

1409- DOMESTIC VIOLENCE

CHANGE # 05-2008

June 2008

I. INTRODUCTION

Every child and adult in the United States has the right to live in a safe, nurturing home. Child maltreatment and adult domestic violence often occur together and it is important to recognize this and to develop a community response insisting that violence within families must stop. As the statutory agency responsible for child protection, the primary concern of the North Carolina Division of Social Services and local county Departments of Social Services is the safety, permanence and well being of children. The primary focus of intervening in domestic violence cases is the ongoing assessment of the risk posed to children by the presence of domestic violence. The challenge in providing child protective services in domestic violence situations is to keep the children safe without penalizing the non-offending parent/adult victim and without escalating the violent behavior of the alleged perpetrator of domestic violence.

Child protective services (CPS) in domestic violence related cases continue to be legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caretaker. CPS services shall be provided with parent/caretaker cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the Court. **The local Department's foremost responsibility is to protect the child and to assure a safe environment.**

System of Care principles help us see that CPS services should be provided using a family-centered practice model of service. Family-centered practice focuses on the family with full knowledge and appreciation for its dynamics. The social worker goes to the family's home and community to coordinate services. Social workers weave together a comprehensive service delivery system that involves the family's resources, community resources, and public resources. Services reflect the needs of the family, from the tangible to the intangible. The family-centered social worker values family resources, respects diversity among families, supports parental efforts to care for their children, and approaches crises as opportunities for change.

The foundation of this approach is based on a number of values and beliefs. Primary among them is the belief that all families have strengths and can change. These strengths are what ultimately resolve issues of concern. Strengths are discovered through listening, noticing, and paying attention to people. When their abilities are recognized and encouraged, people gain a sense of hope. They are more inclined to listen to others. While advice can seem disrespectful, listening and suggesting options provide respect and choices. Choices empower people.

System of Care and family-centered practice are an especially “good fit” for working with families experiencing domestic violence related child maltreatment. In family-centered practice the safety of the child is the first concern. Family-centered practice allows the social worker to achieve child safety while respecting the family as the fundamental resource for nurturing the child. The social worker is able to support the parents in their efforts to care for their children. Family-centered practice enables the social worker to assess issues of child safety and risk of future harm as well as the family's strengths and needs by partnering with both caretakers and their supports in accessing services designed to meet their children's need for safety, permanence and well being. Family-centered practice recognizes that non-offending parents/adult victims of violence are often best positioned to identify and explain their experiences, recognize heightened levels of danger and progression of abuse, describe the impact of domestic violence, and help identify services and support that seem best suited for their circumstances. It respectfully engages the perpetrator of domestic violence in a holistic, structured assessment process that holds him or her accountable for the violence and responsible for stopping it. Family-centered practice makes it possible to enlist the perpetrator of domestic violence, his or her family, community members and institutions in holding him or her accountable for the violence and ensuring the child's safety.

This policy contains specific information and protocol that addresses the intersection of child safety, permanence and well being and domestic violence. Its framework consists of 6 principles developed through the Child Well Being and Domestic Violence Task Force:

- Enhancing a non-offending parent/adult victim's safety enhances his or her child's safety.
- Domestic violence perpetrators may cause serious harm to children.
- Domestic violence perpetrators, and not their victims, should be held accountable for their actions and the impact on the well being of the non-offending parent/adult victim and child victims.
- Appropriate services, tailored to the degree of violence and risk, should be available for non-offending parent/adult victims leaving, returning to, or staying in abusive relationships and for child victims and perpetrators of domestic violence.
- Children should remain in the care of the non-offending parent/adult victim whenever possible.
- When the risk of harm to the child outweighs the detriment of being separated from the non-offending parent/adult victim, alternative placement should be considered.

The goals of child protective services intervention in cases involving domestic violence are:

- Ensure the safety of the child.
- All family members will be safe from harm.
- The non-offending parent/adult victim will receive services designed to protect and support him or her.

- The children will receive services designed to protect, support and help them cope with the effects of domestic violence.
- The alleged perpetrator of domestic violence will be held responsible for his or her abusive behavior.
- The incidence of child maltreatment co-occurring with domestic violence will be reduced.

II. DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to; physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim.

North Carolina General Statutes identify certain misdemeanor and felony criminal offenses that often occur in the context of domestic violence, such as assault, stalking, violation of a Domestic Violence Protection Order, domestic criminal trespass, harassing telephone calls, communicating a threat, and strangulation. The [N.C.G.S. § Chapter 50-B](#) also defines domestic violence according to the relationship between the parties and behaviors or actions that constitute domestic violence, as well as its available relief.

