



Domestic Violence Practice Guide for Child Protective Services



Developed in partnership by the
Colorado Department of Human Services
Division of Child Welfare and
Domestic Violence Program

Practice
Resiliency
Accountability
Competency
Trauma-Informed
Intervention
Coordination
Employment

DOMESTIC VIOLENCE PRACTICE GUIDE FOR
CHILD PROTECTION SERVICES

COLORADO DEPARTMENT OF HUMAN SERVICES

2013

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STATE OF COLORADO



CHILDREN, YOUTH AND FAMILIES

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Dear Colleagues,

We are pleased to introduce the Colorado Department of Human Services Domestic Violence Practice Guide for Child Protection Services. Every day our Child Protection 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 that 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 we serve.

Domestic violence may profoundly impact the ability of a family to protect and nurture their children. It may also pose a threat to caseworkers and other professionals working with the family. Because of these concerns, it is critical that caseworkers have access to current information and resources about domestic violence, and that our caseworkers partner with other agencies to better serve families where there is a co-occurrence of child maltreatment and domestic violence.

Creation of this practice guide was a collaborative effort of the Domestic Violence/Child Protection Coordinating Council. The Coordinating Council is a collaboration of stakeholders in the areas of domestic violence and child protection that has been working together since 2006 with the purpose of supporting agency coordination to enhance the safety of and services to families where domestic violence and child protection overlap. We would like to thank all of the members of the council for their many hours of deliberation and work that went into the creation of this guide.

State staff are available to provide additional training and guidance regarding the use of this practice guide. For more information please contact Alisa Marlatt at alisa.marlatt@state.co.us or Brooke Ely-Milen at brooke.elymilen@state.co.us.

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

Sincerely,

Lloyd Malone, Director
Division of Child Welfare

Ruth M. Glenn, Director
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PRACTICE KEYS

1	Adult victims of domestic violence may tell caseworkers that an assault is a one-time, isolated incident, making it difficult to ascertain a pattern of behavior. Even if a pattern is not immediately evident, continue to assess for risk to children, impacts to them, and engage in dynamic case planning. If there's not a pattern, the case may not be, in fact, domestic violence.
2	When caseworkers confront or question a domestic violence perpetrator's behavior, the risk toward the adult victim and children may increase. It's important that the adult victim has a domestic violence safety plan.
3	Some perpetrators try to justify their actions by pointing to societal, cultural, or religious norms. Don't engage in these justifications. Instead, redirect the focus onto their coercive and controlling behaviors, point out any unlawful actions they may have engaged in, and remind them that the law is an important part of the culture in which they conduct their daily lives.
4	Not all domestic violence perpetrators use physical abuse. When physical abuse occurs intermittently with other tactics, the impact of non-physical forms of abuse (especially threats) is magnified.
5	Generally, domestic violence perpetrators direct their abusive behavior toward the adult victim, exposing children to abuse. Caseworkers are responsible for assessing the impact of these behaviors on children. See Section 5 for more information on assessing domestic violence and Section 3 for more information on how children are impacted.
6	Using terms like "mutual abuse" or "mutually combative" re-victims adult victims by reaffirming the perpetrator's power and control. Adult victims may use reactive violence as an outcome of the trauma they have endured, as a way to precipitate the direct conflict, to ease a tense situation, or as an attempt to control the time/location of an assault. These actions are not the same as engaging in a pattern of coercive control. By definition, domestic violence involves a power differential and a dominant aggressor.
7	Typical coping and survival strategies for adult victims such as contacting law enforcement, obtaining an order of protection, or going to a domestic violence shelter may enhance the adult victim and children's safety. However, these may not be safe or realistic for all families.
8	Caseworkers may be the first to hear an adult victim's disclosure of domestic violence. Responding in a way that recognizes the adult victim's strengths will go a long way toward developing rapport and trust.
9	Despite the fact that domestic violence and child maltreatment frequently co-occur, caseworkers should not assume that all families experiencing domestic violence should be referred to child protection services. Child welfare involvement is not warranted in all instances of domestic violence.
10	Domestic violence perpetrators are often charming, socially appropriate, and able to impress caseworkers with their parenting, simultaneously portraying the adult victim as an awful parent. However, some perpetrators may recognize the impact their behavior has on the children, which affords caseworkers an opportunity to engage them in making positive changes.

