DV Assessment and response to increase safety of children, family, and social workers
- Convey to the community CA's understanding that children's safety is interconnected with the safety of battered parents

Specialized Assessment of Safety Threats to Children by Identified DV

Once the DV screening process identifies DV, social workers should conduct additional inquiries to complete the Specialized DV Assessment of the safety threats the DV may pose to children's safety.

- Not all DV poses the same level of risk to children's safety.
- Identified DV, in and of itself, may not be a basis for accepting a case for investigation or for making a determination of child maltreatment.
- Because DV perpetrators continue their abusive and controlling pattern over time, even after families are involved with CA, social workers should assess DV's risks to children at each stage of a case.
- Specialized DV Assessments gather detailed information about the perpetrators' patterns of abusive tactics, the impact on the child and the adult victims, the lethality risks, and the protective factors.

Basing Case Decisions and Service Plans on the Specialized DV Assessment

When working with families, social workers base case decisions and service plans on comprehensive assessments of all known safety issues, risks, and protective factors. For families with identified DV, these comprehensive assessments should include the information gathered during the Specialized DV Assessment process.

- Social workers should base their recommendations for both voluntary and mandatory services on the information gathered from Specialized DV Assessments.
- Specialized DV Assessments can help social workers determine which services are necessary for whom, in order to mitigate specific risks to children posed by the DV and avoid requiring services that are irrelevant to families' particular challenges.
- Service plans should support victims of DV to increase safety for themselves and their children and should simultaneously hold DV perpetrators accountable for the DV and for becoming safe parents.

Children's Administration's *The Child Safety Framework* focuses on the assessing child safety throughout the life of a case.

- ***Safety*** is the primary and essential focus that informs and guides ALL decisions made from Intake through case closure.
- Safety is reliant on good ***information gathering, assessments*** and ***analysis***.
- Case ***planning*** should address identified safety threats.

The importance of screening for DV at each stage of work with a family

Asking about DV at each stage of work with a family allows people who may be unprepared to disclose the first time they are asked to disclose at a later stage.

Careful assessment of DV at each stage of a case helps social workers understand the context in a particular family created by the DV perpetrator's coercive conduct. Without this understanding, social workers risk focusing only on the specifics of the child abuse or neglect allegations and may misinterpret DV victims' behavior or fail to see current danger to children.

For example, social workers may see adult DV victims as being "uncooperative" when they refuse to give DSHS confidential addresses or phone numbers or as "too focused" on the DV when they attempt to bring up their fear of the escalating abuse and control.

With a full understanding of DV perpetrators' tactics, it may be clear that rather than being "uncooperative" or "too DV focused" adult DV victims are attempting to protect their children and themselves from DV perpetrators' ongoing abuse.

Practice Recommendations: Responding to Domestic Violence

PRIMARY GOALS IN RESPONDING TO DOMESTIC VIOLENCE

Increase safety of children by:

- Working with DV victims to increase their safety
- Respecting the efforts and decision making of adult DV victims
- Holding DV perpetrators accountable both for their abuse and for changing to become safe parents
- Working with families in culturally competent ways
- Working collaboratively with community partners, as well as with families, to promote solutions and resources

The guidelines and practice recommendations outlined in Parts 3–6 of this practice guide include best practices for responding to DV, as well as tips for increasing safety for children and their families.

The guidelines in these sections are divided into four main areas:

- **DV Screening Protocols**
- **Specialized Assessment of the Risk DV Poses to Children**
- **Applications of Specialized DV Assessment to Case Decision Making**
- **Working with Families Affected by DV**

Each of these areas is important to the process of addressing DV in the families CA serves. Doing one step but skipping another may lead to poor outcomes for children and families. For example, if a worker conducts universal screening for DV but fails to gather the detailed information about the DV needed to determine the specific risks (if any) posed to the children by the DV, this oversight could create gaps in safety planning, case decision making, or service planning.

Safety First: Interviewing Strategies for Screening, Assessing, and Responding to Domestic Violence

The practices outlined in this guide are primarily carried out through direct interviews with each of the parties. There are no tests or tools that can accurately supply the information needed for developing effective interventions in DV cases. Separate interviews with child victims, DV victims, and DV perpetrators form the basis for screening, the Specialized DV Assessment, and the interventions needed to increase child safety.

In addition to being consistent with good professional practice, the interview suggestions below are particularly important safety strategies when talking and listening to DV victims or perpetrators. Safety in interviews is increased both by the wording of the questions or comments and by the worker's nonverbal communication. If any of the approaches are difficult to use with a specific family, social workers should consult with supervisors to tailor their approach to that case.

1. **Interview family members and third parties individually.**
   - DV perpetrators often enforce secrecy about the abuse by monitoring what adult DV victims, children, and other family or friends say. They use children and family members for surveillance of each other when they cannot be present to enforce secrecy.
   - If DV is revealed with others present, social workers should note what is disclosed, plan for child safety, and then schedule separate interviews with family members to assess the details of the identified DV.

2. **Interview both parties in the relationship.**
   - Often DV perpetrators attempt to control information by controlling who talks with social workers.
   - When social workers have contact with both parties, it is easier to conduct both DV screening and the specialized DV protocols using the safety strategies described here.

3. **Present questions about DV as being a routine part of any CA contact with families.**
   - Sometimes family members with DV issues are very defensive about why they are being asked questions about intimate partner violence.
   - Adult victims may be very protective of the safety of their children and themselves and may fear being blamed by DV perpetrators for CA's questions about this topic. For safety reasons, they may be cautious in disclosing DV information, even to CA.
   - DV perpetrators often punish DV victims for CA's inquiries and may escalate their abusive tactics against the victims during contact with outside systems. They turn the focus on the victims while avoiding disclosure of the information about their conduct.
   - Avoiding asking these questions does not keep adult victims and children safe. Presenting inquiries as routine for everyone can increase safety for all.

4. **For DV screening and assessment, ask questions that encourage parties to give behavioral descriptions of what happened rather than evaluations of what happened.**
   - Ask questions such as "Who did what to whom? Was physical force used against a person or property during the fight? Any injuries to anyone?" rather than "Were you abused, or did you abuse your wife?"
   - Avoid using terms such as "DV," "battering," "abuse," and "spouse abuse." Instead, use behavioral descriptions to encourage self-disclosure (e.g.,"when you slapped your partner in the face" rather than "when you abused your partner").

5. **Remain calm, matter of fact, and respectful throughout the interview.**
   - In spite of what social workers may hear or how the parties may act toward them, workers should not show anger, judgment, frustration, or fear in the interviews.
   - A calm, respectful interview style elicits more self-disclosure and engagement from the parties.

6. **Once DV, the adult DV victim, and the DV perpetrator are identified, plan in advance how to conduct all remaining interviews, keeping safety paramount.**
   - Interview DV victims first and make a safety plan for the interviews with the DV perpetrators, unless the victims have told you that they would prefer you interview the perpetrators first.
   - If social workers cannot initially interview the DV victims without the DV perpetrators being present, the social workers should improvise. Social workers can always have a "plan b," such as doing benign interviews first and then following up with DV-specific interviews later with each party separately.
   - Sequence topics for interviews, starting with standard openings, such as the reason for contact. Cover the basics, make connections to the parties, and only then conduct the follow-up topics specific to the DV protocols.
   - It is important for safety reasons to follow the same sequence of the protocol with each partner (e.g., if workers have done the basics and DV screen with one partner, they would do the same sequence with the other partner rather than starting with the Specialized DV Assessment or safety planning).

7. **For interviewing children safely, see page 52, Talking with Children about Domestic Violence.**

Safety First

Domestic violence is potentially very dangerous to children, to adult DV victims, to DV perpetrators, and to CA social workers.

When CA works with families, by invitation or by mandate, social workers may or may not know if DV is an issue.

For those families where there is DV, the DV perpetrators may perceive contact with the system as a loss of control over their families and may increase their assaultive and coercive behaviors to regain control over the adult victims.

Consequently, whenever social workers at any stage screen for, assess, and/or respond to DV, they should use interview approaches that increase safety for all.

Routine Screening for Domestic Violence

Part 3

This section of the guide builds social workers' knowledge about:

Universal screening for DV at each stage of working with a family

- The DV screening questions are designed solely to identify if DV is present and, if DV is present, who is the adult victim and who is the DV perpetrator.
- Not all DV constitutes child maltreatment, so there are follow-up questions to assess which of the DV-identified cases to close, which to assign for further investigation, and which to refer for alternative services.
- Screening for DV is not the same thing as conducting the Specialized DV Assessment.

Best practices for screening for DV at intake, investigation and assessment, and services

- Intake—DV universal screening procedures at intake are brief and focused due to the limited time that intake social workers have to do multiple tasks.
  - Social workers complete the DV screening procedures in addition to other mandatory intake procedures.
  - Screening for DV at intake should also include reviewing files and records for information regarding DV.
- Investigation/Assessment—At investigation and assessment, social workers may have the opportunity to gather more accurate and current input for DV screening purposes.
  - As social workers partner with parents, relationships develop that may allow the DV victims and/or children to feel safe in disclosing DV.
  - Social workers should present the routine nature of the DV screen (e.g., "I have a few routine questions that I ask in all interviews. These questions help us to get the big picture of what is happening for your family").
- Services—Social workers should conduct a DV screen before proceeding with making case decisions or planning services.
  - Sometimes even if social workers have conducted routine screening for DV during the investigation/assessment, new or additional information may come to light with each screening.
  - Social workers should document information about identified DV and the identities of DV perpetrators and adult victims in FamLink whenever possible.

Domestic Violence Screening Procedures at Intake

Introduction

DV universal screening procedures at intake are brief and focused due to the limited time that intake social workers have to do multiple tasks. Social workers complete the DV screening procedures in addition to other mandatory intake procedures.

- The DV screen questions are designed solely to identify if DV is present and, if DV is present, who is the adult victim and who is the DV perpetrator. Screening for DV is not the same thing as conducting the Specialized DV Assessment.
- Not all DV constitutes child maltreatment, so there are follow-up questions to assess which of the DV-identified cases to close, which to assign for further investigation, and which to refer for alternative services. (See Specialized DV Assessment Procedures at Intake, page 35.)
- Intake workers may be interviewing third parties who have limited information about the conduct of the adults in the household, or families requesting services may be unwilling initially to reveal DV. Therefore, while DV screening should take place at intake, this is not the only time DV screening is done.

1. Setting the Routine Screening Frame
DV screening questions are not the first line of inquiry in a case, but rather they follow the initial questions and discussion about the report to CA.

- Before asking DV screening questions, use lead-in statements such as, "I have a few routine questions that I have to ask on all calls (in all interviews). It may sound like I am jumping around, but these questions help us to get the big picture of what is happening for the family."
- This type of lead-in helps to frame the questions as routine and matter of fact.

2. Intake: DV Screening Questions
For the intake DV screen with the referrer/caller, the intake worker asks:

- "Has any adult used or threatened to use physical force against an adult in the home?"
- If a caller responds affirmatively, the worker should ask the caller, "Who did what to whom?" Ask which adult used physical force against which adult.

3. Intake: DV Screening through Search of Files and Records
Workers should consider the same screening questions discussed above when reviewing any files or records available at intake. Although a caller may not have any information in response to the DV screening questions, relevant information may exist in files or records. For example, a review of records may reveal one of the parents filed for a DV protective order in the past against the other parent, or CA referral/case history records may show DV was previously identified in interviews with a parent.

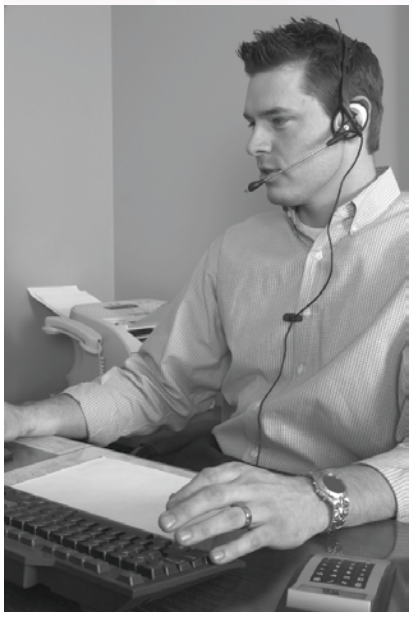
DV-specific records that may be useful for records review at intake include:

- Court records
- Criminal history background checks
- Arrest records

Universal screening procedures to identify the presence of DV are an important part of the process of **gathering** information about a family for completion of a Safety Assessment.

The FamLink Intake module includes mandatory DV screening questions that workers must complete.

FamLink



Documenting information on DV in FamLink at intake

Document the outcome of the DV Screen as Yes, No, or Unknown in the FamLink Intake Module/Narrative Tab/Domestic Violence Question.
(Note: When "yes" is chosen, a series of questions appears help the intake worker assess serious and immediate harm.)

If the outcome of the DV screen is "yes," document the following information in the Allegations and Concerns Group Box:

- Who is the adult DV victim, and who is the DV perpetrator?
- What information led to identifying the presence of DV?
- Who provided the information?

Document the specific behaviors reported, and who did what to whom (e.g., boyfriend to child's mother).

- Provide as much detail as possible about the nature of the DV (abuser's conduct, the impact on adult victim and children, any injuries, presence of weapons, etc.).
- Information may come from both callers and records.

Note: When DV is not the primary concern in the current allegation, make this clear by prefacing information about the DV with the word "concern" to distinguish it from "allegation."

- *If DV is identified, proceed with conducting the Specialized DV Assessment. (See Part 4 for procedures in conducting a Specialized DV Assessment.)*

Outcomes of DV Screen at Intake

Outcome	Basis for determining outcome
DV? Yes **If DV Yes: Domestic Violence Perpetrator and Adult Victim Identification**	Worker receives reports of the use of physical force or threats of physical force (including but not limited to shoving, pushing, kicking, throwing, hitting, choking, strangling, threats with or use of weapons, threats to kill) by an adult (intimate partner, husband, boyfriend, girlfriend, wife) against another adult in the home; the worker should document "domestic violence noted." The reports of use of physical force may come from the caller/referrer or from information in files/records. The worker should document who provided the information when noting DV. When DV is noted, identify, if possible, who is the DV perpetrator (i.e., the one determined to be engaging in a pattern of abusive and coercive behavior) and who is the adult victim (i.e., the adult identified as the target of the perpetrator's abusive and coercive behavior). Sometimes it is difficult to sort out who the adult DV victim and the DV perpetrator are due to limited time or information available at intake. Investigation and assessment may realign who is noted in each role based on additional information gathered.
DV? No	If callers/parties/records report that no adult uses physical force against another adult, note "No" on the DV screening question in the FamLink Intake module. Workers should change this to "Yes" if they receive additional information that indicates DV before the intake is frozen.
DV? Unknown	If callers/third parties indicate they have little information about adult-to-adult use of physical force, document "DV screen information unknown." Workers should change this to "Yes" if additional information indicates DV.

Intake: Documentation of DV Screen

Accurate, detailed documentation of the information gained through the DV screen is critical to effective response in any case. DV may form the basis of the allegation or may simply be a co-occurring issue. Document both kinds of situations. When DV is co-occurring but not the immediate source of risk to the child, note it clearly as a "concern" rather than as an allegation. Workers must document both the outcomes of the DV screen and any details about the DV provided by the caller or available in records.

Screening for DV throughout the Life of a Case

Social workers should conduct DV screening during any investigation or assessment for all CA cases involving DV issues, including:

- CPS investigations
- DLR/CPS investigations
- Voluntary or court services assessments
- Licensing home studies

For DV screening purposes, social workers should consider whether any adult has used or threatened to use physical force against a person or property in a fight (argument, etc.) with an intimate partner. DV screening is brief and focused, and it identifies:

1. Is DV present in this family or not?
2. If DV is present, who is the adult victim and who is the DV perpetrator?

Social workers should repeat DV screening interviews at each stage of a case, whether or not there are allegations of DV.

- After intake, the opportunity exists to gather more accurate and current input for DV screening purposes.
- Sometimes the person talking with the intake worker is not the person with information necessary to complete the DV screen. At later CA stages, social workers interview additional individuals and review records.
- Sometimes a DV episode has occurred between the intake and the subsequent contacts with CA.
- As social workers partner with parents, relationships develop that may allow the DV victim or children to feel safe in disclosing DV.
- Finally, even when the intake worker did identify DV, repeating the basic DV screen questions is a neutral approach to begin the conversation with each of the parties about this issue.

In all cases undergoing investigation or assessment, repeat the DV screening protocol at each of these stages:

- At the first contact after intake, whether or not DV is identified in the referral or allegations
- At the first contact with a CFSW worker for service planning and monitoring (for those cases proceeding through dependency)
- Whenever interviewing a new party
- Whenever significant time has passed between the last DV screening and the current contact

The Child Safety Framework focuses on assessing child safety throughout the life of the case.

This includes screening for DV **at each stage of a case**.

Safety First

When documenting information related to DV, always consider how the safety of the adult DV victim might be affected if the information were released to the DV perpetrator. Safeguard any information that can compromise the safety of DV victims and their children.

- Any information in the record or any documents available to the DV perpetrator or the public regarding a confidential address for the DV victim (e.g., victim is in hiding, staying in shelter, or has relocated to new housing) should be flagged as confidential.
- Such confidential information should never be shared with the DV perpetrator and should be carefully controlled in any public records for the case. Place this confidential information in the "Confidential" section of the hard file.

Practice Tip: Who should be named as the subject of the intake if DV is the reason the referral was made to CA?

If DV is the only concern and the adult DV victim's parenting is appropriate, the subject of the intake should be the DV perpetrator. This is true even if the DV perpetrator is not the legal parent of the child but only acts as a caregiver or in a parental role.