The primary focus of child protection intervention in cases involving domestic violence is the ongoing assessment of the risk posed to children by the presence of domestic violence. While victims and families may experience and be affected by domestic violence in different ways, there are still core aspects of domestic violence that are consistent across racial, socio-economic, educational, and religious lines as well. The primary goal of a domestic violence perpetrator is to obtain and maintain power and control over his or her partner. While domestic violence may “present” as an incident of violence or neglect, it is rather a pattern of abuse which may include violent incidents. Domestic violence is not simply discord between intimate partners but rather a progressive, intentional, patterned use of abusive behaviors.

III. Statutory and Policy Issues

The statutory authority of N.C.G.S. §7-B to interview children, invoke the jurisdiction of the Court as necessary, access confidential information, and provide continued child protective services is maintained by the DSS throughout its involvement in CPS related domestic violence cases. The statutory definitions of an abused, neglected, or dependent juvenile also continue to be applicable; as is the caretaker definition. All children residing in the home are to be identified as alleged victim children. All structured decision making forms and Family Services Agreements shall be completed as required in existing CPS policy. Medical and psychological resources, such as the [Child Medical Evaluation Program \(CMEP\)](#) / Child/Family Evaluation Program (CFEP) ([DSS-5143](#)) shall also continue to be utilized, as appropriate, as a component of a thorough CPS assessment.

There are no new tools, forms, service agreements, or other forms of documentation required beyond those contained in existing DSS policy manuals.

The scaled assessment tools are suggested to assist in the assessment of lethality, risk, safety, and service needs. Their use during the provision of CPS Assessment or CPS In-Home Services is not required by policy but is suggested as best practice

The Personalized Domestic Violence Safety Plan is a tool used by domestic violence advocates in providing services to non-offending parents/adult victims, and may be used to assist in developing safety responses and service plans by DSS. Its use during the provision of CPS Assessment or CPS In-Home Services is not required by policy but is suggested as best practice.

IV. INTAKE

All CPS Intake shall be documented using the CPS Intake Report Form ([DSS-1402](#)). This will result in universal screening for domestic violence during CPS Intake for all reports of alleged child maltreatment. It is important to convey to the reporter that questions regarding domestic violence are routine and asked in every case.

Domestic violence is a serious issue with potentially fatal implications for children and non-offending parent/adult victims. In recognition of this potential lethality, the Structured Intake Report requires that every reporter be asked, **“Has there been any occurrence of domestic violence in the home?”**

When a reporter alleges maltreatment pertaining to domestic violence, the domestic violence screening tool shall be consulted. Screening shall involve asking the specific follow up questions contained in the domestic violence screening tool. This will allow for a thorough assessment of:

- Any pattern of domestic violence,
- The presence and role of children in domestic violence incidents,
- Factors which suggest a heightened risk or potential for lethality to the children and non-offending parent/adult victim.

A CPS report in which the only allegation is domestic violence does not in itself meet the statutory criteria for child abuse, neglect, and dependency. Reports of child maltreatment involving domestic violence shall be accepted and a CPS assessment initiated when the information gathered is consistent with any of the following:

- The child has ever called 911, intervened or been physically harmed during violent incidents between adults.
- The child is fearful for his or her life or the non-offending parent/adult victim's life.

- The child is present when the batterer inflicts injury on the battered parent/caretaker.
- There has been repeated police involvement, and/or civil protective orders have been obtained.
- There is a history of DV or the violence is increasing in frequency.
- There are weapons present or weapons have been used.

Situations of “relationship discord” like arguing or instability that do not meet the criteria of domestic violence related child abuse or neglect set forth in the Structured Intake Tools do not constitute valid CPS reports and should not be accepted for CPS assessment.

In situations where a domestic violence report does not meet the criteria for child abuse, neglect or dependency, referral information to community outreach services that could include a domestic violence program should be given to the reporter.

Assessment for the presence of domestic violence and its impact on the safety of children is an ongoing activity throughout CPS Intake, Assessment, Case Planning and Case Management, and Placement Services.

V. CHILD PROTECTIVE SERVICES ASSESSMENT

With **System of Care and** the foundational philosophy of Multiple Response System (MRS) being family-centered practice, it is appropriate to employ the Family Assessment Response to reports that involve allegations/information of domestic violence as long as they meet the designated definitions of neglect and or dependency. Reports containing abuse allegations related to domestic violence must be assigned to the Investigative Assessment Approach. Counties should consider the following criteria as factors impacting which CPS approach a report is assigned to:

- The alleged perpetrator's use of a weapon or firearm.
- The family's history with the agency.
- The need to involve law enforcement to protect the child, non-offending parent/adult victim, or social worker.
- The infliction of a physical injury requiring medical treatment to the child or non-offending parent/adult victim.
- The co-existence of domestic violence and substance abuse or manufacture (especially methamphetamines).

Once a decision has been made that a valid CPS report has been received, some preliminary assessment activities should be conducted in preparation for initial contact with the family.