11	When caseworkers attempt to engage and partner with an adult victim, saying the following may be helpful: “I’m here because we’re concerned about your partner’s behavior and the danger it presents to you and your children. As we talk about this, I want you to know our position. When we see domestic violence happening in a family, we look at perpetrators as 100% responsible for their behavior and the harm it creates. That doesn’t mean we won’t talk about your parenting, but in regards to the abuse you have experienced, your partner alone is responsible for the choice to hurt and scare you.”
12	Caseworkers should expect perpetrators to attempt to gain support for their opinions or behaviors. Perpetrators often try to establish an aligned relationship with caseworkers so the caseworker will avoid confronting them or holding them responsible for their behaviors.
13	When domestic violence is identified as the reason for the child maltreatment allegation, list the domestic violence perpetrator as the subject of the referral, not the adult victim. Although adult victims may also be the perpetrator of child maltreatment, they should not be the subject of referrals if the domestic violence perpetrator causes the harm to the children.
14	Supplemental information regarding the perpetrator’s history of domestic violence will be beneficial to support the adult victim’s and children’s allegations, and can help facilitate discussions with the adult victim and children if they are afraid to disclose the abuse. However, a lack of supplemental information does not mean the domestic violence did not occur.
15	It may be helpful to establish a protocol with the local, community-based domestic violence advocacy organization to request that a domestic violence advocate be available to accompany caseworkers when interviewing adult victims.
16	Due to safety considerations for the family, caseworkers should use information provided by the adult victim to determine the best approach when interviewing the perpetrator.
17	It’s natural to feel uneasy when confronting someone’s abusive behavior. Practice interviewing skills to increase confidence and competence, ask for support from supervisors to help mitigate these feelings, and come up with a strategy to use if the interview becomes difficult.
18	A lack of desire on the adult victim’s part to obtain an order of protection or go to a domestic violence shelter should not be used as an indicator of the adult victim’s inability to unwillingness to protect the children.
19	When providing notification of a founded disposition, caseworkers should follow established protocol, and also make considerations for the safety of the adult victim. Whether the subject of the finding is the perpetrator or the adult victim, and regardless of whether or not the parties remain in a relationship, safety will be a factor and adult victims should be encouraged to work with a confidential community-based advocate to create a safety plan.
20	When and if a finding or abuse or neglect on the adult victim is necessary, the use of “failure to protect” is highly discouraged. It should only be considered after caseworkers make diligent efforts to support the adult victim’s efforts to protect the children, offer resources to support the family’s safety, and these efforts have been unsuccessful.
21	Not all families impacted by a domestic violence perpetrator require child welfare intervention, and some are best supported by community-based services. If the domestic violence does not meet the criteria for a safety threat, explore safety options with the adult victim and make referrals to domestic violence victim advocacy programs and other supportive resources.
22	When providing information about domestic violence to an adult victim who remains in a relationship with the perpetrator, be cautious when giving written information, as the written information could put the adult victim at risk if it is seen/found by the perpetrator.