How to start a conversation about DV: Sample questions to assist screening and assessment

"All families disagree and have conflicts. I am interested in how your family resolves conflict. I am interested in how you and your partner communicate when upset."

"What happens when you and your partner disagree and your partner wants to get his/her way?"

"Have you ever been hurt or injured in an argument? Has your partner ever used physical force against you or anyone else or broken or destroyed property during an argument? Have you ever felt threatened or intimidated by your partner? How?"

"If your partner uses physical force against a person or property, tell me about one time that happened. Tell me about the worst or most violent episode. What was the most recent episode? Are you afraid of being harmed or injured?"

"Have you ever used physical force against your partner? If so, tell me about the worst episode. What was the most recent episode? Is your partner afraid of you?"

"Have the children ever been hurt or injured in any of these episodes? Have the children been present? Are the children afraid of your partner? Afraid of you?"

DV Screening Procedures at Investigation/Assessment

1. Conduct DV screen with all interviewed parties.

Subject(s) of the intake (alleged perpetrator of the child abuse or neglect)	Keep in mind the subject of the intake may be a DV perpetrator or an adult DV victim; the response of each to the DV screen may provide important information.
Each parent/caregiver	Even if the caregiver or parent is not a subject of a CPS intake, each party in the household or relationship should be asked the DV screening questions.
Children, when appropriate	Conduct DV screening interviews with children only after interviewing adults about DV (see Talking with Children about Domestic Violence, page 52).
Collaterals	Persons who know the parents/caregivers may provide valuable information about current and past incidents of DV involving the family.
Family members identified for temporary placement of the children	In this case, the DV screen is not just to gain knowledge of the possible experience of DV in the child's current home, but also to screen for DV within a household in which a child may be placed. Children do not benefit from being removed from their parents and then placed in a home in which DV is occurring.

2. Present the routine nature of the DV screen.

Before asking DV screening questions, use a lead-in statement such as, "I have a few routine questions that I ask in all interviews. It may sound like I am jumping around, but these questions help us to get the big picture of what is happening for the family." This type of lead-in helps to frame the questions as routine and matter of fact.

3. Ask DV screening questions for investigation/assessment interviews.

Social workers may accomplish the DV screen by using either direct or multiple-choice questions. Remember, this is just for screening whether or not there is DV. If DV is identified, then further inquiry will be done to determine if children are at risk due to the DV.

- Direct questions
  - Ask all parties if they have used physical force in a fight with their partner or threatened to physically harm their partner.
  - Ask all parties if their partner has used physical force against them or if their partner has threatened to harm them. Ask all parties if they have threatened to physically harm their partner.
  - State "All couples fight." Ask all parties if their fights ever get physical. If so, how?
  - If a party responds affirmatively, ask the party, "Who did what to whom?" Ask which adult used physical force against which adult.
- Multiple-choice questions
  Multiple-choice inquiries with behaviorally descriptive answers allow the party to reflect on, and even acknowledge, specific behaviors. Below are several examples of these types of questions:
  - Have you ever pushed, hit, shoved, or kicked your partner?
  - Has your partner ever shoved, pushed, spit at, or hit you?
  - Have you ever physically harmed or threatened to harm your partner? Has your partner threatened to do that to you? If so, how?

4. If DV is identified, identify the adult DV victim and the DV perpetrator.

Just as at intake, whenever social workers identify DV during the screen, they should attempt to identify the adult DV victim and the DV perpetrator.

Identifying DV perpetrators is more complex than simply finding out who struck first.

- Social workers must determine who has engaged in a pattern of behavior over time that results in coercive power and control.
- In very abusive relationships, both people may answer yes to the question "Have you ever hit, shoved, or thrown your partner?" This does not mean the DV is mutual.
- Keep in mind that DV victims may use violence in self-defense.
- Rather than focusing simply on an act of physical violence itself, pay attention to the intention behind the act, the effect of the act, how it was perceived, who was most affected by it, and how it fits into a larger pattern of control.

5. Screen for DV through search of files and records.

When reviewing files or records available during the assessment and investigation process, search for information that may indicate that DV is a factor. While a party may not give any information in response to the DV screening questions, information in the files or records (such as court records, background checks, protection order filings, 911 calls) may answer the DV screen. Use the same DV screening questions when reviewing files and records.

Investigation/Assessment: Outcome of DV Screen

The possible outcomes of DV screening during the assessment and investigation process are the same as those outcomes possible at intake. However, social workers responsible for investigations or assessments have more sources of information and more detail to consider and document than intake social workers do.

Did you know?

Identifying the adult DV victim and the DV perpetrator

In heterosexual relationships, the DV perpetrator is more likely to be male, not female, and the victim is more likely to be female, not male.

An estimated 1.3 million women in the United States are victims of physical assault by an intimate partner each year.
(U.S. Department of Health and Human Services, 2003)

The majority (73%) of family violence victims are female. Females were 84% of spousal abuse victims and 86% of abuse victims at the hands of a boyfriend.
(U.S. Department of Justice, 2005)

Safety is the primary and essential focus that informs and guides ALL decisions made from intake through case closures.

- This includes removal and reunification decisions and assessing safety of children in all placement settings.
- Safety is reliant on good information gathering, assessments and analysis.

Outcomes of DV Screen at Investigation/Assessment Phase

Outcome	Basis for determining outcome
DV? Yes	The social worker receives reports of the use of physical force or threats of physical force (including but not limited to shoving, pushing, kicking, throwing, hitting, choking, strangling, threats with or use of weapons, threats to kill) by an adult (intimate partner, husband, boyfriend, girlfriend, wife) against another adult in the home. The social worker should document "domestic violence noted." "Noted" means the social worker noted the behaviors described as DV when hearing information provided by the party, which requires the social worker to exercise professional judgment. • When DV is noted, the social worker should document the specific behaviors reported and who did what to whom (e.g., boyfriend to child's mother). • Information may come from a party interviewed, or information may appear in records. Sometimes separate parties provide conflicting information and workers must use their clinical judgment in whether and how to note DV.
If DV Yes: Domestic Violence Perpetrator and Adult Victim Indentification	When DV is noted, identify the noted DV perpetrator (i.e., the one determined to be engaging in a pattern of abusive and coercive behavior) and adult DV victim (i.e., the adult who is identified as the target of the perpetrator's abusive and coercive behavior). • Even when seemingly contradictory information is given, skilled social workers often can discern who the DV perpetrator is and who the adult DV victim is by considering each person's behavior separately in relation to the behavioral definition of DV (see Recognizing Domestic Violence, page 6). • It is critical to make a thoughtful determination regarding the primary aggressor of the DV to improve child safety. Errors in this arena can have serious consequences. • If the situation is unclear, get consultation to think through the information from the DV screen (and Specialized DV Assessment) in light of the behavioral definition of DV. Consultation can come from: • Supervisors • CA DV specialists, if available • Collaborative partners in the community, such as DV advocates and DV perpetrator treatment providers
DV? No	Callers/parties/records report that no adult uses physical force against another adult.
DV? Unknown	In interviews directly with the parties, usually the outcome will not be noted as "unknown," as a skilled interview with the parties should reveal a clearer determination.
DV Screen Not Done	If DV screen was not done with a particular person (e.g., the interview was interrupted), document the specific reason the DV screen was not completed.

Documentation of DV Screen: Investigation and Assessment

Documentation of information gathered through the DV screen should include both the information collected and the outcome of the DV screen at each point of investigation and assessment.

Social workers should document both in the case record and in the CA assessment tools: Safety Assessment, Investigative Risk Assessment, Assessment for Service Planning (voluntary or court directed), Family Assessment, and ISSP or documents for court.

Sometimes the DV screen reveals a new allegation of child abuse or neglect. Provide this information in the appropriate place in the record and take the appropriate action regarding the case (e.g., reporting a new allegation to intake).

It is critical for social workers to note in the case record their best possible understanding of who is the DV victim and who is the DV perpetrator after screening for DV and how they made this determination.

- Workers' understandings of who is the DV victim or perpetrator may change as they gather additional information during investigations or assessments.
- It also may be necessary to add allegations and subjects in the investigation.

Outcomes of DV Screen at Case Services

Outcome	Basis for determining outcome
DV? Yes	If the worker receives reports of or information about the use of physical force or threats of physical force (including but not limited to shoving, pushing, kicking, throwing, hitting, choking, strangling, threats with or use of weapons, or threats to kill) by an adult (intimate partner, husband, boyfriend, girlfriend, wife) against another adult in the home, the worker should document "domestic violence noted." This documentation should include the specific behaviors reported and who did what to whom (e.g., boyfriend to child's mother).
If DV Yes: Perpetrator and Adult Victim Identification	Document, if possible, who is the noted DV perpetrator (i.e., the one determined to be engaging in a pattern of abusive and coercive behavior) and who is the noted adult victim (i.e., the adult identified as the target of the perpetrator's abusive and coercive behavior).
DV? No	If parties/records report that no adult uses physical force against another adult, note "no domestic violence."
DV? Unknown	In interviews directly with the parties, usually the outcome will not be noted as "unknown," as a skilled interview with the parties should reveal a clearer determination.
DV Screen Not Done	Document the specific reason the DV screen was not completed.

Practice Tip: Remember that DV is a significant issue. Information on DV may lead you to increase or decrease the risk score via the capacity to override the total.

Where and how to document information on DV

Safety Assessment: When answering "yes" to question 8 in the Safety Assessment ("Has there been an incident of severe DV in the last 90 days?"), additional questions will appear asking for details and offering narrative space for comments. If it is possible to identify who the DV perpetrator is and who the DV victim is, note this information in the narrative space here as well as in case notes.

SDM: Results of the DV screen done by the CPS investigator, including who is the DV victim and who is the DV perpetrator, should be noted in the SDM (risk assessment) question 11: caregiver characteristics. Mark "involved in harmful relationships" for both caregivers.

Case Notes: If the DV has not occurred in the last 90 days and/or was not severe, workers should document the DV in Case Notes. Identify the DV perpetrator and victim here, if possible.

Specialized Assessment
of the Risk DV Poses to Children

Part 4

This section of the guide builds social workers' knowledge about:

- The Specialized DV Assessment
- Best practices for gathering information via the Specialized DV Assessment

The screen for identifying DV, the DV perpetrator, and the adult DV victim is only the first step in identifying risk(s) posed to children by DV. Conducting the Specialized DV Assessment is the next step in the process for working with families with identified DV.

Not all DV is the same, not all DV situations pose the same risks to children, and DV risks vary over time. Any DV identified in CA cases must be assessed to determine what specific risks, if any, the DV poses to children or others involved in the case. Sometimes danger or risks to children are due to the DV perpetrators' violence and sometimes to their coercive control or to a combination of both.

The Specialized DV Assessment is an interview protocol, not a tool. The DV assessment protocol should be conducted by social workers at intake, investigation/assessment, and service phases throughout the life of the case.

The Specialized DV Assessment is conducted only with families with identified DV issues. The Specialized DV Assessment assists social workers to work more effectively with families, when either:

- DV poses direct child safety and risk issues (e.g., child injured during DV assault)

  or

- DV poses no direct threat to the child, but the DV compromises CA's ability to address other child abuse and neglect issues in the family.

The interview process is described in detail in this section of the Practice Guide.

- The procedures and time for the inquiry vary somewhat depending on when and who conducts the Specialized DV Assessment.
- Workers gather and consider information about each of the five key elements in the Specialized DV Assessment.
- Workers should conduct and update the Specialized DV Assessment throughout the life of the case and may consult with DV specialists.

Key Elements of the Specialized DV Assessment of Risk to Children

1. **A detailed description of the DV perpetrator's pattern of assaultive and coercive tactics against the adult victim,** including but not limited to physical assaults, sexual assaults, psychological attacks, economic coercion, and the use of children to control the adult victim

2. **Impact of DV tactics on the adult victim,** such as injuries, health, housing, employment, access to resources (e.g., health care, transportation, childcare), family and community relationships, addiction and trauma, parenting, self-determination, and degree of control over victim

3. **Impact of DV on child,** such as injuries, trauma, behavior, health, cognitive development, education, housing, family, and community and peer relationships

4. **Protective factors in the child, adult victim, community, and DV perpetrator** that mitigate risk to child posed by the DV. These may include the victim's history of help seeking and protective parenting; extended family and community supports; the DV perpetrator's willingness to take responsibility, use resources, and adhere to a behavioral plan; and the DV perpetrator's level of motivation for change and parenting strengths, including acknowledgement of the harm they have caused to children as a result of perpetrating DV.

5. **Assessment of the lethality of the DV** including how dangerous the DV is to the adult victim, the children, the DV perpetrator, social workers, or others

Gathering information through the Specialized DV Assessment provides social workers with information to complete the four key components of the Child Safety Framework to determine safety threats to a child:

- **Gather**
- **Assess**
- **Analyze**
- **Plan**

Specialized DV Assessment Procedures

The Specialized DV Assessment is an interview protocol, not a tool.

- The Specialized DV Assessment protocol should be conducted by social workers at intake, investigation/assessment, and service phases throughout the life of the case.

- The Specialized DV Assessment is carried out primarily through worker interviews with each parent and through input from all parties having contact with the family.

- The Specialized DV Assessment interviews are done in addition to the interviews for the Safety Assessment, Structured Decision Making, and Family Assessment. (See Structured Decision Making Procedures Manual at http://ca.dshs.wa.gov/intranet/policy/manuals.asp and CA Family Assessment Guidance for Interviewing Families at http://ca.dshs.wa.gov/intranet/word/policy/famlink/familyassessmentinterviewguide.doc.)

Safety First

Conducting interviews for Specialized DV Assessments

When gathering information ***about DV***, conduct interviews for the Specialized DV Assessment in the following order:

1. The adult victim (If you believe this will cause risk to child victims, begin with the children instead.)
2. The children
3. The DV perpetrator
4. Collaterals

Practice Tip: A DV perpetrator who is not related legally to a child can be named as the subject of a referral if that person is functioning as a parent or a caregiver for a child.

- Answer the DV questions in the Intake module that are triggered when DV is checked "yes."
- Record all narrative descriptions of DV, including answers to questions regarding DV safety risk factors (e.g., guns, homicide threats, strangulation, etc.) in the Allegations and Concerns section.
- Additional information can go into the "additional risk factors" narrative as well.
- If the social worker believes the decision should escalate above the decision tree because of information regarding DV, document this in the comments section on the Decision tab.

The Specialized DV Assessment gathers information to inform a social worker's decisions regarding the following questions:

- Is the child in danger from the DV?
- What is the nature of the risks to the child?
- Who is responsible for causing the child to be in danger? To be at risk?
- Is emergency intervention necessary?
- When is further assessment needed?
- How can CA work best with the family to address, reduce, or remove child safety threats or dangers?
- How can the risks to the child best be monitored over time?
- What community supports do the child and the adult DV victim have and need?

Specialized DV Assessment Procedures at Intake

Consider the key elements of the Specialized DV Assessment while gathering as much information from the caller and the records as time allows at intake. Gather information using questions in the drop-down box in the FamLink Intake module that appears when DV is checked "yes."

- Ask the caller to describe in more detail any DV incidents the referent reports or has knowledge about that involve an adult using or threatening to use physical force against another adult in the home (DV).
- Follow up with specific questions about use of weapons, gun ownership, threats of homicide and/or suicide, choking or strangulation, serious injuries, and/or presence of children during past or current DV episodes.
- Ask the caller if they think a child is in danger of being harmed by the adult violence and, if so, how.

Response and Documentation of the Specialized Assessment at Intake

1. Document the details of information obtained and record who provided the information.

2. When it appears that the child is in clear and present danger of harm from the DV or that DV is the cause of the allegation of abuse or neglect:
   - Document in the record what is reported about the DV and its contribution of risk to the child.
   - When accepting the case for investigation, make the DV perpetrator the subject of the allegation of child abuse or neglect whenever this allegation is the result of DV.

3. If the case involves DV, but the DV is not a direct source of danger to the child, and a non-DV issue results in an allegation of child abuse and neglect or results in the child being in clear and present danger of harm:
   - Document in the record what is reported about the risk to child.
   - Note the DV as a co-occurring issue and concern rather than as an allegation, and note who the DV perpetrator is and who the DV victim is.

Specialized DV Assessment Procedures during Investigation/Assessment

Social workers should conduct Specialized DV Assessments during any investigation or assessment for all CA cases involving DV issues, including:

- CPS investigations
- DLR/CPS investigations
- Voluntary or court services assessments
- Licensing home studies

Information gathered from these DV assessments is integrated into the CA assessment tools, particularly into the Investigative Assessment and the Family Assessment, and is weighed in making case decisions such as:

- Safety assessment and planning
- Findings of child abuse or neglect
- Service planning
- Case reviews
- Case closure

Workers conducting either investigations or assessments have significantly more time to interview and to gather relevant information than intake workers do, and the techniques below reflect that. Interviewing adult DV victims, DV perpetrators, and children is a critical process.

Specialized DV Assessment Interviews with Adult Victims

Inform adult DV victims about their confidentiality rights, as well as limits to those rights.

- Explain that information about the DV disclosed by adult DV victims will not be shared with DV perpetrators (e.g., confidential addresses), unless a court requires disclosure.
- Explain what information CA routinely discloses to the other parent through CA processes.
- Give adult DV victims contact numbers for DV victim advocacy services, where victims can discuss DV issues confidentially.
- Explain that CA is required to protect children from harm and that victim disclosures will be used to plan for that.
- Explain any CA requirement about interviewing DV perpetrators. Ask adult DV victims if they will feel endangered by worker interviews with the DV perpetrators and work together to alleviate safety issues.