- The Administrative Office of the Courts (or county Clerk of Superior Court) should be contacted to determine if a domestic violence protective order exists.
- Contact with local law enforcement agencies should be made and a criminal records check on the alleged perpetrator of domestic violence should be conducted in order

to determine whether law enforcement has responded to reports of domestic violence and the extent of any criminal history.

Separate interviews shall be conducted with the non-offending parent/adult victim and alleged perpetrator of domestic violence when both are in the home. All required structured decision making tools shall be completed in compliance with established CPS policy. Case-specific releases of information shall be utilized to facilitate sharing of information with domestic violence programs and other collateral information sources. **System of Care also stresses the importance of interagency collaboration.** Written demands for information as provided for in [N.C.G.S. §7B-302\(e\)](#) shall also be utilized if needed by the DSS to acquire confidential information from domestic violence programs and other collateral information sources.

In CPS cases involving domestic violence, assessments are to be initiated by first contacting the non-offending parent/adult victim outside of the presence of the violent partner. At no time shall the non-offending parent/adult victim be placed in danger by having to be interviewed, develop service plans, or meet with the perpetrator of violence against them. In cases of domestic violence the children will also not be interviewed in the presence of the violent adult. It is appropriate to interview the children in the presence of the non-offending parent/adult victim as circumstances allow, and the safety of the children is not compromised as a result.

Best Practice Interview Order

- Non-offending parent/adult victim
- Children
- Alleged perpetrator of domestic violence

A CPS assessment involving domestic violence does not warrant an automatic custody removal in order to ensure safety. The DSS must continue to make reasonable efforts to protect the child in his or her own home and prevent placement as required by law and policy. Therefore, it is crucial to begin assessing and planning for safety with all members of the family upon initial contact. It is helpful to seek out the consultation of a domestic violence expert throughout the life of the CPS case. In some agencies, a domestic violence consultant is on staff. All counties have access to a domestic violence professional through their relationship with the identified domestic violence agency in their community. A link to domestic violence programs containing contact information is attached at the end of this document. **This is a good example of how the System of Care principle of community based services can be seen.**

VI. INTERVIEWING THE NON-OFFENDING PARENT/ADULT VICTIM

To ensure the child's safety, as well as enhance that of the non-offending parent/adult victim, and to promote candid disclosure about the violence occurring in the home, the non-offending parent/adult victim must be interviewed (as circumstances allow) separate and apart from the perpetrator of domestic violence. Every effort should be made to

contact the non-offending parent/adult victim and children in a manner that this is accomplished. The presence of relatives or friends may also impact disclosure and safety. The inability to speak with the non-offending parent/adult victim alone may be an indication of the level of control the perpetrator of domestic violence exerts over the family, and an indication of high risk. Information obtained from the non-offending parent/adult victim must not be shared with anyone, especially the alleged perpetrator of domestic violence, in such a manner that may jeopardize the safety of the child or the non-offending parent/adult victim. Any disclosures, including information that may seem inconsequential, specifically information about the non-offending/adult victim's whereabouts and/or schedule if he or she has left the home/relationship, can place the child and non-offending parent/adult victim in grave danger. Information concerning resources and referrals to services should immediately be given to the non-offending parent/adult victim and children (as appropriate).

When interviewing the non-offending parent/adult victim of domestic violence it is important to:

- Explain the process of the CPS assessment,
- Provide an assurance that the children's safety (as well as his or hers) is the goal of the assessment
- Provide an assurance that the alleged perpetrator of domestic violence will not be confronted with the source of information, or any information concerning his or her safety plan that he or she has shared (within the limits of confidentiality) and,
- Explain that he or she will be provided with referral information regarding safety for him or her and the children.

To assess power and control issues in the family, the non-offending parent/adult victim should be asked additional questions. Suggested questions concern issues such as:

- his or her history of seeking help
- his or her plan for the children and himself or herself
- the frequency/intensity of the domestic violence
- if his or her partner had ever used physical force on him or her (pushed, pulled, slapped, punched or kicked),
- If he or she has ever been afraid for the safety of his or her children?

The planning for children's safety is a continuous process based on the circumstances throughout the life of the case. As such, the Structured Decision Making Safety Assessment shall require completion at any point safety issues are revealed. After the initial interview with the non-offending parent/adult victim, a Safety Assessment and development of a safety response should be completed. A separate Safety Assessment and safety response should be completed later with the alleged perpetrator of domestic violence after they are interviewed.