23	When filing a dependency and neglect petition, remember that the dangerousness will continue if the perpetrator is continually angry, externalizes responsibility for the abuse, does not comply with the family service plan, threatens to use or uses weapons, abuses drugs/alcohol, threatens/attempts suicide, engages in stalking, uses strangulation, or is excessively jealous.
24	It is crucial that perpetrators stop their abusive behavior, take responsibility for the abuse, and gain an understanding of why they abuse in order for the adult victim and children to be safe. Until these criteria are met by the perpetrator and the perpetrator has successfully completed an offender treatment program, unsupervised visitation, family or couples counseling should not be contemplated or recommended by child welfare even if the couple is living together.
25	Remember that good co-parenting requires cooperation and mutual support, a willingness to make sacrifices, and putting the needs of children first. Some domestic violence perpetrators dominate their households, control their families, and insist that their own needs come first. While they may love their children and display strengths as parents, these qualities of control and entitlement must be addressed by child welfare. Monitor compliance by requiring reports from professionals and checking in with the adult victim.
26	Domestic violence perpetrators ordered to domestic violence offender treatment cannot participate in any couples or family counseling with the adult victim until they have successfully completed their offender treatment. Further, the Domestic Violence Offender Management Board Child Welfare Committee identified that all department of human/social services core/treatment services can and must be done with the adult and perpetrator separately in order to be compliant with DVOMB standards while the perpetrator is in domestic violence offender treatment. When the perpetrator has successfully completed domestic violence offender treatment, he/she is no longer prohibited from participating in department of human/social services core/treatment services with the adult victim.
27	As required by the DVOMB standards, perpetrators shall waive confidentiality as a condition of their evaluation, treatment, supervision, and case management when they sign the release of information forms. Contact the perpetrator treatment provider in your community to be sure the release states that the caseworker will receive written reports on a regular basis from the treatment provider. Both the evaluation reports and the monthly perpetrator progress reports may be useful for child welfare case planning.

SECTION ONE: INTRODUCTION – GETTING IN THE DRIVER’S SEAT

- 1.1 Purpose
- 1.2 The Domestic Violence and Child Protection Services Coordinating Council
- 1.3 Acknowledgements
- 1.4 Victim Centered Focus Groups and Interviews
- 1.5 The Domestic Violence and Child Protection Guiding Principle
- 1.6 Self-Care
- 1.7 Using This Practice Guide
- 1.8 Resources Used in the Development of the Practice Guide

1.1 PURPOSE

There is a profound need for caseworkers to be competent and skillful in their response to domestic violence in order to achieve their core mission of safety, permanency, and well-being of children. This practice guide is a resource for both new and experienced caseworkers and supervisors to enhance their knowledge and practice in child welfare cases with co-occurring domestic violence. The information and tools presented here reflect current data, trends, and research. Using this guide in concert with existing policies and protocols will help child welfare workers in Colorado build a consistent, case-specific approach and response to families impacted by child maltreatment and domestic violence. A best practice response is contingent upon workers' familiarity with the dynamics of domestic violence, screening and assessment for domestic violence, and strong coordination with community partners. This practice guide intends to complement training, supervision, and collaborations with community partners.

To support successful outcomes for family safety when domestic violence perpetrators pose an added risk, included in this guide are:

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- Common terms and definitions used to describe domestic violence;
 - A guiding principle to unify the approach toward cases where domestic violence is a factor;
 - Reflections on practices learned in the Safe & Together training model; and,
 - Keys to coordinating an effective response to domestic violence.
-

1.2 THE DOMESTIC VIOLENCE AND CHILD PROTECTION SERVICES COORDINATING COUNCIL

The Domestic Violence and Child Protection Services Coordinating Council ("Council") is a uniquely purposed cross-section of stakeholders who meet monthly to promote coordinated services that enhance the safety of families involved with child welfare when domestic violence and child maltreatment overlap. With the singular goal of promoting the safety and well-being of all family members, the Council aims to improve child welfare's ability to address child maltreatment when domestic violence also impacts the family.

The Council is comprised of a wide range of stakeholders, including county child protection workers, the Colorado Coalition Against Domestic Violence, community-based domestic violence advocates, criminal justice system victim advocates, domestic violence offender treatment experts, and other subject matter expert consultants. The Council is currently co-chaired by staff from the Colorado Department of Human Services Division of Child Welfare and Domestic Violence Program. Initially formed in 2006 to build cooperation between child protection and domestic violence services, the Council's activities have included conducting a needs assessment (2008 – 2009) to identify areas for improvement in collaboration and coordination. In April 2011, at the request of the Governor's Child Welfare Action Committee, the Council began the process of developing and drafting this practice guide.