Increase engagement with adult DV victims to increase safety of children.

- Focus on the safety concerns of both the DV victims and their children to build alliances with adult victims for child safety. The more social workers engage with adult victims on safety planning and acknowledge the DV victims' judgment on what may increase danger, the greater the likelihood that adult DV victims will be able to disclose safely what is happening. Social workers can make stronger connections with adult victims by:
  - Being compassionate and non-judgmental
  - Informing DV victims that they do not deserve the abuse
  - Telling DV victims that they and the children are in danger when danger or the threat of danger exists
  - Letting DV victims know that workers will assist DV victims protect both themselves and their children

Safety First

What is DV safety planning?

DV safety planning is a process for thinking through with adult DV victims and children how to assess risks, safety threats, and danger from DV and increase safety. It differs from development of a CA safety plan, which addresses threats to the child's safety from the cause of child maltreatment. (See Part 6, page 62, for more information on DV safety planning.)

Safety First

Whenever DV is revealed:

1. Work with the adult DV victim on DV safety planning in your first interview.
2. Update the DV safety plan in follow-up interviews.

DV safety planning with adult DV victims communicates that the CA worker understands the connection between the DV and the presenting child abuse or neglect issue. Child safety can be increased through an alliance between CA and adult DV victims.

Practice Tip: Some adult DV victims may minimize or deny the DV as a way to survive the abuse and as a way to protect themselves and their children. Sometimes the only safety strategy DV victims have available is to keep certain information confidential.

DV victims' reluctance to talk about the specifics of DV is often not because they are in denial or are trying to protect the DV perpetrator, but because withholding information may appear to be their best strategy for protecting their children and themselves.

Adult victims may be reluctant to talk with CA workers because of fears of losing their children or of being punished by the perpetrators. DV perpetrators with children frequently threaten their adult victims with reports to CPS or with taking the children from them.

Practice Tip: Social workers do not need DV perpetrators' disclosure to confirm that DV has occurred. Such confirmation often comes from these sources:

- Adult and child victim statements
- Social worker observations
- Other agency reports and legal documents

- Work with the adult victim to create safety plans for CA interviews with the DV perpetrator. If it appears that an interview about DV with the alleged DV perpetrator will endanger the adult victim or the children, delay the interview until their safety is secured.
  - Tell the adult victim how and when the worker will conduct an interview with the DV perpetrator.
  - If a worker knows about the DV through police, CPS, and other agency reports, explain to the adult victim that only the information received from these sources will be shared with the DV perpetrator.
  - Ask the victim about possible consequences to the victim and the children of such interviews with the perpetrator.
  - Check in with the adult DV victim after any interviews with the DV perpetrator to assess safety.

Specialized DV Assessment Interviews with DV Perpetrators

Directly interview DV perpetrators.

- Conduct Specialized DV Assessments with DV perpetrators after making a connection with them.
- Social workers should have already interviewed them about the child abuse or neglect allegation, the well-being of the child, and the DV screen.
- The interview for the Specialized DV Assessment is part of the overall process of engaging DV perpetrators to change their behavior and protect their children.

Interview DV perpetrators in a way that encourages them to disclose their own abusive conduct.

- Use the behavioral questions from the routine screening protocol (see page 29) as a way to open the topic directly with the DV perpetrator.
- Ask them to describe behaviorally what has happened during a serious fight between them and their intimate partners.
- Have them describe the worst fight, including who did what when, not simply what caused the fight.

Do not confront DV perpetrators with information provided by the adult victims.

- Do not use any information from DV victims' statements, as this may put the victims and children in greater danger.
- Use police reports or other agency reports about the DV in interviews with DV perpetrators.
- If DV perpetrators deny DV conduct, do not try to force disclosure but rather move on to other subjects. Angry confrontations with DV perpetrators often result in retaliation against children or adult victims.
- Note in the records as quotes what DV perpetrators say in denying the abuse. These statements of denial sometimes are examples of the minimizing, denying, or lying that DV perpetrators use to control adult victims' access to information.

Some DV perpetrators openly admit conduct that is DV while justifying it; others do not.

- Partial disclosures by DV perpetrators should be seen as positive but not the whole story.
- Partial disclosures should not lull the social worker into thinking that a family is free from abuse and violence or that the perpetrator is ready to change.

Questions/Format for Specialized DV Assessments

Below are two approaches to gathering information about each of the elements of the Specialized DV Assessment. Social workers should interview using both approaches, starting with Description of Episodes (Approach #1) followed by selected Specific Questions (Approach #2).

Approach #1	**Description of Episodes** Independently ask each parent to describe from start to finish actual episodes or events during which the DV perpetrator used physical force against a person or property in a fight with the other parent or caregiver. • Ask each parent to describe two or three specific DV episodes (e.g., the first incident, the worst incident, and the most recent incident). • Sometimes more complete behavioral descriptions are obtained by asking each party, "Describe what happened as if we were watching a video of the event." • Cue people to a specific event by asking them the approximate date, time of day, place, whether or not anyone else was present, where the children were, and if any party was using alcohol or drugs at the time of the incident. Then ask them to start at the beginning and describe the episode. • Listen not only for descriptions of the assaultive tactics but also for the coercive control tactics. • Ask people to describe any episodes during which they feared that physical harm would result. • Take detailed notes of each party's descriptions. If gaps of time or place occur in the story, return to those points and ask the person to fill in the gap (e.g., what happened as the fight moved from the kitchen to the bedroom?). Gaps may reflect the party's minimization and denial and the points when physical abuse has occurred.
Approach #2	**Specific Questions** Ask specific questions (two or three questions) regarding each of the elements of the Specialized DV Assessment. • Take care in how you phrase the questions. Avoid using terms such as "domestic violence," "battering," etc. Instead, ask questions about behaviorally specific conduct. • Remember that at this stage of interviews, a social worker already knows who the DV perpetrator is and who the DV victim is. • Take care in how you phrase the questions.

Safety First

Responding to imminent danger from DV perpetrators

When DV perpetrators reveal information that indicates imminent danger or harm to a known victim (e.g., intent to kill themselves and/or partner and children), social workers should consider this a "duty to warn" situation and notify adult DV victims and appropriate authorities.

DV Perpetrators' Patterns of Assaultive and Coercive Behaviors

To assess the DV perpetrator's pattern of assaultive and coercive behaviors, ask parties to list abusive tactics in response to specific questions about the entire pattern, including:

- Physical assaults
- Psychological attacks
- Sexual assaults
- Economic coercion
- Use of children to control the adult DV victim (e.g., actively preventing the victim from caring for the children or threatening to harm or take the children if the victim does not comply)

For assessments, avoid using a visual prompt (such as the Power and Control Wheel on page 84), which may increase denial in self-reports by DV perpetrators. Behaviorally descriptive questions are more useful for purposes of the Specialized DV Assessment. (For example, ask, "Have you shoved, pushed, punched, or hit?" rather than "Have you abused or beaten?" See sample interview questions on the next page.)

It is important to get a picture of the entire pattern of abuse and how the abusive tactics have changed over time (or since separation).

- If the parties have not talked about one type of DV (e.g., sexual abuse or economic control), then ask specific questions about that type.
- Ask adults victims to describe DV perpetrators' tactics that occur when the partners are separated (e.g., they decrease physical violence during a CPS investigation but increase stalking, surveillance via the children, threats of false reports to CPS).

Interview Questions for Assessing the DV Perpetrator's Pattern of Assaultive and Coercive Behaviors

For the questions below, if the adult victim (or the DV perpetrator) answers yes, encourage a description of exactly what happened. Ask each party both forms of the questions. Monitor responses as they unfold and adjust inquiries accordingly; it is not necessary to ask every suggested question. For example, sometimes in telling a story of an episode, the victim or the perpetrator will supply many illustrations of DV tactics inventoried below.

1. Physical Assaults

a. Has your partner used physical force against you? (Have you . . . against your partner?)
b. Has your partner pushed, shoved, grabbed, shaken you? (Have you . . . your partner?)
c. Has your partner restrained you, blocked your way, pinned you down? (Have you . . . your partner?)
d. Has your partner hit you? Open hand? Closed hand? Struck you with an object? (Have you . . . your partner?)
e. Has your partner choked you? Used weapons against you? (Have you . . . ?)
f. Has your partner assaulted you physically in any other way? (Have you . . . ?)

2. Sexual Assaults

a. Has your partner pressured you for sex when you did not want it? If so, describe how. (Have you . . . ?)
b. Has your partner manipulated or coerced you into sex at a time or in a way that you did not want? If so, how? (Have you . . . ?)
c. Has your partner physically forced you to have sex at a time or in a way that you did not want? Has your partner injured you sexually? Forced you to have unsafe sex? Prevented you from using birth control? (Have you . . . to your partner?)

3. Psychological Attacks

a. Has your partner threatened violence against you, the children, others, or self? (Have you . . . ?)
b. Has your partner used violence against the children, family, friends, or others? (Have you . . . ?)
c. Has your partner attacked property or pets, stalked, harassed, or intimidated you in any other way? Has your partner threatened to harm you? How does your partner frighten you? (Have you . . . ?)
d. Has your partner humiliated you? In what ways does your partner hurt you emotionally? What names or put-downs does your partner use against you? (Have you . . . ?)
e. Does your partner attempt to isolate you? Attempt to control your time, your activities, your friends? Does your partner follow you, listen to phone calls, open your mail? (Do you . . . ?)

4. Economic Coercion

a. Who makes the financial decisions? How are finances handled?
b. Has your partner tried to control you through money? Through access to resources? If so, how? (Have you . . . ?)

5. Use of Children to Control Partner

a. Has your partner threatened or used violence against the children? Sexual abuse against the children?
b. Does your partner use the children against you? If so, how?
c. Does your partner sabotage your parenting? Obstruct visitation?
d. Has your partner taken or threatened to take the children?
e. Has your partner threatened to harm the children? Interfered with your care of the children?
f. Has your partner made the children watch or participate in your abuse? Made the children spy on you?
g. Has your partner ever threatened to report you to CPS? Have you reported your partner to CPS?
h. Have you done any of the above?

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Impact of DV on Adult Victims

Even though CA primarily focuses on the impact of DV on children, it is critical for social workers to interview parties first about the impact of DV on the adult DV victim. Child safety is often tightly linked to adult victim safety because children are dependent on the adult victim. Even if the children have not been directly targeted, the safety of the adult victim has to be assessed to determine the safety of vulnerable children. Asking adult DV victims (and DV perpetrators) about the impact on the adult victim first often improves the quality of the information provided when inquiring about the impact on children.

For this element of the Specialized DV Assessment, social workers should ask about the consequences of DV perpetrators' conduct to adult victims, specifically:

- Adult injuries and health
- Emotional or psychological consequences: depression, anxiety, addictions, trauma
- Housing
- Employment and access to education
- Access to resources: money, transportation, childcare, health care
- Relationships with family, friends, community
- Ability of the adult victim to have personal autonomy: in family decision making, keeping appointments, complying with service plans, etc.
- Ability to parent
- Ability to seek help and safety from abuse

It is particularly important for safety and service planning with adult DV victims for social workers to understand the degree of coercive control DV perpetrators impose on adult DV victims. With this knowledge, social workers can partner with DV victims to create plans that will be achievable and enhance safety for both adult victims and children.

Interview Questions for Assessing the Impact of Domestic Violence on the Adult Victim

When a victim or perpetrator acknowledges DV, ask each about the impact on the adult victim.

1. What kinds of injuries or health problems have you (has your partner?) had due to the DV?

a. Loss of appetite or excessive eating? Sleep disturbances? Increased use of alcohol or drugs? Headaches, pain?
b. Increased illnesses or medical problems?

2. What kind of psychological and emotional problems are you (is your partner) having?

a. Difficulty concentrating, depression, anxiety, fears, feelings of being numb, nightmares? Are you (Is your partner) taking any medications for these problems?
b. Have you (Has your partner) tried to hurt or thought about hurting yourself (herself/himself)? Do you (Does your partner) have a plan? Do you (Does your partner) have a sense of failure?
c. Have you (Has your partner) thought of hurting or harming your partner (you)? Do you (Does your partner) have a plan? Do you (Does your partner) have thoughts of hurting someone else?
d. Are you having trouble caring for the children?

3. In what ways does your partner control you? (Do you control your partner in any of the following ways?)

a. Do you have to get your partner's permission (Does your partner have to get your permission) for any of the following
   - What you wear
   - What time you go to bed, your daily schedule
   - Whom you see, what appointments you have
   - Your discipline of the children
   - Where you work
   - How you spend your money
   - How much time you spend with him
   - Talking with CPS
b. What would happen if you (your partner) did something your partner (you) opposed? What would happen if CPS wanted you (your partner) to do something your partner (you) opposed?

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Impact of DV on Children

Although children are incidental victims of DV, DV perpetrators' tactics against adult DV victims may have direct or indirect impacts on children.

Ask parties how DV perpetrators' tactics affect children: "What effects have the assaults or coercion (e.g., preventing the victims from being in contact with family, from working, or from having freedom of movement) had on the children specifically?" Effects might occur in the following areas:

- Child injuries, child's health
- Emotional, cognitive, psychological, behavioral effects
- Relationships with family, friends, peers, community
- Access to housing, education, resources
- Adult victim's injuries or chronic pain, trauma, stress, or depression
- Adult victim's parenting undermined or compromised by DV perpetrator's isolation of the adult victim/children and control of access to basic resources
- DV perpetrator's neglectful or abusive parenting

DV victims and perpetrators may not have made the connection between children's behavior challenges and DV. Social workers should help parents make the connection between children's difficulties and the trauma of being exposed to DV perpetrators' abusive behavior. Social workers' assistance in making these connections can help motivate change. Social workers should avoid imposing guilt in these conversations, especially upon DV victims.

Interview Questions for Assessing the Impact of Domestic Violence on the Children

1. Has the child experienced injuries or health impacts due to the DV? What kinds of health issues does the child have?

- Medical problems due to the DV?
- Injuries or other health effects?
- Bruises, broken bones, black eyes, burns, pain, unconsciousness due to hitting or choking?
- Injuries from weapons?
- Has your child's health changed in recent months?

2. What is the psychological and emotional impact of the DV?

- Have there been any emotional changes?
- Withdrawal, depression, increased irritability, anxiety, nightmares?
- Are you aware of any suicidal thoughts or acts by the child?

Continued on next page

3. Does the child have behavioral problems due to the DV?

- Has your child had behavior problems in family, school, and peer relationships?
- Has your child used physical force or threats of physical force against you or others?
- Is the child dealing with anger in ways that disturb you?
- Does your child have problems in eating, sleeping, running away, alcohol or drug abuse, cutting themselves, harming animals, destroying toys?

4. Is the child experiencing social problems due to the DV?

Has your child suffered social disruption due to the DV:

- Moves, changing schools, isolation from friends, loss of family members, etc.?
- Social relationships with family, peers, other adults? Problems in learning?

5. How does the DV affect the adult victim's parenting of the child?

- Is the DV interfering with your ability to take care of the child, to consider the child's best interests, to keep the child safe?
- Do you feel supported in parenting the child? By the perpetrator? By others?

6. How does the DV affect the parenting by the DV perpetrator?

- Is the perpetrator able to take care of the child, to consider the child's best interests, to keep the child safe?
- Does the perpetrator support the adult victim's parenting?
- Does the perpetrator undermine the parenting of the victim or expect the victim to be the sole parent?
- Does the perpetrator use the children to control the adult victim?
- Does the perpetrator use physical force against the children?

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Did you know?

DV perpetrators intent on killing their partners are dangerous to children as well.

Between January 1, 1997, and June 30, 2008, 430 people in Washington State were killed by domestic violence abusers.

Of the 321 domestic violence victims killed by abusers or their associates since 1997, at least 135 had children living in the home with them at the time they were murdered.

- More than half of the victims' children (55%) were present at the time of the homicide.
- News reports indicated that of the children present, 42% witnessed the murder.
- Abusers killed 14 children alongside their mothers and attempted to kill more. *(Fawcett, Starr, & Patel, 2008)*

Safety First

Be aware that suicidal intent on the part of a DV perpetrator can also signal homicidal danger to that person's family. Suicidal threats should:

- Signal increased safety threat to children and adult DV victims
- Trigger additional contact with adult DV victims around safety planning, particularly in regards to visitation and exchange if the parents are living apart

Suicidal threats should also trigger additional safety measures for children around visitation, such as supervised visitation.

Lethality Assessment of the Domestic Violence

Social workers need to assess how dangerous the identified DV is not only to the children but also to adult victims, DV perpetrators, CA workers, and the community. DV may result in death or serious injury due to a DV perpetrator's behavior (e.g., violence against victim, children, or others) or the adult victim's behavior (e.g., victims who physically fight back or kill themselves to escape) or children's behavior (e.g., children who physically intervene or harm themselves).

Lethality assessments require gathering information from multiple sources and consideration of multiple factors. Social workers should gather information about the dangerousness of tactics and consider any changes in frequency or severity of the DV perpetrator's conduct.

- **Suicidality:** Suicidality of a DV perpetrator is a significant risk factor for homicide to an adult victim, children, or others. Suicidality of an adult victim or children is not predictive of danger to others.

- **Obsessive jealousy and control:** Research indicates that DV perpetrators who are extremely obsessive, possessive, jealous, and controlling toward an intimate partner also present increased risk of lethality, even when previous levels of physical violence have been low. Very controlling and jealous partners pose increased risks after separation.