VII. INTERVIEWING CHILDREN

The interview with the non-offending parent/adult victim should provide an understanding of the situation within the family and the level of danger to the child and the non-offending parent/adult victim. If there is extreme danger for the non-offending parent/adult victim and/or the children, and the children have learned to survive by identifying with the alleged perpetrator of domestic violence, (can not keep confidential information from the alleged perpetrator of domestic violence) direct questioning of children may be postponed until safety can be achieved. This determination comes from an interview with the non-offending parent/adult victim and completion of the Safety Assessment. It is expected that the majority of cases will not present with extreme danger. Postponing the interview with the child will be the exception and not the rule. In extremely dangerous situations, the interview should occur when an appropriate safety response has been developed with the non-offending parent/adult victim. It is important to remember that initiation of a CPS assessment is defined by North Carolina Administrative Code as "having face-to-face contact with the alleged victim child or children" ([10A NCAC 70A .0105](#)). When the interview with the non-offending parent/adult victim and the completion of the Safety Assessment indicate extreme risk and a decision is made to delay interviewing the child, documentation should reflect what steps were taken to identify the risk of harm to the child. **Safety of the child always comes first.** The safety of children is closely linked to the safety of the non-offending parent/adult victim. Documentation in the case record must reflect of the reasons for the postponement. Once safety is assured, all required face-to-face interviews must be conducted.

Every child reacts differently when exposed to domestic violence. Some children develop debilitating conditions, while others show no negative effects from the exposure to violence. As a result, it is important to interview the children regarding their involvement and/or exposure to domestic violence, their general safety and well-being. It is important to recognize that older children are more likely to minimize reports of parental fighting. Younger children may be more spontaneous and less guarded with the information they share.

Do not disclose information obtained from the non-offending parent/adult victim concerning the source of information, or any information concerning the non-offending parent/adult victim's safety plan during the interview with the child. Information obtained from the non-offending parent/adult victim must not be shared with anyone, especially the alleged perpetrator of domestic violence, in such a manner that may jeopardize the safety of the child or the non-offending parent/adult victim. Any disclosures, including information that may seem inconsequential, specifically information about the non-offending/adult victim's whereabouts and/or schedule if he or she has left the home/relationship, can place the child and non-offending parent/adult victim in grave danger.

Case specific circumstances may necessitate the completion of an additional Safety Assessment, and development of a safety response after the interview with the child(ren) alleged to be victims of abuse, neglect, or dependency.

VIII. INTERVIEWING THE ALLEGED PERPETRATOR OF DOMESTIC VIOLENCE

If the non-offending parent/adult victim believes that interviewing the alleged perpetrator of domestic violence presents a great risk to him or her and the children, the interview with the alleged perpetrator of domestic violence can be postponed. **Safety of the child always comes first.** The safety of children is closely linked to the safety of the non-offending parent/adult victim. Documentation in the case record must reflect of the reasons for the postponement. Once safety is assured, the required face-to-face interview must be conducted.

The interview should be conducted in such a manner that allows for the assessment of the level of danger presented by the alleged perpetrator of domestic violence. This will help to protect the social worker and lessen the risk for children and the non-offending parent/adult victim. The interview with the alleged perpetrator of domestic violence affords the opportunity to observe and document behaviors relative to the allegations, both positive and “concerning”. This observation supplements information obtained from police reports, criminal records, hospital/medical records and the non-offending parent/adult victim. The alleged perpetrator of domestic violence should be asked about his or her relationship with the non-offending parent, parenting, safety and well-being of the children. **Information obtained from the interview with the non-offending parent/adult victim or the children should not be revealed to the alleged perpetrator of domestic violence.** Information obtained from the non-offending parent/adult victim must not be shared with anyone, especially the alleged perpetrator of domestic violence, in such a manner that may jeopardize the safety of the child or the non-offending parent/adult victim. Any disclosures, including information that may seem inconsequential, specifically information about the non-offending/adult victim's whereabouts and/or schedule if he or she has left the home/relationship, can place the child and non-offending parent/adult victim in grave danger. Focus should be placed on information from third party reports such as law enforcement, medical providers, or the Administrative Office of the Courts. Follow up on legal accountability and/or treatment, and other service referrals for the alleged perpetrator of domestic violence. The interview process should be guided by safety, prudence, respect, limit-setting, documentation, concern about accountability and careful structuring of the interview.

A structured, focused interview is important. The interview should convey to the alleged perpetrator of domestic violence that based on what happened (citing as much information as possible without compromising confidentiality or safety of the children, non-offending parent/adult victim, or the reporter) he or she will be required to take steps to stop the violence and ensure that the children are safe. It is crucial to avoid debates and arguments with the alleged perpetrator of domestic violence. It is important to note that he or she may attempt to present himself or herself as the “victim”, to charm the social worker, gain control of the interview, or deny any domestic violence, insisting that

the relationship is “perfect.” The focus of CPS is not to convince the alleged perpetrator of domestic violence to admit violent behavior, but discuss how to ensure the child's safety with him or her.

It is important to set limits within the interview and future interaction with the alleged perpetrator of domestic violence and to document the behaviors that make limit-setting necessary and his or her capacity to respect efforts at setting limits.

A separate Safety Assessment from the one completed with the non-offending parent/adult victim, and a separate safety response should be completed after the interview with the alleged perpetrator of domestic violence.

IX. COLLATERALS

Interviews with collaterals (neighbors, teachers and extended family members) are required by policy, and should be conducted with respect that their personal safety is a consideration that may impact their willingness to discuss the abuse/violence occurring within the family. When conducting a family assessment, the social worker contacts the non-professional collateral information source. If that person expresses no concern for his/her own personal safety, the parent will be given the option of being present during the contact. It is expected that professional service providers and agencies will share their concerns about the family, with the family themselves. It should be remembered that domestic violence usually occurs in private and collaterals will not always be aware of the violence. Collateral contacts being unaware of the occurrence of violence does not mean that it is not happening and the case decision will not be based solely on information obtained from collateral contacts. Information obtained from the family members should not be disclosed to collateral contacts. Law enforcement data, information about calls for service to residence/home for domestic violence, arrest information, criminal records checks should be conducted during the CPS assessment if not completed prior to initial contact with the family. A check of civil records (Administrative Office of the Courts or county Clerk of Superior Court) shall include a determination of whether a DVPO (domestic violence protection order) had ever been filed by either parent. Reports from agencies including hospital/medical records, prior services received through community resources; and prior CPS referrals/cases should also be obtained during the assessment.

X. SAFETY PLANNING

Planning for the children's safety begins with initial contact with the family, and includes all parents or caretakers. **The safety of children is the primary goal of safety planning in CPS.** The safety of children is closely linked to the safety of the non-offending parent/adult victim; and therefore its purposes are:

- Achieving immediate and long-term safety for children and the non-offending parent/adult victim.
- Providing safety options for the non-offending parent/adult victim and the children.

- Holding the alleged perpetrator of domestic violence accountable for his or her abusive behavior and responsible for stopping the violence.

In working towards these goals, it is important to explore all possible safety options with the non-offending parent/adult victim without forcing any one option or attempting to develop a safety response without him or her. All possible safety options must be explored prior to moving toward separating the children from the non-offending parent/adult victim.

When domestic violence is present and assessed by the Safety Assessment to constitute a safety issue for the child, a safety response must be developed at the initial contact with the family. If a direct threat is heard by the social worker, he or she should take immediate steps to protect himself or herself, the children and/or non-offending parent/adult victim. This may be accomplished by:

- Contacting law enforcement or a probation officer to initiate an immediate protective response
- Providing the non-offending parent/adult victim with information about local advocacy and support services (which may include a crisis hotline, emergency shelter, counseling services and court advocacy).
- Asking the non-offending parent/adult victim if a safety plan has been developed previously, or if the family has been involved recently with staff at the local domestic violence program (If there has been a connection made with a local program, the non-offending parent/adult victim may wish to continue this relationship.)
- Offering the non-offending parent/adult victim options for protection for the child, including the opportunity to apply for domestic violence protection orders

It is important to remember that the non-offending parent/adult victim of domestic violence is the expert at predicting the domestic violence perpetrator's reactions. Planning for the child's safety should include a discussion with the non-offending parent/adult victim about what he or she thinks he or she is capable and willing to do to ensure safety for the children and himself or herself. Strategies the non-offending parent/adult victim may consider using as a safety response include:

- Dialling 911 for immediate law enforcement assistance,
- Finding immediate shelter or safe refuge,
- Removing weapons from the home,
- Utilizing a domestic violence agency's services.

System of Care principles tells us that child and family involvement during domestic violence cases is key to assuring safety. However, children are not responsible for their own safety, and are not to be made responsible for planning. The act of participating in a discussion concerning their safety may serve to empower children who have been negatively impacted by the domestic violence in their homes. The child's participation should be consistent with their developmental level, willingness and ability.

Planning a safety response for the children's safety with the alleged perpetrator of domestic violence should include the specific actions he or she will take to stop the violence and ensure that the children are safe. In order to protect the children and the non-offending parent/adult victim of domestic violence, separate safety assessments and responses should be completed with the non-offending parent/adult victim and the alleged perpetrator. Information from the non-offending parent/adult victim's safety response should not be revealed to the perpetrator of domestic violence.

The planning for children's safety is a continuous process based on the circumstances throughout the life of the case. As such, the Structured Decision Making Safety Assessment shall require completion at any point safety issues are revealed.

XI. CASE DECISION

When domestic violence is the only factor in a family situation, it is not acceptable to substantiate abuse or neglect on the non-offending parent/adult victim for the actions of the perpetrator of domestic violence. If, however, the non-offending parent/adult victim has abused or neglected the child, such a case decision is appropriate.