- **Escalating violence:** DV perpetrators often respond to any attempts by their victims to protect themselves physically by escalating the severity of their violence. Children's use of physical force to intervene to protect themselves or others can also add to the level of danger for children.

- **Access to weapons:** Most DV murders are committed with firearms. Access to guns and prior threats with guns or other weapons increase risk of homicide.

- **Unemployment:** Abusers who are unemployed have been shown to pose a higher risk of deadly violence.

- **Lack of consequences:** DV perpetrators who have faced few consequences for DV often feel emboldened and entitled to their use of violence and coercion (e.g., lack of law enforcement/court follow-through on violations of protective orders, lack of a founded finding for child maltreatment, failure to address DV or limit visitation in parenting or service plans, etc. (Campbell et al., 2003)

While the focus is on DV in current relationships, brief questions about DV perpetrators' conduct in other intimate relationships can aid workers in evaluating the lethality in the current relationships (e.g., use of a gun in a previous relationship, even though not used in this relationship, would be an indicator of dangerousness for the DV perpetrator in question).

Assessing the Lethality Risk of Domestic Violence

DV can pose risk of injury or death to:

- Adult victims
- Children
- Community members
- Perpetrators

These risks may be due to the behaviors of:

- Perpetrators
- Adult victims
- Children

When assessing lethality risk of DV, gather information from:

- Adult victims
- Children
- Other family members
- Perpetrators
- Others (e.g., probation officers, law enforcement, courts, counselors, anyone having contact with the family)

Domestic Violence Lethality Assessment: Factors to Consider

1. DV perpetrator's access to the victim

2. Pattern of the perpetrator's abuse:
   a. Frequency/Severity of the abuse in current, concurrent, past relationships
   b. Use and presence of weapons
   c. Threats to kill
   d. Hostage taking, stalking
   e. Past criminal record

3. Perpetrator's state of mind:
   a. Obsession with victim, jealousy
   b. Ignoring negative consequences of his/her violence
   c. Depression or desperation

4. Individual factors that reduce behavioral controls of either victim or perpetrator:
   a. Substance abuse
   b. Certain medications
   c. Psychosis, other major mental illnesses
   d. Brain damage

5. Suicidality of victim, children, or perpetrator

6. Adult victim's use of physical force

7. Children's use of violence

8. Situational factors:
   a. Separation violence/victim autonomy
   b. Presence of other major stressors

9. Past failures of systems to respond appropriately

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Protective Factors
Often, specific protective factors can mitigate the impact of DV on children. These protective factors may be found in the adult victims, the children, the community, or the DV perpetrators. Assessing specific protective factors in the individual family can provide a wealth of information for safety and service planning.

Protective Factors of Adult DV Victims

Social workers should inquire directly about the ways in which DV victims have protected children. The fact that a DV perpetrator continues to be abusive does not mean an adult DV victim has not been protective.

Information regarding protective factors can be recorded in the Investigation Assessment (IA) under the Protective Factors tab (protective factors and family strengths).

Adult victims use a variety of protective strategies, not only for themselves but ultimately for their children. These strategies include, but are not limited to, supportive relationships with children, good parenting skills, recognition that DV is bad for both them and for their children, having a job, providing for the physical needs of the children, safety planning with children, dealing with their own issues (e.g., addictions, mental health concerns), and maintaining supportive connections to friends, family, and community.

DV victims use both informal safety strategies (e.g., taking children for overnight visits with family/friends when the DV perpetrator is most threatening) and formal ones (e.g., going to a DV shelter, getting a protection order, calling the police) in response to risks to the children.

Depending on the facts of the case, it may be appropriate for the worker to seek a protection order on behalf of the children (see the section on page 16 about protection orders and RCW 26.44.063) during a dependency proceeding, or the worker and the DV victim may agree on an alternative set of strategies to reduce the risks to children.

Protective Factors of Children

The impact of DV on a child varies greatly depending on a child's:
- Age
- Stage of development
- Gender
- Health
- Access to activities in which they can excel and/or develop positive interests
- Use of protective strategies (often taught by adult victims) and relationships with non-abusive adults

Generally, children's resiliency is supported by strong relationships to non-offending adults. Children's ability to engage in activities they are good at or to develop positive interests also can result in increased resiliency.

Protective Factors of DV Perpetrators

Following are three of the most critical items to consider when assessing DV perpetrators' protective factors:

- The degree to which DV perpetrators take responsibility for their abusive conduct rather than minimizing it or simply blaming their victims
- Whether or not DV perpetrators can acknowledge the impact of their behavior on children
- The degree to which DV perpetrators are willing to support the parenting of adult victims rather than continuing to undermine it or insisting on their "rights to the children"

Protective Factors in the Community

Even the most protective of parents cannot shield their children from the effects of DV by themselves. CA can help increase safety for children by joining with adult DV victims and the community in protecting children.

To help identify protective factors in the community but outside the individual parties, social workers should ask the following questions:

- Does the community provide the following for adult DV victims and their children: safe emergency housing, health care, accessible childcare, support services, economic resources, responsive law enforcement, accessible legal services, and a child welfare response specific to DV?
- Does the community offer DV perpetrator interventions, Safe Dad programs, and safe, supervised visitation programs?
- Are substance abuse or mental health intervention programs available to parents?
- Does the DV victim have family and friends who are willing to provide emotional support?
- Does the DV perpetrator have family and friends who will refuse to tolerate the abuse and insist on change?
- Are there culturally relevant, supportive spaces/programs for the children (e.g., religious or after-school programs, etc.)?
- Do the children have other supportive and protective adults in their lives?

Information to Consider in Assessing Protective Factors

Gather information about protective factors from all sources, including adult victims, perpetrators, and others with knowledge of the family and the community.

1. Victim resources include factors such as the victim's:

a. Resistance to the perpetrator's or community's victim blaming
b. Belief in self or the children
c. Willingness to seek help
d. Use of available money, time, and material goods
e. Work skills
f. Parenting skills
g. Ability to plan for the children's safety
h. Knowledge of the abuser and the situation
i. Health and physical strength
j. Use of safety strategies for self and the children

2. Children's resources include such factors as the child's:

a. Age and developmental stage
b. Positive relationships with adult victim, siblings, other family members, and neighbors
c. Actions during violence
d. Help-seeking behavior
e. Instructions from the adult victim or the perpetrator about what to do
f. Ability to carry out DV safety plans

3. Community resources for victim safety and perpetrator accountability include:

a. Victim advocacy/support services
b. Effective criminal justice response to DV (police, prosecutors, courts, and corrections)
c. Effective civil or family court response to DV
d. Welfare and social services
e. Effective health care
f. Safe housing
g. Faith communities
h. Family or friends of the victim and/or perpetrator
i. Rehabilitation programs for DV perpetrators
j. Accessible substance abuse treatment

4. Perpetrator resources to stop the abuse include the perpetrator's:

a. Halting of abuse of the victim or children during the CPS process
b. Acknowledgment of abusive behavior as a problem for family, and responsibility for stopping abuse
d. Cooperation with current efforts to address abusive behavior
e. Awareness of the negative consequences of abusive behaviors on the victim, the children, and the abuser's physical well-being, self-image, legal status, social relationships, and employment
f. Cooperation during the interviews
g. Commitment to victim safety
h. Demonstration of ability to comply with court orders
i. Successful past attempts to stop abuse
j. Respect for limits set by victim and/or agencies
k. Support for parenting efforts of adult victim
l. Consideration of children's best interests over parental rights

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Help Seeking by DV Victims

Asking questions to assess the outcomes of DV victims' past help-seeking efforts will assist social workers to document both formal and informal help seeking by adult victims. This is critical to understanding both DV victims' strengths as well as areas in which they may require assistance.

Understanding outcomes of past help-seeking efforts can also help social workers understand issues that may be critical to developing a current service plan that includes a victim's help-seeking strategies. For example, if the adult victim has repeatedly had the experience of having a protection order violated by the DV perpetrator and these violations have not been taken seriously by law enforcement and the prosecutor, the victim may be appropriately reluctant to request another order at the direction of CA.

Interview Questions for Assessing the Outcomes of the Victim's Past Help-Seeking Efforts

These questions are directed primarily to the adult victim, although modified versions can be posed to the DV perpetrator or the children.

1. Does the extended family know about the violence? Who knows? What has been the response? Do you feel safe in talking with them about the problem?

2. Is there anyone outside the family (friends, co-workers, clergy) who knows about the violence? How have they responded? Have you felt supported? Do you feel it is safe to talk with them?

3. Have the police been called? Who called them? What was their response? Did that help you?

4. Have you gone to court for a protection order? To press charges? To get a divorce? What was the experience like for you?

5. Have you ever left home to protect yourself or the children? What happened? Was this helpful to you? Were you able to take the children?

6. Have you ever gone to a counselor or to medical personnel for help with this issue? What happened?

7. Have you ever used a domestic violence victims' services program? What happened?

8. Has your partner ever gone to counseling or to a program for the DV? What happened?

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Summarize the information from the Specialized DV Assessment in the Investigative Assessment, and tie this information to decision making. *(See page 40 for interview questions for assessing DV perpetrators' pattern of assaultive and coercive behaviors.)*

When the case is open for services in FVS or CFWS: document DV in the Family Assessment form, including the section on DV, which contains a number of assessment questions. Information about DV may also appear in the sections on the family's view of events, the ability of the family to protect and nurture the child, etc.

Information about DV may be documented in Case Notes.

FamLink provides no prompts for determining who the DV perpetrator is and who the victim is. Consequently, the worker should always document this information in the narrative sections of the tools.

If the Safety Assessment leads to recognition that the DV is very dangerous, it may trigger development of a new Safety Assessment and Plan. New risk information should also go into the ISSP.

If the Safety Assessment interview uncovers a new allegation of child abuse or neglect, a new intake should be conducted.

Note in a case note that you have helped the DV victim plan for her safety related to the DV (i.e., "worked w/ victim on planning to increase her safety"). Do not include the specifics of the DV safety plan in the FamLink record, since the DV perpetrator has access to this information.

Specialized DV Assessment during Service Planning, Monitoring, and Review

Conduct the Specialized DV Assessment before proceeding with developing service recommendations or monitoring.

When the Specialized DV Assessment is already well documented in the case, simply update it to the current date of worker contact. Inquire about what has happened in each of the elements of the DV assessment (abusive conduct, impact, lethality assessment, protective factors) since the date of the last DV assessment.

For DV cases, the Specialized DV Assessment should be updated each time there is a change in social worker.

Documentation of the Specialized DV Assessment

Document information gathered from the Specialized DV Assessment in the worker's case file, in FamLink, and in reports for the court (ISSPs, etc.). Include specifics from the Specialized DV Assessment in the narrative sections of the relevant assessment tools.

When documenting the Specialized DV Assessment, social workers should always do the following:

- Summarize information using the following order or template:
  1. Details of DV perpetrator's pattern of abuse: physical, sexual, psychological attacks, economic coercion, etc. Note specifically the ways children are used to control the adult victim.
  2. Impact on the child
  3. Impact on the adult victim
  4. DV lethality assessment
  5. Known protective factors of the child, adult victim, community, and DV perpetrator
- List the parties interviewed and records reviewed.

Integrating the Specialized DV Assessment into the CA Risk Assessment Process

Given the mission of CA to promote the safety and well-being of children, social workers should consider information from the Specialized DV Assessment in light of information gathered about possible co-occurring issues of substance abuse, mental illness, and child maltreatment, as well as the family's strengths and cultural resources.

Talking with Children about Domestic Violence

Routine screening and assessing identified DV is done primarily through interviews with adults. However, workers should be prepared to talk with children about DV.

Key goals for listening to and talking with children about DV:

1. Gather information to understand their experiences of the DV, including what they see, hear, and know about the abuse.
2. Listen to children to provide support and to nurture resiliency.
3. Improve DV safety planning that occurs directly with children.

Children living with DV live with special secrets they may or may not want to discuss. They may:

- Feel loyal to both parents regardless of whether they are the perpetrators or the adult victims
- Deny memories of DV to protect themselves or the adult victims from the violence
- Express concern about the health and safety of the adult victims or perpetrators, often mirroring what either parent has said or threatened
- Be reluctant to talk about the DV, or express a lot of relief in talking with an understanding adult

Planning When and How to Talk with Children about the DV

1. Workers should consult with supervisors and DV specialists on how to conduct DV-related conversations with children.

2. Talk with children about DV only after interviewing adult victims, if possible.
   - Be aware that children may reveal the content of interviews to DV perpetrators out of fear of or identification with DV perpetrators or because DV perpetrators routinely press children into providing surveillance on DV victims. Perpetrator interrogation of children about interviews with CA workers may result in greater danger to both children and adult victims.
   - DV perpetrators may use coercive tactics to make children reveal that they have spoken about the abuse or reveal what the other parent said about the abuse.
   - When it appears that children may be vulnerable to such tactics, postpone interviewing children about the DV until these safety concerns can be addressed with input from the adult victim.
   - Avoid interviewing DV victims in front of children.
   - Limiting DV perpetrators' access to children and adult DV victims or instituting supervised visitation for perpetrators can alleviate some of the concerns.

3. Talk with children about DV that occurs while the children are in care.
   - DV in the child's family is ongoing and continues even when a CA case is open and even when children are in care.
   - Episodes that occur while the family is involved with CA or while the child is in an out-of-home placement can be particularly distressing to the child (e.g., the DV perpetrator continues to be abusive to the child's parent or to a new intimate partner who is in the home, or DV occurs in the child's foster family).
   - Once safety is established for the children, social workers should make every effort to hear children's experiences and reassure them that they will be protected, that the adults are okay, and that they will have contact with their battered parents.
   - When contact with DV perpetrators is to be limited, social workers should explain to the children how that will happen.

4. Use questions that are age and developmentally appropriate, and take into consideration unique characteristics of each child. For additional guidance in interviewing children, see the Harborview "Child Interviewing Guide," available at http://ca.dshs.wa.gov/intranet/pdf/raft/Child_Interview_Guide.pdf.

Sample Questions and Lead-ins for Interviewing Children about DV

1. **Assess the pattern of the DV perpetrator's abusive conduct.**
   What happens when your parents (the adults) fight? Does anyone hit, shove, push? Does anyone yell? Does anyone throw things or damage property? Has anyone used a gun or a knife? Tell me about the last big fight between them? Have you ever been made to take sides?

2. **Assess the impact of the DV on the adult victim.**
   Has anyone gotten hurt or injured? Is your parent afraid? How do your parents act after a bad fight? Have you seen the police or anyone come over because of their fights? Have you seen injuries or damaged property?

3. **Assess the impact of the DV on the children.**
   Have you been hurt by any of their fights? What do your brothers or sisters do during a fight? Are you ever afraid when your parents fight? How do you feel during the fight? After the fight? Do you worry about the violence? Do you talk to anyone about the fights? Do you feel safe at home? Have you ever felt like hurting yourself or someone else?

4. **Assess the children's protective factors.**
   Where do you go during their fights? Have you tried to stop a fight? What happened? In an emergency for your parent or yourself, what would you do? Whom would you call? Have you ever called for help? What happened?

5. **Assess lethality and the child's knowledge of the danger.**
   Has anyone needed to go to a doctor after a fight? Do the adults use guns or knives? Do you know where the gun is? Has anyone threatened to hurt someone? What did the person say?

6. **Support children's protective strategies and respond to their concerns and their fears.**
   Ask children what they did and praise them for any and all protective strategies they used. For example, you might say "That's good that you hid in the closet. That's good that you went to the baby's room and talked to her." Praise them for talking about the violence to an adult (the other parent, you, the teacher).

(Adapted from Ganley, Appendix B, Domestic Violence Manual for Judges, 2006, and from Ganley & Schechter, National Curriculum for Children's Protective Services, 1996.)

Applications of the Specialized
DV Assessment to Case Decision Making

Part 5

This section of the guide builds social workers' knowledge about:

Using the information gathered from the Specialized DV Assessment

Information gathered from the Specialized DV Assessment, as well as from the Safety Assessment and the Investigative Assessment, informs social workers' clinical judgments in decisions regarding child safety and case disposition.

Applying the results of these assessments to the decision making for DV cases when risk to the child:

- Comes directly from the DV pattern in the family
- Comes from child maltreatment issues not related specifically to the DV, but where the co-occurring issue of DV may compromise CA's ability to increase safety for the children

In DV situations, social workers should always consider ways to maximize the safety of all involved, particularly the child, the adult victim, and the workers themselves. This includes maximizing safety when families experiencing DV are notified about case decisions, including findings.

The information gathered from the Specialized DV Assessment, as well as from the Safety Assessment and the Investigative Assessment, informs social workers' clinical judgments for making the following decisions regarding child safety and case disposition:

Child Safety Decision: Using the Safety Assessment, determine whether there is a safety threat or danger present that rises to the level of "indicated."

Disposition Decision: Using the Investigative Assessment, determine whether there is reasonable cause to believe that child abuse or neglect has occurred.

Ongoing Services Decision: Using the SDM tool, determine whether a family will receive continued child welfare services.

The results of these assessments should be applied to the decision making for DV cases when risk to the child comes either:

- Directly from the DV pattern in the family

  or
- From child maltreatment issues not related specifically to the DV, but where the co-occurring issue of DV may compromise CA's ability to increase safety for the children (e.g., DV in addition to child sexual abuse or child endangerment from exposure to a methamphetamine lab)

When the Threat to Child Safety Is Specifically from the DV

Child Safety Decisions

Social workers must first decide if identified DV poses an immediate or impending threat to child safety. In evaluating threats to child safety, social workers must look at the level of a perpetrator's dangerous conduct, both toward the adult DV victim and toward the children.

When a perpetrator uses weapons and severe levels of violence against the other parent, children can be significantly injured as well, whether accidentally or intentionally (e.g., children are in the car when the DV perpetrator terrorizes the adult victim by driving at high speeds down a mountain road, or children are present when the perpetrator throws a TV). In DV cases, children's safety is directly linked to the safety of adult victims.

Possible Outcomes

No child safety threat present	Explore with adult victims options for their safety. Refer them to DV service providers and other resources, and provide information about DV, when appropriate.
Child safety threat present	Develop a child and adult victim DV safety plan in partnership with the adult victim (and safe family members) in accordance with CA Safety Assessment policies and this practice guide. This DV safety plan should build on the adult DV victim's strategies and family strengths.
Child safely with the family or non-offending parent	***Decision is based on factors such as:*** • Non-offending caregiver acknowledges risk posed by the DV perpetrator to children and demonstrates protective capacities. • Non-offending parent and children are in a DV shelter or other safe location. • DV perpetrator's access or activities are restricted (e.g., perpetrator is in jail or is complying with restraining order or no-contact order). • DV perpetrator demonstrates responsibility for behavior, actively engages in intervention programs, and follows limits set by CA and/or by the adult DV victim. • Children show minimal behavioral or emotional effects. • Children have a relationship with a supportive and protective adult. • Older children have a plan to be safe and have the ability to carry out the plan. • The DV is not escalating, and DV perpetrator's prior history does not include known serious violence. • Other issues (substance abuse, mental health, etc.) do not pose safety threats. • Non-offending caregiver has supportive extended family or community ties.
Child safety provided through out-of-home placement	***Decision is based on factors such as:*** • Other types of child abuse or neglect create safety threats. • DV perpetrator continues to expose children to serious violence despite intervention. • DV perpetrator continues to have unauthorized contact with child, which presents safety threats. • DV perpetrator's history includes known serious DV, such as use of weapons or lethal means, risking harm to children in course of assaulting adult victim, etc. • DV perpetrator engages in active substance abuse. • Untreated mental illness poses safety threat. • Child shows reduced ability to manage circumstances or faces conditions that increase vulnerability. • Adult DV victim's abuse of alcohol or other drugs or untreated mental illness presents safety threats. • Trauma of separation from adult DV victim and placement is likely to be less than trauma of exposure to the DV. **AND** • No other workable plan can be put in place.

Criteria to Consider in Determining High Risk from DV and Need for Immediate Response

- Current or past level of DV-related injuries to an adult DV victim
- DV-related injuries to a child
- Severe or frequent DV assaults or recent escalation of severity and frequency
- Display or use of weapons during a DV assault
- DV perpetrator's threats to kill or seriously harm self or others
- DV perpetrator's stalking of an adult victim and/or children or other extremely obsessive, jealous, and controlling behavior
- DV perpetrator's threats or attempts to abduct or murder a child (e.g., "If you leave me, you'll never see this child again.")
- Substance abuse problem in the family in addition to the DV
- Non-abusive parent is forced to flee and leave children with the DV perpetrator, or non-abusive parent and children have fled without a place to go.
- Adult DV victim's inability to care for a child due to the trauma of a recent assault or a series of incidents
- DV perpetrator's refusal to honor limits on contact with an adult DV victim and/or children (e.g., DV perpetrator's refusal to obey no-contact orders) or DV perpetrator's ongoing access to children or an adult DV victim (e.g., a parenting plan that calls for unsupervised visitation)

Practice Tip: Even in high-risk situations, the preference is to place children safely with adult DV victims wherever possible.

If children have to be removed as a last resort, then children should have visitation with the adult DV victims and either no visitation or limited, supervised visitation with the DV perpetrators.

Case Decision Making

When DV is identified as the reason for the child abuse or neglect allegation, list the alleged DV perpetrator as the subject of the referral.

Case Opening

As with any situation, the decision to provide ongoing child welfare services is based on consideration of the current threats to child safety, risk factors, needs of the children, family strengths, and protective factors.

Consider opening a case based solely on the existence of DV between adults in the home when:

- DV is increasing in either frequency or severity.
- Suicide ideation or plans or past attempts of suicide or homicide exist.
- The DV perpetrator denies adults and children access to basic needs.
- Children are exhibiting observable effects of the DV, causing substantial impairment.
- The family requests assistance.
- Other risk factors impact the care of the child.

The need to open a case may be mitigated by any of the following factors:

- The DV perpetrator has supervised access or no access to the children.
- An adequate safety plan is in place for the children and the adult victim.
- The adult DV victim and the children have support services in place that help the victim provide safety for self and children.
- The criminal justice system and an appropriate intervention program have active involvement with the DV perpetrator.

When a case is closed at assessment, social workers should:

1. Talk to the adult DV victim about DV safety planning for the adult victim and children.
2. Make referrals for services to the local DV service providers and other community resources. (For list of statewide resources, see www.wavawnet.org.)

Case Disposition Decisions

Founded: Child Abuse Due to Domestic Violence

Consider a founded finding on the DV perpetrator when the Specialized DV Assessment and SDM assessment conclude that more likely than not:

- The DV resulted in harm to a child due to physical abuse or sexual abuse.

  or

- The DV perpetrator uses the child to control the adult DV victim in a way that causes or would cause "substantial harm" to child (e.g., holding the child during an attack, endangering the child by reckless driving, etc.).

Founded: Neglect Due to Domestic Violence

The DV perpetrator, the adult DV victim, or both may be the perpetrator of child neglect.

Consider a founded finding for negligent treatment or maltreatment on the DV perpetrator if the following factors are present:

- DV perpetrator does not provide for the basic necessities of the children, including but not limited to, supervision, food, medical care, etc.
- DV perpetrator undermines the adult DV victim's capacity to provide necessities for children, such as medical care for child, supervision, etc.

Consider a founded finding for negligent treatment on the adult DV victim if the following factors are present:

- DV victim does not provide for the necessities of the children, including, but not limited to supervision, food, medical care, etc.
- DV victim does not act to protect the children from obvious physical harm by the DV perpetrator.

Remember that the existence of DV alone does not prove neglect or failure to protect by the adult DV victim. In order to find neglect via failure to protect for DV, a worker must have evidence that indicates the adult DV victim did not take any actions to protect the children from harm or exposure to the DV perpetrator's violence.

Keep in mind that adult victims use all kinds of protective strategies that fail due to the DV perpetrators' behaviors and not their own behavior. Adult victims may be protective but their efforts alone may not have been enough to stop the perpetrators from being abusive.

In some cases, the DV perpetrator's abuse has been so traumatic that the adult DV victim is unable to provide for the children.

- In such cases, the documentation should make the source of the trauma clear and accurately reflect the impact the DV perpetrator's behavior had on the adult DV victim. The worker should document how the DV perpetrator impaired the adult DV victim's protective strategies, resulting in the adult DV victim's inability to protect at this time rather than failure to protect.

- When the primary cause of the DV victim's lack of capacity to care for the children lies in being a victim of the DV perpetrator's violence, consider options that focus on engaging the DV perpetrator in accountability and change rather than those that focus exclusively on the adult victim. For example, depending on the facts of the case, a worker may recommend:
  - A temporary safety plan with the child residing with a non-offending parent away from a DV perpetrator
  - An in-home dependency for the child that places the child with the non-offending parent (or a non-offending relative) in the home, excluding the DV perpetrator from the family home

(See Part 2, page 16, for discussion of third-party requests for protection orders on behalf of children.)

Notification of Founded Disposition

Child welfare policy requires the following:

1. Parties named as the subject of a referral must receive written notification of CPS findings.
2. Perpetrators of "founded" child abuse or neglect allegations must receive notification of their right and time frames to appeal the findings decision.

Whether the finding of abuse or neglect is on the part of the DV victim or the DV perpetrator, the safety of the adult DV victim may be affected when this notification is received. This is true whether the DV perpetrator is in the home or living elsewhere. In DV situations, social workers should always consider ways to maximize safety of all involved, particularly the child, the adult victim, and the workers themselves.

- Inform the adult DV victim of the requirement for CA to send the notice via mail.
- Engage the adult DV victim in planning for the safety of the victim and the children during and after delivery of the notice. The DV victim may prefer to leave the house before the notice is delivered and stay with friends or relatives or to have a trusted relative at hand.

When the Threat to Child Safety Is Not Specifically from the DV

Sometimes the DV in the family does not result in the specific threat to the child. However it may be a co-occurring issue that can undermine CA's efforts to protect a child from neglect or physical, sexual, or emotional abuse perpetrated by either the adult DV victim or the DV perpetrator.

In these cases, information from the Specialized DV Assessment is still relevant for case decision making, interventions, and services. Social workers should:

- Consider the impact of the DV on the child abuse and neglect issues of the cases when completing the assessment, developing case plans, and monitoring service compliance.
- Safely address the DV as a co-occurring issue when working with the family to develop service plans.
- Pay particular attention to how DV perpetrators use the CA process to manipulate the adult victim.

Practice Tip: Avoid assuming that an adult DV victim who raises issues about the DV is trying to distract attention from the issues of child abuse. The DV and the child maltreatment may be inextricably intertwined in the victim's mind.

Instead, engage in DV assessment and safety planning with the adult DV victim to address the victim's concerns regarding safety. This is critical even when the adult DV victim poses direct risk to a child.

Engaging with an adult DV victim increases the possibility of creating a productive alliance with the victim that will result in better outcomes for a child.

DV Safety Planning, Service Planning in DV Cases, and Practice Applications with DV Perpetrators

Part 6

This section of the guide builds social workers' knowledge about:

DV safety planning

To help increase safety for children and adult DV victims, social workers should partner with adult DV victims and children (if appropriate) to develop DV safety plans.

- DV safety plans address risk to both the child and the adult DV victim from the DV perpetrator's specific tactics of control, while CA safety plans address threats to the child's safety from the cause of maltreatment.
- A DV safety plan should reflect the specific information the social worker has gathered from the Specialized DV Assessment.
- CA social workers should do DV safety planning whenever DV is identified as an issue or when circumstances affecting safety have changed.
- Age-appropriate DV safety plans for children can increase their safety and support their resilience.

Service planning in DV cases

CA social workers should work with families to develop service plans that:

- Mitigate danger posed by DV perpetrators by increasing the perpetrators' accountability and reducing their ability to use abusive/controlling tactics
- Increase children's safety by increasing adult DV victims' safety
- Promote children's resilience
- Support/rebuild bonds between adult DV victims and children and between siblings
- Are culturally appropriate

Service plans for adult DV victims and DV perpetrators should be based upon information social workers receive through the Specialized DV Assessment. These plans should:

- Take into account all the families' strengths, resources, and sources of support
- Identify and reduce DV perpetrators' most prominent tactics of coercive control

Visitation protocols for DV cases

Whether visitation is ordered in dependency court or in family court, all visitation orders need to be carefully structured and monitored when DV is an issue for families.

- DV perpetrators frequently use visitation to continue their abuse of adult victims, which can be very damaging to children. They commonly use a variety of tactics to continue their abuse through the visitation process.
- Social workers should consider how to structure visitation to maximize safety for adult DV victims and children and to minimize the risk of DV perpetrators using children to control adult DV victims.
- Visitation with DV perpetrators is not always appropriate.

DV Safety Planning

Whenever social workers interact with families experiencing DV, the workers' first concern should be the safety of both the children and the adult DV victims. To help increase safety for children and DV victims, social workers should partner with adult DV victims and children (if appropriate) to develop DV safety plans.

- A DV safety plan should reflect the specific information the social worker has gathered from the Specialized DV Assessment.
- The level of DV safety planning a worker does during investigation may differ from the level of DV safety planning a worker does during service planning and review.
- DV safety planning is not the same process as developing a CA child maltreatment plan and may not lead to required services.

Safety First

Requiring a DV perpetrator to leave, filing a protective order, or ending a relationship do not in and of themselves constitute a DV safety plan. In fact, all these actions signal a need to increase planning for safety.

What is the difference between a DV safety plan and a CA child maltreatment safety plan?

DV safety plans and CA child maltreatment safety plans have some things in common. Each type of plan is critical to the safety of children, and social workers develop both types of safety plans in partnership with families. However, the two types of plans have fundamental differences.

DV Safety Plan(ning)	CA Child Maltreatment Safety Plan
A **process** for thinking through with adult victims and children how to assess risks and increase safety related to DV	A **written agreement** with all caregivers regarding how to keep all children in the household safe
Addresses risks to both the child and the adult DV victim from the **DV perpetrator's specific tactics of control**	Immediately addresses dangers and threats to the child's safety from the **cause of maltreatment**
Ongoing process to address immediate and longer term risks from DV to child and adult victim	**Short-term** plan to address immediate harm to child

Suggestions for starting conversations with DV victims about DV safety planning:

- What ideas do you have for increasing safety for you and your children?
- What do you need to protect yourself and your children?
- Who do you trust to help you?
- What have you done in the past to protect your children and yourself? How has this worked?
- What have you told your children to do to stay safe? How have these strategies worked?
- Do you think accessing shelter would be helpful? What fears or concerns do you have about taking a step like this?
- Would a protection order be helpful? What do you think the perpetrator would do if you filed for one? What fears or concerns do you have about doing this?
- What are you most concerned about when you think about your safety and your children's safety?

Practice Tip: DV advocates can be very helpful with DV safety planning.

- A social worker can call the local DV hotline anytime and receive support and assistance with DV safety planning.
- It can be helpful to put the DV advocate on a speakerphone or support the adult DV victim in speaking directly to the advocate.
- In some communities, a DV advocate may be able to come directly to a local CA office and assist in DV safety planning with an adult DV victim.

DV safety planning typically covers:

- Immediate safety, as well as safety during assaults, stalking, or efforts by the abuser to make contact
- Escape
- Long-term safety
- Safety for children

DV safety planning addresses a wide variety of issues, including:

- Increasing victim safety at home, while commuting, at work, at school, and in other public spaces
- Identifying who should know about the danger that a DV perpetrator poses in these various places
- Identifying who can be a source of support or protection in each of these places
- Identifying risks from the DV perpetrator, as well as other risks such as homelessness
- Assisting adult DV victims in thinking through how to decrease the risks brought about by CA's intervention with the family

Steps for DV Safety Planning with Adult Victims

1. Let adult DV victims know you care about their safety as well as the safety of their children.
   Tell adult DV victims that they have a right to be safe and that you are concerned about them and their children.

2. Discuss with adult DV victims what actions CA may be able to take to help increase their safety.
   Depending on the specifics of the case, a social worker may accompany the adult DV victim to court, arrange for home locks to be changed, call the DV perpetrator's probation officer, request a protection order on behalf of the children to have the perpetrator removed from the home, or write a letter to accompany the DV victim's PO petition outlining concerns about child safety and recommendations for supervised or no visitation.

3. Communicate your assessment of the lethality risks to adult DV victims and ensure DV safety plans correspond to the lethality level.
   A small minority of DV perpetrators are potentially homicidal. DV victims in high-lethality situations need to know their situation is particularly acute.

   If a worker completes an assessment of the DV and it appears that lethality indicators are high, the worker should share this clinical assessment directly with the DV victim. ("I want you to know that from what you are telling me, your situation is not a typical abusive situation; it is more dangerous. The sorts of things you are sharing are the kinds of things that happen in cases in which someone ends up dead. You and your children are in serious danger.")

   In high-lethality cases, both social workers and adult DV victims should be aware that the danger has not passed just because protection orders are in place or the perpetrators have moved out. It may be increased. Detailed DV safety plans are still necessary.

4. Find out what adult DV victims think will increase their safety and the safety of their children.
   Acknowledge the victims' expertise about this.

5. Support adult DV victims in thinking through with whom they can share DV safety plans.
   Safety plans can be more effective when adult DV victims are less isolated in trying to stay safe. Trusted family, neighbors, friends, or co-workers can support key elements of a DV safety plan.

6. Find out what DV victims have done in the past to increase safety for themselves and their children and how well these strategies worked.
   - Support and strengthen any strategies that have proven effective for adult DV victims in the past, even if only temporarily.
   - The fact that DV has continued does not mean a safety strategy has been ineffective. Some strategies work for immediate safety and should be affirmed as positive protective factors.
   - If prior strategies failed, consider what can be done differently each time or whether a particular support or resource CA can provide would overcome barriers to particular strategies.

7. Explore with adult DV victims how DV perpetrators may respond to contact with CA.
   Interactions with CA that threaten DV perpetrators' sense of control but do not effectively increase DV victims' safety can lead to increased violence toward adult DV victims and children. Discuss what steps may be taken to increase safety for adult DV victims and children. For example, social workers may agree to:
   - Give DV victims some warning before social workers contact DV perpetrators so the victims have time to gather their children and stay with friends or family if they think that is necessary
   - Call adult victims at prearranged times or only at safe places (such as work or a relative's house) or leave messages at a safe place, if calling at home raises risks
   - Call victims after contact with DV perpetrators to report on how the contact went, the perpetrators' responses, and whether or not the perpetrators made threats toward the victims, escalated, or cooperated with the workers

8. Offer some options that adult DV victims may not have considered themselves.
   For example, "Do you think it would make a difference if DSHS requested the protective order instead of you?" or "Would leaving the perpetrator be a possibility if we helped you find housing or funds to go to the home of relatives in another state?"

9. Support DV victims in talking to their children (in age-appropriate ways) about:
   - The fact that the DV is not their fault and they should not get involved in fights
   - Where to go during fights or arguments
   - Escape routes from the house and good hiding places if the perpetrators get violent (DV victims should practice getting out of the house with the children.)
   - How to call 911 and give their address (DV victims should establish a signal for when they should call, and talk about when it is appropriate to call.)
   - Where to meet if the adult victims and the children need to leave the house separately
   - What neighbor to go to for help (If possible, DV victims should discuss their safety plans with the neighbors.)
   - What they can do during fights that will help them stay calm
   - Whom they can talk to about their feelings, in addition to the adult DV victims

Practice Tip: Some DV victims may have ideas for increasing safety while staying in the relationship.