The case decision should be made based upon information documented on the Structured Decision Making Tools (Safety Assessment(s), Family Risk Assessment, and Family Strengths and Needs Assessment) and documented on the Case Decision Summary/Initial Case Plan. In making a case decision, it is important to assess not only that maltreatment has occurred, but what are the current safety issues, and is there future risk of harm and the need for protection. The following questions should provide the structure for making a case decision:

- Has the maltreatment occurred with frequency and/or is the maltreatment severe?
- Are there current safety issues? Would the child be unsafe in the home where the abuse, neglect or dependency occurred?
- Is the child at risk of future harm?
- Is the child in need of protection?

Existing policy states that to make a case decision to substantiate a child for abuse, neglect, and/or dependency, or make a finding of services needed, the answer to one or more of the above questions must be yes, and there must be documentation to support the answers included on the case decision tool.

Questions to consider in answering the above questions include:

- Have the children intervened in the domestic violence? (whether the child was injured or not, their direct involvement presents extreme risk)
- Is there an established pattern of domestic violence that is chronic or severe?

- Have the children exhibited extreme emotional, behavioral, or been diagnosed with mental health condition such as PTSD, depression, anxiety, fear as a result of living with domestic violence?
- Has there been a coexistence of domestic violence and substance abuse that impedes the non-offending parent/adult victim's ability to assess the level of danger in the home? (substance abuse may exacerbate the violence, increasing risk to the children and non-offending parent/adult victim),
- Has the non-offending parent/adult victim been threatened or injured in the presence of the children?
- Has the non-offending parent/adult victim been hospitalized for injuries resulting from domestic violence?

The case decision to substantiate should be made based on the actions of the alleged perpetrator of domestic violence, and the capacity and willingness of the non-offending parent/adult victim to take appropriate actions to protect the child. It is not acceptable to substantiate against the non-offending parent/adult victim solely for actions of the perpetrator of domestic violence who caused the situation. Only when a non-offending parent/adult victim is given the necessary offers of help and the support system to protect himself or herself and children, then acts contrary to that help and support, can he or she be substantiated on for failing to protect the children.

The case decision to find the family as "services needed" should be based on the actions of the alleged perpetrator of domestic violence, the capacity and willingness of the non-offending parent/adult victim to take appropriate actions to protect the child, and the need for continued involuntary services due to the identified safety issues and future risk of harm to the child. In making this finding, no perpetrator is identified in the Central Registry. The perpetrator of domestic violence should be identified as such in documentation and held responsible through the criminal and/or civil court system. The non-offending parent/adult victim's response to offers of help and the support system to protect himself or herself and children should be included in the documentation. He or she should be held responsible for acting contrary to that help and support, and for failing to protect the children.

The following criteria should be used in making a decision to hold the non-offending parent/adult victim responsible in domestic violence related CPS cases for failing to protect the child:

- The non-offending parent/adult victim's history of using domestic violence shelters or programs,
- The non-offending parent/adult victim's history of calling law enforcement or utilizing court services for domestic violence protection orders,
- The non-offending parent/adult victim's history of making, or attempting to make, other arrangements to protect the child such as taking him or her to a relative's or friend's house,
- The non-offending parent/adult victim's history and level of cooperation with past CPS services,

- The non-offending parent/adult victim's past efforts to protect the child, and
- The level of risk and safety factors for the child at the present time

Every effort should be made to hold the perpetrator of domestic violence accountable for the violence, and to only hold the non-offending parent/adult victim accountable for steps that he or she did or did not take to protect the children.

XII. CPS IN-HOME SERVICES

All existing CPS policy requirements concerning contact with children, parents, other caretakers, and collaterals remain in effect during the provision of CPS In-Home Services in domestic violence related cases. All Family Services Agreements shall be completed based upon information documented on existing Structured Decision Making Tools. The Structured Decision Making Tools and Family Services Agreements shall be completed/updated in compliance with existing CPS policy.

The purpose of CPS In-Home Services continues to be the maintenance of the safety of the child while helping the parent/caretaker to learn more effective parenting practices. Therefore its primary goal is to provide involuntary child protective services designed to ensure the children's safety, permanence and well-being. Each parent or caretaker should only be responsible for his or her own actions to provide safe, nurturing care for his or her children. CPS In-Home Services in domestic violence cases shall encourage the perpetrators of domestic violence to take responsibility for stopping their acts of violence and their own behavioral change. It will also encourage the non-offending parent/adult victim to enhance his or her capacity and willingness to take steps to protect the children. The non-offending parent/adult victim will not be held responsible for the domestic violence perpetrator's failure to follow through with conditions of CPS In-Home Services. The impact on the child's day to day functioning will guide decision making as treatment options are sought. Some children may require no treatment, while others will need intensive intervention. No treatment option should begin until the child's safety needs and stability needs such as housing, income and supportive services have been addressed.¹

Safety of the child always comes first. As such, CPS family service agreements focus on reducing the risk of child maltreatment and strengthening parenting ability. Because the safety of children is closely linked to the safety of the non-offending parent/adult victim, a situation involving domestic violence also requires a secondary focus that includes the safety of the adult victim. The responsibility of the perpetrator of domestic violence to stop abusive behavior and the capacity and willingness of the non-offending parent/adult victim to take appropriate actions to protect the child are issues that must be addressed during case planning and case management.