Keep in mind that DV victims may face risks to their own and their children's well-being from more than just the DV perpetrator. Particularly in cases in which physical abuse is infrequent, other issues may weigh more heavily on a DV victim's mind than the risk of danger from the DV, such as:

- Homelessness
- Economic instability
- Loss of Section 8 housing
- Estrangement from their community
- The high probability that the DV perpetrator will have unsupervised visitation with the children and the risks this poses to their safety

Sensitive DV safety planning takes these other risks seriously as well.

Typical Elements of DV Safety Plans

Planning for immediate safety and safety during assaults

- Identifying a relatively safe room in the house to run to when abuse starts, such as a room with a locking door, a telephone, and access to the outside; moving away from the kitchen, the bathroom, or areas where weapons are stored during fights
- Establishing a code or agreement with neighbors or children about when to call 911
- If the perpetrator has guns, hiding or disposing of the ammunition and, whenever possible, making sure that the guns in the house or car are not loaded

Planning for escape

- Making copies of critical documents or moving the originals of those documents to a safe place, such as a friend's or family member's home or the victim's workplace. Critical documents include:
  - social security cards
  - school records, bank records
  - insurance, passports
  - medical information
- Packing a small bag with clothes, a couple of toys, and any medicines taken regularly by the adult victim or the children and keeping it in a safe place outside the house, in the trunk, or with a trusted friend

Planning for long-term safety

- Changing the locks on the house, getting an unlisted number, getting caller ID, and blocking caller ID on calls from the victim's house
- Asking neighbors, co-workers, and/or family to call 911 if they see the perpetrator
- Finding out how to use technology (cell phones, email, and internet) safely and ensure the DV perpetrator cannot track movements via the victim's cell phone (information on this can be found at www.getmoneygetsafe.org/privacyandtechnology.cfm)
- Identifying who to talk to at work about the situation, what is necessary to increase safety at work (such as security, escort to and from car, locking office door), and how to arrive at and leave work safely
- Knowing what to do and where to go if the DV perpetrator is following the victim (identify police stations close to routes to and from home/work/school, don't stop, and call 911 on a cell phone)

Planning for emotional support

- Identifying whom the DV victim can talk to about the abuse, parenting challenges, and other problems
- If the DV victim has left the DV perpetrator, anticipating ambivalence and challenges, and creating a plan for coping with loneliness, guilt, emotional vulnerability, or community pressure to reunite

Planning for safety with children

- Informing the children's school personnel and the adults at any other place the children may go (friends' houses, camp, childcare) about who is and who is not allowed to pick up the children and what to do if the DV perpetrator shows up
- Arranging to have children spend high-risk times, such as weekends, with a supportive and safe relative

DV Safety Planning Directly with Children

Children can, and want to, take action to be safer. Having a plan and following it successfully can help children feel competent and less powerless when DV occurs.

Age-appropriate DV safety plans for children can increase their safety and support their resilience. DV safety planning with children done by adults or social workers is a protective factor and should not be considered "parentification" of children.

DV safety planning with children should take place in privacy, away from DV perpetrators. Whenever it is possible, social workers should include adult DV victims in children's safety planning.

- Assure children that the abuse is not their fault or the fault of the parent who is being hurt. Children may feel angry with non-offending parents for being victimized.
- Emphasize to children that DV perpetrators are in charge of the choices they make to behave abusively.
- Try not to pass judgment on DV perpetrators as individuals. Children may love them at the same time that they want the violence to stop. Make a separation between individuals and behavior, and be clear that abusive behavior is not okay.

DV safety planning with children should focus on:	
Physical safety during DV incidents	**Coping and resilience**
• Talk to children about what they do and where they go when the abuse happens. • Help them think of a couple of safe places if they don't already have one. • Explore telephone access and familiarity with 911. Do they feel safe calling 911? Whom else can they call for help?	• Let them know that fighting between the adults is not their fault and that you are there to help. • Let them know that you understand they want to stop the violence, but it is not safe for them to try. • Help them think about what they can do to cope and stay calm during a fight, such as focus on TV or music, draw, block out as much noise as possible with a pillow, read, play a video game, comfort younger siblings, or go to a safe place. • Help them think of two or three safe people to whom they can talk about a problem. These can include a teacher, a relative, or a friend's parent. • Try to get each child connected to an ongoing support system outside the home.

Developing service plans for families affected by DV

When social workers develop service plans, they should consider the full range of the DV perpetrators' tactics of abuse. As DV expert Evan Stark puts it, "Caseworkers should provide empowerment resources where control is dominant, facilitate police and court intervention where violence or threats are critical, and help reconstruct support networks in response to isolation." *(Stark, 2002)*

The service plan should focus on diminishing the DV perpetrator's ability to continue the pattern of abuse. This is accomplished by increasing the adult DV victim's resources, information, capacity to resist, and physical safety, and by holding the DV perpetrator responsible for the abuse and the damage it causes to both adult and child victims.

If economic impacts of abuse are what most significantly affect adult DV victims' ability to care for their children, social workers should assist with easing those effects by providing resources and assistance with obtaining or keeping stable housing.

DV Responsibility Planning with Domestic Violence Perpetrators

DV perpetrators should be expected to take responsibility for decreasing the threats they pose to adult DV victims and their children.

- A DV perpetrator's "responsibility plan" may include moving out of the house, sharing resources with the adult DV victim, attending substance abuse treatment programs, or job hunting.
- A responsibility plan should be integrated with the DV perpetrator's case plan.

(For more information on engaging DV perpetrators and creating case plans that increase children's and adult DV victims' safety, please see page 72 in this practice guide, as well as *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety* at http://endabuse.org/userfiles/file/Children_and_Families/Accountability_Connection.pdf.)

Service Planning in DV Cases

CA is required by federal and state law to make "reasonable efforts" to "prevent or eliminate the need for removing the child from the child's home" before placing a child in foster care. These reasonable efforts include assistance to address DV.

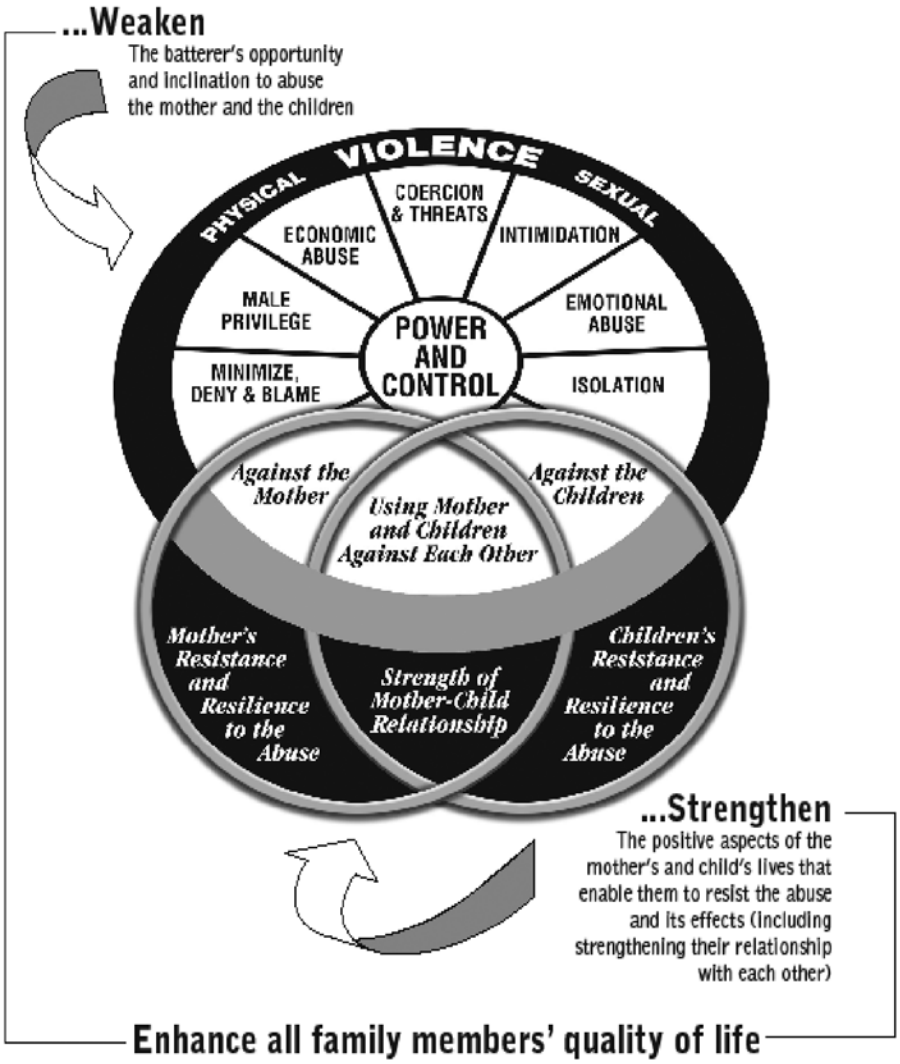
CA social workers should work with families to develop service plans that:

- Mitigate danger posed by DV perpetrators by increasing perpetrators' accountability and reducing their ability to use abusive/controlling tactics
- Increase children's safety by increasing the adult DV victim's safety
- Promote children's resilience
- Support/rebuild the bond between the DV victim and the child and between siblings
- Are culturally appropriate

Service plans should:

- Be based upon information social workers receive through the Specialized DV Assessment, such as:
  1. The DV perpetrator's tactics for gaining power and control
  2. The impact of those tactics on the adult DV victim and the children
  3. Outcomes of prior help seeking
  4. Potential lethality of the DV perpetrator
  5. DV-specific protective factors of the adult DV victim, the child, the DV perpetrator, and the community
- Take into account all the families' strengths, resources, and sources of support
- Identify and reduce DV perpetrators' most prominent tactics of coercive control

SUCCESSFUL INTERVENTIONS IN CASES OF BATTERING THAT INVOLVE CHILDREN...



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Key practice shift: No longer requiring DV victims to obtain protection orders

Example situation:
You find yourself requiring or urging a victim of DV to obtain a protection order to keep the DV perpetrator away and/or force the perpetrator to move out of the home.

What's wrong with this response?
A protection order can be a good tool in some cases. In other cases, it can increase danger. Adult DV victims are often good judges of what will increase or decrease the danger they face from abusers. Forcing a DV victim to obtain a protection order may feel like "doing something," but it is no guarantee of increased safety.

What is a better response?
Ask DV victims what they think will work to increase their safety and assist in any way you can to make these things happen. This may include providing financial resources. Some other possibilities are changing locks on the doors, having a respected relative come to stay in the house, providing assistance to help the abuser get a job, or job training.

Practice Applications with Adult DV Victims

Offer access to resources and services, but do not impose services upon adult DV victims. Whenever possible, provide services for DV victims on a voluntary basis. Engage adult DV victims in the creation of the service plans with questions such as:

- What can I do that would be helpful to you?
- What do you need?
- What can DCFS do that would be helpful to you? Sometimes it is helpful for DCFS to "take the heat" for things that need to happen next (e.g., require the DV perpetrator to leave the home, ask the DV victim and children to stay with other family members, file for a protective order).

Keep service plans for DV victims minimal. Avoid creating long lists of requirements solely because non-offending parents have been victimized. Keep in mind that service plans may consist primarily of actions DCFS will take to assist the DV victims. Sample actions:

- DCFS will pay to have the DV victim's locks changed.
- The social worker will ensure that the parent knows about available services and supports in the community for DV victims.
- The social worker will provide the DV victim with a written statement for use in obtaining a protective order or in a dissolution filing regarding safety concerns for the children with regard to unsupervised visitation by the DV perpetrator.

Connect service plans directly to the Specialized DV Assessment and be consistent with any safety planning. For example:

- If the DV perpetrator is controlling the adult victim by withholding money, provide economic supports.
- If the DV victim is overwhelmed with attempting to comply with the perpetrator's demands, help identify respite care or childcare.
- If the DV perpetrator pits children against the DV victim, encourage the victim to engage in a regular activity with the children to nurture a connection (e.g., taking a walk with the children twice a week).

Sequence services to focus first on "barrier" issues that must be addressed before adult DV victims can benefit from other services. For example:

- A person with substance abuse problems may need to begin a process of recovery.
- A victim's mental illness may need to be stabilized with medication.
- Some families need childcare before they can attend counseling.

Make service plans realistic and achievable. Adult DV victims without access to transportation or childcare may have difficulty attending support groups, getting children to counseling, attending 12-step meetings, and holding a job all at the same time.

Invite victims to contact you to get "reality checks" on what DV perpetrators claim happened in interviews. (DV perpetrators may claim that the workers said the adult DV victims were actually the perpetrators or try to confuse or intimidate the victims about the trustworthiness of the social workers.)

Focus on concrete supports that adult DV victims need (e.g., safe housing, medical care, financial assistance, legal protection) as well as on support that counteracts coercive tactics used by the perpetrators.

Avoid mandating actions that will compromise the safety of adult DV victims or children. (Consider issues such as who will take care of the children while the DV victim is receiving services. Is it the perpetrator, and is this safe?)

Be aware that adult DV victims may present as angry, disorganized, or depressed. All of these may be responses to trauma and abuse and will likely be alleviated with increased safety and support.

To the extent possible, help adult DV victims identify supports within their own culture and community for building safety and emotional support. Refer to culturally competent or culturally specific programs and arrange interpreters when needed.

Helping DV Victims Get Connected to DV Advocacy

Social workers' assistance with initial contacts with DV victim advocacy organizations can be very helpful to adult DV victims. Some victims may have a lot of fear about connecting with DV services; once they make a connection with a DV advocate, those fears often dissipate.

Avoid mandating contact, but do make it easier for victims to take the first step.

- Tell DV victims what DV advocacy programs have to offer.
- Let them know that you have met the people at the advocacy programs, that they are helpful, and that services are confidential.
- Find out DV victims' fears or questions about the DV programs (e.g., what services do they offer? Can they still help even if victims don't want to go into shelter? What is the shelter like? How many people live there? Will victims have their own room with their children? What kinds of things do people talk about in support group?).
- Suggest that you take a minute and call the advocacy programs so that victims can ask these questions.
- Sit with adult DV victims while they call the DV programs.
- If DV perpetrators monitor DV victims' phone bills or calls, provide a telephone so DV victims' calls to advocacy programs can't be tracked by DV perpetrators via phone records.

Safety First

Connecting DV victims to DV agencies safely

Having information from a DV agency or records of calls to them on a victim's phone may increase a DV victim's danger. Do not ask victims to use their own phones to contact DV agencies.

Explore risks and plan for safe contact between adult DV victims and DV victims' services agencies. For a DV victim still living with a perpetrator, getting out of the house to connect with a DV advocacy organization may increase danger. For some DV victims, it may be safer to say they are going to your office.

If your collaborative relationship with DV advocacy organizations in your community makes it possible, ask DV advocates to come to your office and meet with DV victims there.

Monitoring DV Victims' Service Plan Progress and Compliance

If social workers are monitoring DV victims' progress and compliance with service plans and it appears that the victims are not complying with service requirements, the social workers should:

- **Make a distinction between compliance with the service plans and appropriate parenting.** A victim may be unable to comply with the service plan because of sabotage by the DV perpetrator or other reasons. Do not assume this means the victim's parenting is not protective or appropriate; assess separately for this and document accurately.

- **Check to see if service plans impose too many burdens on DV victims.** A DV victim may be working outside the home in addition to full-time parenting and/or may be involved with other court (family or criminal) proceedings requiring multiple appointments. These activities are also directly related to protecting children but may be ignored in service plans.

- **Evaluate whether the plans compromise DV victims' safety.** DV victims may resist service requirements that make them vulnerable to the DV perpetrators (e.g., the DV victim may not want to attend AA sessions known to the DV perpetrator or to exchange custody of children at an unsafe location).

- **Be aware that DV perpetrators may be seeking to sabotage DV victims' efforts to meet the service requirements as part of their pattern of abuse and control.** Find out if and how DV perpetrators interfered with the victims' compliance with the plans. (For example, a DV perpetrator may start a fight every time the victim returns from support group, make the car unavailable for transporting children to counseling or supportive services, create a crisis that disrupts schedules or preempts an appointment, or claim that a DV protection order is just a strategy for the victim to get the upper hand in divorce proceedings.) Be sure to ask victims what prevented meeting the requirements.

- **Accurately document how the perpetrators' actions have interfered with compliance if DV perpetrators have sabotaged victims' attempts to comply with service plans.** Also, document the effects on children and adult victims. Avoid determining that adult DV victims are out of compliance with their service plans if DV perpetrators are undermining the ability of the victims to engage with services. Document DV perpetrators' undermining behavior, making particular note of how it reflects on the DV perpetrators' parenting, judgment, and capacity to place the needs of children ahead of their own needs.

- **Carefully explore what barriers DV victims have encountered and whether or not they relate to the effects of the abuse.** For example, barriers may include lack of transportation or lack of resources for childcare.

- **Recheck the relevancy of the service plans.** Do the plans increase the safety of the DV victims and the victims' ability to protect the children? Are the plans culturally appropriate? Are they consistent with what the victims think will help keep the children safe? If not, construct plans that are more relevant.

Safety First

Talking with DV victims about their compliance and progress must be done away from DV perpetrators.

Social workers may need to be creative in making safe contact with DV victims when perpetrators are highly controlling and/or resentful of the CA intervention.

Talking with DV victims about safe times and places to connect is part of planning for safe interventions. Consider these possible times/places to meet with DV victims when meeting at the victim's home is difficult: during drop-off and pick-up times at a child's school, while the victim is grocery shopping, or at a doctor's office.

Practice Applications with DV Perpetrators

Child protection social workers have a unique opportunity to engage DV perpetrators in planning for their children's well-being, while also holding the DV perpetrators accountable for their abuse.

Strengths-based approaches can support this work by helping social workers identify DV perpetrators' resources, supports, and motivation to change. A focus on strengths does not mean that social workers should ignore or minimize DV perpetrators' deficits, such as their choice to use violence and controlling tactics. Social workers should address within a single conversation both accountability and the need to change behavior.

Practice Tips for Engaging DV Perpetrators in Service Planning

- Keep in mind that DV perpetrators may be charming and socially appropriate outside their families, and they frequently portray themselves as victims. They know they need to impress social workers to affect the outcome of investigations.

- Gather information about DV perpetrators' violent behavior from all possible sources, including prior reports to CA, NCIC arrest and conviction records, 911 calls, and court orders. Obtain copies of police reports and protective orders to learn more about DV perpetrators' behavior.

- Do NOT tell DV perpetrators what the adult DV victims or the children have told you; use other sources of information, including the DV perpetrators' self-reports of abusive conduct from their interviews for the Specialized DV Assessment.

- Engage DV perpetrators to identify their goals for the kind of parent they hope to be, the kind of family life they would like to have, what they would like to do differently or better than their own parents, and how they would like their children to see them or speak about them when they are adults. Point out conflicts between abusive behaviors and achieving these goals; assure DV perpetrators that you want to help them achieve their goals.

- Identify resources within DV perpetrators' culture for role modeling and support. Whom did the perpetrators really respect while growing up? What made those people worthy of respect? Do the perpetrators know people in the community whose parenting and/or relationship with their partners is admirable? What do they admire about these people? Is it possible to enlist those people into supportive roles as the DV perpetrators work to make different choices about coercive and violent behavior?

- Reassess for lethality throughout the lives of cases; listen for signs of increased lethality (for example, suicidal thoughts) and take appropriate action in terms of duty to warn and safety planning with DV victims.

- Keep a careful balance between validating sincere efforts to change and guarding against being manipulated. Get help with maintaining this balance by talking with supervisors, colleagues, and community collaborators with expertise in DV, such as DV advocates and batterer's intervention treatment providers.

Practice Tip: Offer voluntary services to DV perpetrators who function in a parenting role or live in the same household as a child, whether or not they are related to the child. Some of these DV perpetrators may be invested enough in their relationship with the child and/or open enough to change to benefit the child.

Precautions When Working with DV Perpetrators to Increase Safety for Children and Adult Victims

Do:	Don't:
Let adult DV victims know when you will be talking to DV perpetrators. Check in with them afterward to tell them how the conversation went and if the DV perpetrator seemed to escalate the danger. Have a safety plan in place with the DV victim and children that addresses what to do if it appears danger has escalated because of CA intervention. Plan for your own safety. Let the adult victim know what information you will be sharing with the DV perpetrator. Refer to police reports or PO narratives. Invite the victim to contact you to get a "reality check" on what the DV perpetrator claims happened in the interview (for example, DV perpetrators may claim the worker said the DV victim was actually the perpetrator or try to confuse or intimidate the victim about the trustworthiness of the social worker). Perform a DV screen regarding absent biological parents with the custodial parent before making contact with the absent parent. It's possible the absent parent was abusive. In this case, protect the adult DV victim's address and create a safety plan with the DV victim regarding contact with this absent parent.	Have unplanned, open discussion of DV with perpetrators. This can increase danger or risk to victims. Talk to the DV perpetrator until you have completed the assessment process with the adult DV victim and children and have assessed for lethality. Talk with DV perpetrators about services until you have also interviewed them as part of the Specialized DV Assessment. Tell the DV perpetrator what the victim said about abusive tactics.

Accountability and Engagement in Service Planning

Ideally, all conversations that social workers have with DV perpetrators balance accountability and engagement. Accountability statements send clear messages that DV is not safe or appropriate and that DV perpetrators' must change their behavior. Engagement statements help build rapport and invite DV perpetrators to consider change based on their own goals (e.g., to be good fathers, to have their kids love them, or to save their relationships). Below are some sample scripts for talking with parents who are DV perpetrators.

Accountability	Engagement/Rapport Building
We received a report that your children aren't safe in your home due to your behavior. (Offer third-party information whenever possible; e.g., reference a police report.) I believe you want to be a good parent/father. How do you think your children were affected by what you did? I know you want to be a good parent, but it's not safe for your kids if you're around right now. You don't seem able to manage your behavior. You need to find another place to stay for your kids' sake and make sure you can do some work on changing the way you sometimes act. Do you have a place to stay? Can we help you find a place? Do you know that there's a place where parents with these behaviors can get help and support for themselves? Are you interested in checking it out? It would be a really positive step for you and would demonstrate your commitment to being a good parent. (Describe local batterer's intervention program.) • If parent has been to a batterer's intervention program: Can you tell us something about what you've learned? Have you made any changes in your life as a result? • If you get only a cursory answer, or none at all: Do you understand that showing up to the group is only part of what needs to happen? We need to understand how you're applying what you're learning to your life. How are your kids/partner safer than they were in the past?	What's your perspective on why we are meeting today? Parents play an extremely important role in the lives of their children. You are very important to your children. Can you tell us about your relationship with your kids? What do you like to do together? What kind of relationship would you like to have? What do you feel you do really well as a parent? What do you think needs improvement in your parenting? In thinking about your children, what are you worried about? What do you think your children are worried about? How do you want your children to remember you? What kind of emotional legacy do you want to leave for them? Our goal is to figure out what needs to happen for your children to keep them safe. Even though we may not see eye to eye on everything, I think we share that goal. Do you agree? In our experience, most men really want to be good husbands and fathers. What do you think it means to be a good husband? A good father? Talking about these things can be really hard—sometimes people feel judged and defensive. We don't think you're a bad person. People who do these things can change, and we can help you get connected to services that will help you and your family. We know that men get a lot of harmful messages as they're growing up about what it means to "be a man." Sometimes it can be hard to sort through those messages and figure out what kind of man you really want to be. How do you think men earn respect?

(Adapted from Mederos, Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety, 2004.)

Practice Tip: Men respond more to the word "father" than to "parent," so when the DV perpetrator is male, it is most effective to emphasize "fathering" and "fatherhood" rather than "parenting."

Avoid the following situations with DV perpetrators:

- Hostile confrontations
- Interpreting all DV perpetrators' anger as intimidation and threatening behavior, getting overly reactive to anger
- Getting into arguments, debates, and power struggles (Instead, point out contradictions, such as "You've said you want your kids to be happy, but you've hit one of the most important people in their lives in front of them; how does that match up?")

If the DV perpetrator threatens you, attempts to intimidate you, or refuses to respond to limit setting, document these behaviors in case notes and/or the family assessment.

Talking with DV Perpetrators about the Impact of DV on Children

Understanding the negative effects of their behavior on children may motivate some DV perpetrators to work toward change. Explore whether this may be an effective avenue by talking about the impact of the DV on the children. Here are some ways to start this conversation:

- How do you think your behavior at home affects your children?
- Even if you don't think your kids have seen anything, here are some examples of how living in a home where there is DV can affect kids: they may become violent or victimized in future relationships, be angry with you for a very long time, or do poorly in school. Have you seen any of this behavior?
- Even if your kids don't seem affected, exposure to this kind of behavior will affect them. I know you are not trying to scare them and leave them with bad memories, but this is what is likely to happen. Please get help. Do it for your children. Go try the [local batterer's intervention program].
- When you were a child, did you ever see an adult beat a partner? Do you remember how you felt? I believe you want your children to have better memories than that—am I right?
- Your behavior has a lifelong impact on your children. It's never too late to turn it around. You have the power to change things for them.
- You are an example for your children in everything you do. They'll carry memories of you and your actions forever. It's never too late to change your behavior.
- When you hurt your partner, you also hurt your children.
- If you disrespect your children's other parent or undermine your partner's parenting, you are hurting your children's capacity to respect adults.
- I know you want to be a better parent; it's not too late.

(Adapted from Mederos, Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety, 2004.)

Limit Setting

Positive engagement of DV perpetrators does not mean that limits, boundaries, policies, and procedures are ignored. Many years of practice with DV perpetrators have clearly established that they need very clear limits and rules. Many DV perpetrators respond better to limit setting when they feel the rule enforcer respects them, cares about them, and genuinely wants to assist them.

Here are guidelines for respectful limit setting when working with perpetrators:

- Clearly point out specific behavior that is problematic.
- Define the unintended impact of the behavior.
- Ask for the behavior to change.
- Describe what the different, appropriate behavior should be.
- Reaffirm interest and connection.

Examples of setting clear limits:

- "When you behave in this way [describe what just happened] it is threatening (disruptive). We can't get anything done when things are like this. I know you are upset and this doesn't feel good, but if this behavior continues, I'll have to end the meeting and document the reasons why. Would you like a brief break? We want to get your side of things."
- "We need to be able to continue this conversation in a way that helps us make a good decision. I don't know if you are aware of it, but you are (interrupting, refusing to talk about yourself, getting very loud, making threatening gestures, etc.). This has to be a two-way conversation. We want to listen to your side of things, but I also need to ask you some questions. Would you like a break? Can we continue?"

Effective Use of DV Perpetrator Treatment (or Batterer's Intervention) Programs as Part of Case Planning

One important part of case plans aimed at increasing DV perpetrator accountability is the requirement that DV perpetrators must successfully participate in DV perpetrator treatment (DVPT) or a batterer's intervention program (BIP). DV perpetrators who consistently attend and complete programs are more likely to change their behavior than those who do not.

Whether or not DVPT is possible, DV perpetrators' service plans should include other requirements aimed at increasing safety for children and adult DV victims and encouraging DV perpetrators' accountability. To utilize DV perpetrator treatment programs effectively:

- Get feedback from your local DV victim advocacy organization about which perpetrator treatment programs they think do the best work.
- Develop relationships with local certified intervention programs.
- Encourage and monitor perpetrators' program attendance closely. Have avenues for assessing DV perpetrators' progress in addition to attendance.
- Keep in mind that compliance with program requirements does not necessarily mean progress in terms of behavior change.

Tips for Using Domestic Violence Perpetrator Treatment in Case Service Plans

Effective Use of DVPTs in Case Service Plans	Limitations to Use of DVPTs in Case Service Plans
Refer DV perpetrators only to state-certified DVPTs.	DVPTs are not available in every community.
Know your local DVPT and its staff. Understand the type of program offered and the criteria for successful completion.	Many programs do not address the impact of DV on children or DV perpetrators' parenting issues.
Monitor compliance carefully through both attendance and successful participation. Assess progress by other methods too. If a program is part of a service plan, request written monthly progress reports directly from the program and written notification if the client is terminated.	When used in isolation, DVPTs may be ineffective in changing DV perpetrators' behavior. This is especially true for those DV perpetrators whose progress in the program is not closely monitored by an outside authority that can hold the perpetrators accountable.
Seek culturally appropriate DVPTs when possible. Ensure that interpretation is provided in order to overcome language barriers when necessary.	
At the outset, make sure the client has given both you and the program written permission to communicate directly. Maintain open lines of communication with the DV victim and the DVPT provider in order to assess progress in terms of behavior change and increased safety of the children.	

Safety First

Some referrals for DV perpetrators may decrease safety for DV victims and children

Anger management is not an appropriate or safe referral for DV perpetrators. Experts and advocates have consistently agreed that anger management courses are, at best, ineffective for DV perpetrators. At worst, anger management courses can increase the danger that DV perpetrators pose to DV victims and children.

Couples counseling is also not appropriate in DV cases, except in rare situations (e.g., the couple is already in couples' counseling; the safety assessment indicates that the couple can stay at home safely together; the perpetrator exhibits low levels of violence and control; the counselor or therapist is trained in DV situations).

Practice Tip: Domestic violence perpetrator treatment programs (DVPT) or batterer's intervention programs (BIP) are a minimum of one-year long in Washington. Although voluntary service plans may be shorter than this, it is still worthwhile to require attendance during the voluntary services period. Some DV perpetrators may choose to continue the program voluntarily after the voluntary services period ends. In dependency cases, it is certainly worthwhile to require successful participation in DVPT for a minimum of a year.

Key practice shift regarding service plans for DV perpetrators

Example situation: Your service plan for a DV perpetrator includes attending anger management classes.

What's wrong with this? Anger management is not an acceptable substitute or interchangeable alternative for DV perpetrator treatment. Anger management programs do not address the underlying beliefs and behaviors that result in DV.

What should you do instead? Require the DV perpetrator to attend a certified domestic violence perpetrator treatment (DVPT) or batterer's intervention program, if possible. Although social workers cannot guarantee that DCFS can pay for an entire year of a DV perpetrator treatment program, it is still worthwhile to get a DV perpetrator connected to and attending a certified DVPT program right away.

Address DV in case plans in other ways as well. Case plans can include a commitment to stop physically assaulting, verbally abusing, or stalking DV victims; getting help with parenting; learning about the effects of DV on children and taking steps to remedy these effects; supporting/not interfering with DV victims and/or children attending support groups or counseling; adhering to all court orders and terms of probation; allowing DV victims access to bank accounts or credit cards (or taking other steps to alleviate economic control).

Elements of Case Plans for DV Perpetrators

Increase the physical safety of the children and the adult DV victims:

- Removing all guns from the house, with acknowledgment of receipt provided in writing to social worker (In some communities, law enforcement will store weapons; other options include sale or safe storage without easy access for the abuser.)
- Compliance with all court orders, including protective orders
- Ending physical, psychological, or emotional abuse of their partners (This item should be carefully monitored in ways that do not increase the perpetrators' risk of retaliatory violence.)
- Moving out and finding alternative housing
- Supervised visitation with the children or cooperation with child custody orders (if they exist because of a protective order or dissolution)

Deal with "barrier issues" that could interfere with accomplishing other tasks:

- Addressing substance abuse and/or mental health issues
- Participating in employment training programs or job search
- Getting assistance on literacy or language proficiency

Steps to remedy the effects of abuse, heal relationships, restore stability may include:

- Supporting the adult DV victim's parenting
- Attending parenting programs
- Supporting/facilitating child's access to therapy or support groups
- Receiving education about the effects on children of witnessing DV
- Verbally taking responsibility to their child for their behavior (should be done in front of social worker to ensure no victim blaming takes place)
- Allowing or facilitating the adult victim's and children's access to services and supports
- Paying child support
- Providing funds to DV victim-controlled bank accounts if abuse has involved economic control
- Sharing important personal information, including history of abuse of prior intimate partners, financial information, criminal convictions, and court involvement with the adult victims (should be done in the presence of caseworkers to verify that information was fully and accurately conveyed)

Monitoring and Documenting Progess and Compliance for DV Perpetrators

1. **Closely monitor DV perpetrators' case plans.**
   This requires keeping lines of communication open with DV victims, probation officers, batterer's intervention providers, and others involved with the family, as well as reviewing court records.

2. **Ask DV perpetrators how they have actively supported DV victims' parenting.**
   Can they give an example of a time they told children their other parent was right or deferred to the other parent? This will provide a quick gauge of changes in attitude and action. Get a reality check from the adult victims as well. Be sure to ask them if the abusers have supported or undermined their parenting and how.

3. **Document information in a way that places responsibility for abuse and its effects upon the perpetrator, not the victim.**
   For example, regardless of victims' behavior, it is up to DV perpetrators to avoid violating protective orders.

4. **Note changes in behavior, not simply compliance with plans.**
   Compliance does not equal success or increased safety; changed behavior indicates increased safety. Use all your sources of information to assess the degree of actual change resulting from the service plan.

5. **Document attempts made by DV perpetrators to sabotage the child protective services process.**
   Note any manipulative or coercive behaviors toward adult victims, children, and CA workers.

6. **Document continued assaults or coercive and controlling behaviors toward DV victims.**
   Note how these affect the children's safety, stability, and well-being, as well as how they reflect on the parenting judgment of the DV perpetrators.

Practice Tip: Some DV perpetrators cannot be safe parts of their children's lives. If engagement efforts with DV perpetrators fail, and it appears that the DV perpetrators will not end their violent and coercive behaviors, CA's work with DV victims and the victim's children should focus on:

1. Protecting the children and the adult victims from the DV perpetrators' coercive tactics
2. Supporting the children's relationships with the non-offending parents
3. Documenting the DV perpetrators' unwillingness or incapacity to change

In some cases, children will be unable to obtain safety, permanency, and stability with their non-offending parents unless the DV perpetrators' parental rights are terminated. It is both possible and permissible to seek this in certain cases if it is in the best interests of the children.

Visitation Protocols for DV Cases

Practice Tip: Social workers can strengthen the cooperative alliance between adult DV victims and CA by acknowledging victims' safety concerns for their children and themselves around visitation and working to ensure safe visitation for the children.

Whether visitation is ordered in dependency court actions or family court actions, all visitation orders need to be carefully structured and monitored when DV is an issue for families.

Visitation/Supervised Visitation
If cases of founded child abuse warrant supervised or limited visitation for the offending parents, and there is also DV:

- The visitation plans must take the DV into consideration when recommending:
  1. Who supervises the visits
  2. How exchanges of the children for visitation purposes are carried out
- Parents should have no contact with each other, so exchanges must be made through neutral third parties (schools, religious institutions, etc.).