¹ Groves, Betsy McAlister et al., "Children Exposed to Domestic Violence: The Intersection Between Clinical Symptoms and Legal Remedies." *Children's Legal Rights Journal* 20, Winter 2000-01, 33.

During the provision of CPS In-Home Services, at no time is the non-offending parent/adult victim to be placed in danger by having to be interviewed, develop service plans, or meet with the perpetrator of violence against them. The children will also not be interviewed with, or required to be in the presence of the violent adult. All non-offending parents/adult victims should have separate safety plans that are a part of larger case plans. Separate Family Services Agreements should be completed with the non-offending parent/adult victim and the perpetrator of domestic violence. **The perpetrator of domestic violence should not have access to the non-offending parent/adult victim's Family Services Agreement.**

Child and Family Team meetings can be used to engage the perpetrator of domestic violence and hold them accountable for their behavior. They can also encourage the adult victim/non-offending parent and perpetrator of domestic violence to seek appropriate support services.

In some cases, the non-offending parent/adult victim may want the perpetrator of domestic violence to participate in the Child and Family Team meeting together. The non-offending parent/adult victim may see this as a safer opportunity to negotiate agreements in regards to the care of the children as well as a way to bring community pressure on the perpetrator to change their behaviors and stop the violence. The county DSS and or facilitator should review the completed Structured Decision Making Tools before deciding if it is safe and appropriate to initiate a joint Child and Family Team meeting. Ultimately, if the county DSS and/or facilitator believe it is too dangerous to conduct the Child Family Team Meeting with the perpetrator of domestic violence present, complete them separately. The following are some discussion questions to guide the decision as to whether to go forward with a joint meeting:

- What physical injuries have the adult victim/non-offending parent or child endured due to domestic violence?
- Is the adult victim/non-offending parent afraid of the perpetrator of violence?
- Is the perpetrator threatening to harm the adult victim/non-offending parent, the children, or himself/herself?
- Is the severity and frequency of the violence escalating?
- Have the children been used to threaten the adult victim/non-offending parent?
- Have weapons been involved in prior assaults or does the perpetrator have access to weapons?
- Has the criminal justice system been involved? If so, are there any protective orders and other court ordered mandates including those imposed by probation, parole and treatment programs that may not allow contact between the non-offending parent/adult victim and the perpetrator of domestic violence?
- If the perpetrator has participated in some type of education or treatment program, how have they responded to that?
- Is the perpetrator or adult victim/non-offending parent chemically dependent?

- Is there a history of mental illness? ²

If decided by the county DSS and/or facilitator to go forward with a joint Child and Family Team meeting as requested by the non-offending parent/adult victim, the county DSS and facilitator should ensure that the family and all participants are adequately prepared for the meeting including understanding the purpose of the meeting and knowing who will be in attendance. The county DSS and facilitator should also ensure there is a plan for the safety of the meeting participants before, during and after the meeting. Here are some examples of safety preparations:

- Choose a safe location
- Have community supports attend the meeting such as a domestic violence victim advocate and batterer intervention provider
- Use a co-facilitator
- Create specific ground rules ahead of time along with consequences for violation of the ground rules
- Arrange for the non-offending parent/adult victim and or their supports to arrive at and leave the meeting at a separate time than the perpetrator of domestic violence
- Arrange for security/law enforcement to be available and assist with escorting the non-offending parent/adult victim and their supports
- If conflict escalates in the Child and Family Team meeting the meeting should be stopped. The facilitator can agree ahead of time with the non-offending parent/adult victim on a signal that they exchange if they believe the conflict is to the point of danger.

XIII. DOCUMENTATION

The existing policy requirements concerning documentation of CPS services shall remain in effect. This includes:

- A description of the ongoing assessment of risk, safety, and health of the child;
- A description of actions taken and services provided;
- Support the rationale for the agency involvement and service delivery on an ongoing basis; and
- Be prompt and current within seven days.

Documentation in the case record has several purposes. Among these are:

- The case record documents and supports CPS assessment activities, service provision, the progress of the family in achieving goals and the professional opinion of the social worker.

² National Association of Public Child Welfare Administrators. Carrillo, R., & Carter, J. (2001). *Guidelines for conducting family team conferences when there is a history of domestic violence*. San Francisco, CA: Family Violence Prevention Fund.

- The case record documentation helps to focus the activity in a case, helping direct the social worker's actions.
- The case record documents decisions affecting children and their families. It verifies the efforts agencies have made to maintain the child in his home, reunite the child with his family, or provide timely permanence for the child when he cannot be returned home. The case documentation serves as the basis upon which decisions are made regarding filing petitions, making out-of-home placements, and terminating parental rights.
- The case record documentation provides information on the case activity so that continuity of services is maintained.
- The case record verifies activities for which county departments claim reimbursement of cost from public funds.