  Note: Grandparents, particularly the parents of DV perpetrators, may not be appropriate third parties unless they have the capacity to interrupt the DV perpetrators' dangerous or abusive behavior.
- New intimate partners of the parties should not be involved in exchanges.
- Paid supervisors with training in DV issues are often the most appropriate visitation supervisors.
  (For more detailed discussion of visitation protocols, please see page 80.)

Practice Tip: Social workers should be aware that when a DV victim files for a protection order, a judge will usually order unsupervised visitation.

Many DV victims avoid separating from perpetrators because they fear for their children's safety in the context of unsupervised visitation, which perpetrators will almost certainly get via the protection order, dissolution, or parenting plan.

Requests by DV victims for supervised or no visitation based on the danger DV perpetrators pose to children will be stronger if DSHS provides documentation of its concerns for child safety and makes recommendations regarding visitation arrangements.

Visitation, Custody, and Civil Protection Orders
Safety for both children and adult DV victims needs to be considered.

- DV victims may feel that filing protective orders or dissolutions places their children's safety at risk, since the DV perpetrators are likely to be awarded unsupervised visitation.
- Victims may fear that they will not be able to protect their children during those visits, thus exposing them to danger.

During hearings for dissolutions, parenting actions, and permanent protection orders, judges set terms for custody and visitation. In most cases, biological fathers will be given unsupervised visitation with their children.

- If social workers and DV victims agree that filing for a protective order is the best course of action for increasing safety, and the workers have concerns about child safety in the context of visitation and exchange, the social workers should document these concerns and submit them to the courts.
- Similarly, if changes are required in current orders because of DV-related issues, social workers should document their concerns about child safety and submit these recommendations to the courts.

Visitation and Child and Adult Victim Safety
DV perpetrators frequently use visitation to continue their abuse of adult victims, which can be very damaging to children. They commonly use a variety of tactics to continue their abuse through the visitation process, such as:

- Verbally harassing, physically intimidating, or physically abusing DV victims during custody exchanges
- Repeatedly changing schedules
- Insisting on conditions that DV victims must meet (e.g., children have to have or not have certain clothing, certain foods)
- Refusing to pick up and return children in a timely manner
- Grilling children about DV victims' activities or sending messages to the adult victim through the children

When structuring or monitoring visitation, review the information on page 7 for ways that DV perpetrators use children to control adult victims when the parents are separated and consider how to structure visitation to minimize such risks. Given the particular DV history, consider:

- Limitations on the DV perpetrators' access to the children (particularly appropriate when the DV perpetrators' past actions have resulted in the childen feeling unsafe in the DV perpetrators' presence)
- Setting conditions or goals to be achieved before visitation can take place, such as disposing of weapons, maintaining sobriety for a set period, attending a domestic violence treatment program for several months and showing progress, and complying with protective orders

Note: If DV protection orders or no-contact orders are in place, it is the responsibility of the DV perpetrators named in the orders (not the adult victims) to carry out visitation without violating the orders.

Visitation orders should specifically address:

- Safety of both the child and the adult DV victim during and after visits and exchanges
- Whether visits must be supervised or not, and direction on who should provide that supervision (professional supervisors, third-party supervisors, or family supervisors)
- Clear criteria for moving from one type of visitation to another and who will make this decision
- Length, frequency, time, and location of visits
- How children are exchanged (Exchange should take place through a third party so parents have no contact with each other or new partners of either parent during exchange.)
- Clear process for rescheduling and notification of visitation changes for the children
- Clear consequences if parties don't comply with the order (e.g., a plan to reduce the visitation schedule if the DV perpetrator is consistently late or does not show up)

Supervising visitation and exchanges with DV perpetrators is challenging. Supervisors for visits should:

- Be oriented to the DV
- Have the capacity to intervene if DV perpetrators engage in inappropriate behavior with the children (e.g., pumping the children for information on where DV victims are living or whom the DV victims have social contacts with, blaming DV victims for difficulties, threatening the children)
- Understand that they are empowered to end a visit, know how to end a visit, and be clear under what circumstances a visit should end (e.g., when abusers start pumping children for information about adult DV victims or putting adult victims down)

Social workers should ensure that visitation supervisors (whether family, friends, or professionals) and adult DV victims are provided with information to assist with managing supervised visitations. Visitation supervisors should be familiar with the following resources regarding supervised visitation:

1. *Beyond Observation: Considerations for Advancing Domestic Violence Practice in Supervised Visitation,* available at http://endabuse.org/userfiles/file/Children_and_Families/Beyond%20Observation.pdf
2. *Fathering After Violence: Working with Abusive Fathers in Supervised Visitation,* available at http://endabuse.org/userfiles/file/Children_and_Families/fathering_after_violence.pdf

Adult DV victims can benefit from reading *Supervised Visitation Programs: Information for Mothers Who Have Experienced Abuse,* available at http://www.endabuse.org/userfiles/file/Children_and_Families/supervised_visitation_handbook.pdf.

Practice Tip: Visitation with the DV perpetrator is not always appropriate.

As Lundy Bancroft, an expert on DV perpetrators as parents, points out, "There is a wide consensus that children's recovery from exposure to DV (and from divorce) depends largely on the quality of their relationship with the non-battering parent and with their siblings. Therefore, in addition to safety consideration, court determinations [and visitation arrangements] should take into account whether the batterer is likely, based on his past and current behavior, to continue to undermine the mother's authority, interfere with mother-child relationships, or cause tensions between siblings. Further, because children need a sense of safety in order to heal, juvenile and family courts may want to avoid leaving the children in the unsupervised care of a man whose violent tendencies they have witnessed, even if they feel a strong bond of affection for him." *(Bancroft, 2002)*

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Appendix Contents

Appendix A

- Power and Control Wheel Graphic
- Comparison of Court Orders

Appendix B

- Domestic Violence Services and Information
- Resources on Domestic Violence

DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

Comparison of Court Orders: Legal Protection from Domestic Violence, Harassment, or Abuse

Kind of Order	Domestic Violence Order for Protection (RCW 26.50)	Domestic Violence No-Contact Order - Criminal Order (RCW 10.99)	Domestic Relations Restraining Order (RCW 26.09, 26.10, 26.26)	Anti-harassment Order for Protection (RCW 10.14)	Abused Child Restraining Order (RCW 26.44.063)
Who May Obtain?	Any person who is a victim of domestic violence or fears violence by a "family or household member" (persons who are married, have been married, or have a child in common, adult persons who are related or who reside(d) together and persons 16 years and older who have been/are dating.) Department of Social and Health Services (DSHS) may petition on behalf and with the consent of a vulnerable adult.	A person who has reported to the police an incident involving domestic violence as defined in RCW 10.99.020. Criminal charges must be pending or filed. May be a condition of sentencing.	Married persons filing for divorce, legal separation or declaration concerning validity, persons with a child in common who are filing to determine parentage, or persons seeking custody of a child. To qualify, a person does not need to have experienced assault or threats of violence.	Persons who are seriously alarmed, annoyed, or harassed by conduct which serves no legitimate or lawful purpose. Person may or may not have a relationship with the person harassing them. Parents may petition on behalf of a child against an adult or, in some circumstances, against a minor.	In any judicial proceeding in which it is alleged a child has been subjected to sexual or physical abuse, the court may, on its own motion, or on the motion of the guardian ad litem or any party, enter a restraining order protecting the child.
What Can an Order Do?	• Prohibit contact of any kind. • Remove abuser from shared residence and prohibit from entering. • Give temporary custody of children and set visitation schedule. • Grant essential possessions (e.g., vehicle, medicine, pets). • Order abuser into treatment/ counseling. • Be tailored to individual needs.	Prohibit contact of any kind; prohibit the abuser from knowingly coming within or staying within a specific distance of a location. Protects the victim in an active case while waiting for trial and sentencing. The order can also be a condition of sentence and effective up to the statutory maximum sentence and/or until probation is concluded.	Refrain from disturbing the peace, harming, molesting, assaulting or stalking; refrain from going onto the grounds of or entering a specified location; knowingly coming within or remaining within a specified distance from a specified location; may also order child support, order maintenance income, assign property to either party, establish permanent child custody, establish a residential schedule or use of family home.	• Prohibit harassment and contact of any kind. • Restrain party from coming within a specific distance from petitioner's work place, school, residence, etc.	Prohibit contact with the child without specific court approval; restrain from molesting or disturbing the peace of the child; restrain from entering the child's home without specific court approval; restrain from knowingly coming within or remaining within a specified distance of a specified location.
How is an Order Obtained?	An order can be obtained in district, municipal, or superior court. The person completes paperwork which the court reviews. The court will grant or deny a temporary emergency order effective for up to 14 days. The petitioner arranges for the other party to be served with the petition, notice of hearing and temporary order. A hearing is scheduled within 2 weeks at which time the court may deny the petition or grant a full order effective for up to one year or more. The hearing may be by telephone in special circumstances. *Forms and instructions are provided by the Clerk's Office.*	A crime must first be reported to the police. If the abuser has been arrested or issued a citation, the victim may ask the prosecutor to request a no-contact order. The prosecutor may ask the court for a protection order regardless of the victim's wishes. The order may be obtained in district, municipal or superior court. (In some jurisdictions, orders are issued via the police or jail.)	Can be obtained in superior court as part of a family law action such as a divorce, legal separation, declaration concerning validity, paternity determination or third party custody. An emergency restraining order can be filed at the time of a civil petition and signed by the judge effective until the preliminary hearing when a temporary order may be entered. The court may enter a continuing restraining order with the decree. Many persons hire attorneys to represent them. The county prosecutor, when involved in paternity actions, may request a restraining order on behalf of the child.	Can be obtained in district or superior court. Superior court only when respondent is under age 18. The person completes paperwork which the court reviews. The court may grant or deny a temporary emergency order effective for up to 14 days. The other party is served with the petition, notice of hearing and temporary order. A hearing is held within 14 days at which time the court may deny the petition or grant an order effective for up to one year. *Forms and instructions are provided by the clerk's office.*	In the Superior Court Juvenile Department, a party or the guardian ad litem makes a request to the court for issuance of an order, or the court may issue an order on its own. The order may be obtained regardless of the victim's wishes.
What is the Cost?	No Cost.	No Cost.	Filing fee is $200.00 (plus possible local surcharge) but may be waived. Additional costs can include copy, service and attorney fees.	Filing fee is $53.00. Additional costs can include copy, service and local surcharge fees. Fees may be waived. Petitioner may be required to pay minor respondent's guardian ad litem fees.	No cost. Order is usually requested by DSHS.

Legal Protection from Domestic Violence, Harassment or Abuse - Information on Court Orders

How is an Order Modified or Terminated?	While the order is in effect, either party may file a motion to modify (change) or terminate (end) the protection order and arrange to serve the other party with the motion and the notice of hearing. At the hearing the court may modify or terminate the order for protection. An emergency order terminates after 14 days or the date of the hearing, whichever occurs earliest. The full order for protection terminates after the ending effective date listed on the order. If the petitioner does not want an order to terminate after the effective date on the order, the petitioner may file a petition for renewal of the order for protection and arrange to serve the other party with the motion and notice of hearing. At hearing, the court may grant the motion and enter a new protection order, or deny the motion.	The no-contact order terminates upon the expiration date listed in the order, or upon dismissal of the charges, or upon a not guilty verdict. The order may be modified or terminated by the court before the expiration date. The victim may contact the prosecuting attorney to ask the attorney to file the motion for modification or termination of the order. The defendant or his or her attorney may file the motion.	Before the decree is entered, either party may file a motion for temporary order to modify or terminate a temporary restraining order. The other party is served with the motion and notice of hearing. At the hearing, the court will deny the motion, enter a modified temporary restraining order or terminate the order. After the continuing restraining order is entered with the decree, a party may file a petition for modification to ask the court to modify or terminate the continuing restraining order. A filing fee applies. The other party is served with the petition for modification and notice of hearing. At the hearing, the court will deny the petition or grant the petition and enter an order modifying or terminating the restraining order. Forms are not available to petition for a modification of a continuing restraining order. A temporary restraining order terminates when the final decree is entered. A continuing restraining order terminates upon the expiration date listed in the decree.	While the order is in effect, either party may file a motion to modify (change) or terminate (end) the protection order. The other party is served with the motion and the notice of hearing. At the hearing the court may modify or terminate the order for protection. An emergency order terminates after 14 days or on the date of the hearing. The full order for protection terminates after the expiration date listed on the order. If the petitioner does not want an order to terminate after the effective date on the order, the petitioner may file a petition for renewal of the order for protection. The other party is served the motion and notice of hearing. At hearing, the court may grant the motion, and enter a new protection order, or deny the motion.	The order may be modified or terminated by the court upon motion by any party or the guardian ad litem.
What Happens if the Order is Knowingly Violated?	Mandatory arrest if abuser violates "restraint" provisions or enters a residence where prohibited from entering. Possible criminal or contempt charges.	Mandatory arrest.	Mandatory arrest if abuser violates "restraint" provisions or enters a residence where prohibited from entering. Possible criminal or contempt charges.	Violator may be arrested. Possible criminal or contempt charges.	Mandatory arrest if restraint and exclusion provisions are violated and legend is on order. Possible criminal or contempt charges.

(Adapted from Washington State Administrative Office of the Courts, Legal Protection From Domestic Violence, Harassment, or Abuse, 2009)

Domestic Violence Services and Information

Toll-Free Domestic Violence Hotlines

Washington State Domestic Violence Hotline 1-800-562-6025
Statewide, toll-free, 24-hour hotline providing information, referrals, and crisis intervention for victims of domestic violence as well as family members, friends, and community members.

National Domestic Violence Hotline 1-800-799-7233, 1-800-787-3224 (TTY)
National, toll-free, 24-hour hotline providing services in more than 140 languages. Hotline advocates answer questions, provide safety planning and information, and connect callers to DV resources available in their local calling area.

Domestic Violence Services in Washington State

State of Washington DSHS Children's Administration http://www1.dshs.wa.gov/ca/dvservices/index.asp
Information regarding domestic violence shelter and community services for domestic violence victims, as well as certified domestic violence perpetrator treatment programs in Washington. Includes listings for:

- Contracted domestic violence shelter programs
- Programs serving domestic violence victims from marginalized populations
- Certified domestic violence perpetrator treatment programs

Resources on Domestic Violence

Washington State Coalition Against Domestic Violence (WSCADV) www.wscadv.org
Statewide network of member programs serving victims of DV in rural, urban, and Indian Country communities of Washington, plus 119 individual/organizational associates. Includes links to resources regarding DV.

National Coalition Against Domestic Violence (NCADV) www.ncadv.org
Resources, public policy, and community response to DV, and information for DV victims.

Multi-Lingual Access Project www.map-seattle.org
Washington and King County DV resources specializing in serving immigrants and refugees.

Futures Without Violence (formerly Family Violence Prevention Fund)
www.futureswithout violence.org
National organization with multiple programs including DV, dating violence, child welfare, immigrants, and judiciary.

Minnesota Center Against Violence and Abuse (MINCAVA) www.mincava.umn.edu
Electronic clearinghouse for research, education, and violence-related resources. Includes information regarding child abuse, DV, sexual assault, and workplace.

Faith Trust Institute www.faithtrustinstitute.org
Resources and information to help religious leaders and communities, as well as secular organizations, understand religious issues associated with DV.

National Teen Dating Abuse Helpline 1-866-331-9474, 1-866-331-8453 (TTY)
www.loveisrespect.org
National 24-hour, web-based and telephone helpline created to help teens (ages 13-18) experiencing dating abuse. Operated by the National Domestic Violence Hotline and staffed by teen peer advocates. Offers advocacy to those involved in dating abuse relationships as well as concerned parents, teachers, clergy, law enforcement, and service providers.

Women Spirit Coalition www.womenspiritcoalition.org
Resource information on domestic violence, sexual assault, stalking, and teen dating violence in Indian Country.

Books

Parenting by Men Who Batter: New Directions for Assessment and Intervention edited by Jeffrey L. Edleson and Oliver J. Williams

The Batterer as Parent by Lundy Bancroft and Jay G. Silverman

Why Does He Do That? Inside the Minds of Angry and Controlling Men by Lundy Bancroft

When Love Goes Wrong: What to Do When You Can't Do Anything Right by Ann R. Jones and Susan Schechter

You Can Be Free, an easy to read handbook for abused women by Ginny NiCarthy and Sue Davidson

Safety Planning With Battered Women by Jill M. Davies

When Dad Hurts Mom, Helping Your Children Heal the Wounds of Witnessing Abuse by Lundy Bancroft

Boys Will Be Men: Raising Our Sons for Courage, Caring and Community by Paul Kivel

Chain, Chain, Change: For Black Women Dealing with Physical and Emotional Abuse by Evelyn C. White

"I Can Make the World a Safer Place" by Paul Kivel (hands-on small workbook that helps kids from 6 to11 years of age find alternatives to violence in their lives)

Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow by Alison Cunningham and Linda Baker
Addresses how children experience violence against their mothers and how those experiences may shape them as they grow, from infancy to adolescence. Funded by the National Clearinghouse on Family Violence, Public Health, Agency of Canada. Download a free copy from http://www.lfcc.on.ca/little_eyes_little_ears.html.

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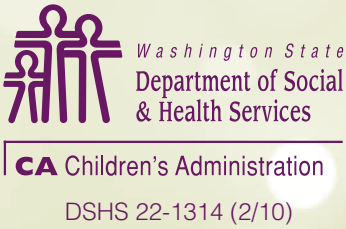

DSHS 22-1314 (2/10)