The importance of proper documentation in the case record cannot be overstated. Case records and forms should properly identify the effects of domestic violence related abuse, neglect and dependency on children, describe the specific behaviors of each parent that pose risk to the children, and account for the protective factors used to increase the children's safety. **It is crucial that case documentation accurately identify the perpetrator of domestic violence, explain the context of the violence, and the steps taken by the non-offending parent/adult victim to protect the children.**

XIV. CASE CLOSURE

When considering closure of a domestic violence related CPS case, it is important to realize that despite the social worker's conscientious efforts towards safety planning, education, and referral services, some of the non-offending parents/adult victims will not be ready or able to escape from the abuser and may return to their violent relationships. DSS efforts will not ensure that the violence will not reoccur.

A CPS case is considered appropriate for closure when parents or caregivers are willing to provide a safe home and demonstrate their ability to do so; or the agency receives legal custody or placement responsibility. **The CPS case should never be closed until the Risk Reassessment and other Structured Decision Making tools support case closure.**

The following circumstances should be considered as factors impacting case closure:

- Domestic violence incidents have reduced in frequency and/or severity as demonstrated in the Family Services Agreements,
- The children and non-offending parent/adult victim feel relatively safe in their home,
- A plan ensuring the child's safety has been developed with the family.
- The perpetrator of domestic violence has completed treatment, and
- The degree to which the risk of domestic violence and child maltreatment has been lessened to the children and non-offending parent/adult victim.

The recommended scaled assessment tools may be used in determining whether safety and risk factors have decreased enough to warrant case closure. Their use is not required by policy but may be best practice.

It is difficult to determine a specific time frame as to when the home environment is safe because of the difficulty in assessing the likelihood that the domestic violence perpetrator's violent behavior has ceased. Some factors to consider in assessing how violent behavior has changed include:

- Family Interaction
- Criminal Behavior
- Environment of the Home

When the risk of abuse/neglect remains intensive or high, services should continue until the risk is lowered. The period of time in which the risk is reduced should be of a significant amount to suggest that safety has been well established.

XV. COMMUNITY COLLABORATION

The focus of community collaboration is the promotion of a comprehensive, coordinated community response to address domestic violence and alleviate the consequences associated with violence. Community collaboration is a vital part of providing comprehensive, family-centered services to families and is consistent with System of Care principles. Utilizing a domestic violence consultant, whether a county DSS staff member, or a staff member of the local domestic violence agency, is crucial. Local domestic violence agencies are a resource for non-offending parents, children and CPS social workers. Establishing, regular, on-going contact and educating each other regarding domestic violence and child maltreatment issues is ideal.

The DSS should create MOU's (Memoranda of Understanding) when appropriate between and/or among any of the following community agencies:

- County department of social services
- Domestic violence programs
- Law enforcement agencies
- Perpetrator of domestic violence's treatment/intervention programs
- Educational agencies
- Legal services, pro bono services and legal clinics, and
- Public health and medical communities

One of the seven strategies of the Multiple Response System (MRS) is the coordination between law enforcement agencies and child protective services for investigative assessments. This is crucial in domestic violence cases, as legal accountability plays a vital role in ensuring the adult victim's and children's safety, as well as assist in criminal prosecution when needed. It is important to communicate with a domestic violence perpetrator's probation officer in regards to any current abuse. Another strategy of the

MRS System and System of Care are collaboration between the Work First and child welfare programs. With some families, Work First may already be providing or can assist in referring a family for domestic violence services. Working closely with Work First to create plans together is not only good family-centered practice; it leads to better outcomes for the family, child welfare and Work First.

In regards to collaboration with other community partners, it is important to reach out and make connections with other agencies to access safe shelter and advocacy services. School social workers and teachers have valuable information regarding the impact of the violence on the child's day to day functioning. Establishing a relationship with legal services offices, pro bono projects and law school clinics serves to assist adult victims obtain legal assistance.

Community collaboration is an ongoing process and requires time and attention that sometimes seems difficult to spare. Domestic violence is an issue which impacts the safety and well-being of children, and it is worth the time and attention it takes to develop a community response, including formal and informal partners, to improve capacity to respond to victims of family violence.

[Attachment A: DV Resources for Enhanced Practice](#)

[Attachment B: Children's Domestic Violence Assessment Tool \(DSS-5237\)](#)

[Attachment C: Non-Offending Parent/Adult Victim DV Assessment Tool \(DSS-5235\)](#)

[Attachment D: DV Perpetrator Assessment Tool \(DSS-5234\)](#)

[Attachment E: Personalized DV Safety Plan \(DSS-5233\)](#)