1.3 ACKNOWLEDGEMENTS

This guide would not be possible without the contributions of countless individuals, including the following Council members:

Margaret Abrams, *Denver District Attorney's Office*
Chelsea Baldwin, *Family Tree, Women in Crisis*
Sheri Burchfield, *Gateway Battered Women's Services*
Elizabeth Collins, *Colorado Coalition Against Domestic Violence*
Cheryl Davis, *Colorado Department of Public Safety, Domestic Violence Offender Management Board*
Deb DeLuca-Forzley, *Larimer County Department of Human Services*
Brooke Ely-Milen, *Colorado Department of Human Services, Domestic Violence Program*
Shelli Friess, *Gateway Battered Women's Services*
Christine Garcia, *Private Therapist and Denver Metro Domestic Violence Fatality Review Committee*
Patricia Garcia, *Denver County Department of Human Services*
Jessie Hazen, *Denver County Department of Human Services*
Carmen Hubbs, *Archuleta County Victim Assistance Program*
Cathy Kolthoff, *Weld County Department of Human Services*
Alisa Marlatt, *Colorado Department of Human Services, Division of Child Welfare*
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Jan Mickish, *Colorado Department of Human Services, Domestic Violence Program*
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Eileen Saunders, *Boulder County Department of Human Services*
Ginger Sherlock, *Denver City Attorney's Office*
Julie Thomerson, *Adams County Attorney's Office*
Kristin Vollmar, *Adams County Department of Human Services*
Tim Young, *Jefferson County Department of Human Services*

**Note: affiliations listed for all individuals represent their associations at the time the Practice Guide was developed.*

The Council is grateful for the expertise and guidance provided by Kathryn Jones, Domestic Violence Specialist, A Safe Place, Portsmouth, New Hampshire.

A special thank you for the cover page design to Caitlin Smith, Communications Specialist, Colorado Department of Human Services, Office of Children, Youth and Families.

1.4 VICTIM CENTERED FOCUS GROUPS AND INTERVIEWS

The Council developed this guide in part with the generous assistance of domestic violence victims, all who had prior experience with child protection services in Colorado. Each voluntarily participated in focus groups or completed interviews with a subcommittee of the Council. These firsthand narratives of victim experiences were key in discovering areas for child welfare practice improvement regarding domestic violence, and they added human element to the practice guide content. Participants were recruited through domestic violence crisis centers and offender treatment providers throughout Colorado.

We are indebted to these courageous victims for their invaluable feedback. The following insights and recommendations evolved from reoccurring themes observed during the focus groups and interviews.

Adult victims of domestic violence want caseworkers to:

Be transparent

- Provide them with clear expectations.
- Help them understand why caseworkers are asking them to do certain things.

Ask about domestic violence

- Use questions that are directly related to the perpetrator's actions and the impact on the family.
- Be aware of any potential consequences child welfare involvement may have on adult and child safety.

Hold the domestic violence perpetrator accountable.

- Engage with the perpetrator in effective case planning.

Notice what the adult victim is doing well.

- Find the adult victim's strengths and help them build on their strengths to keep their children safe.
- Provide the adult victim with lots of supports, referrals, and resources.

1.5 THE DOMESTIC VIOLENCE AND CHILD PROTECTION GUIDING PRINCIPLE

“WHEN THERE IS A CO-OCCURRENCE OF DOMESTIC VIOLENCE AND CHILD MALTREATMENT, THE SAFETY OF CHILDREN AND YOUTH IS ENHANCED THROUGH PROMOTING ADULT VICTIM SAFETY AND EMPOWERMENT, HOLDING THE PERPETRATOR ACCOUNTABLE, AND ENGAGING IN COMMUNITY COLLABORATION(S).”

This Guiding Principle is the foundation for this handbook and framework for child welfare’s approach to domestic violence. It will also underpin the philosophical approach in our delivery of domestic violence-related training for the child welfare academy. Our guiding principle is a fixed core value, even when goals, strategies, or management practices change.

The Domestic Violence and Child Protection Services Coordinating Council developed this guiding principle in response to the Final Report of the Governor’s Child Welfare Action Committee, Recommendation #34: “Domestic Violence Intervention Approach,” which calls for the creation of “standardized principles, protocols and practices to be used by child protection workers in county departments working on child protection cases involving domestic violence.” If consistent, effective work is to be done statewide, this guiding principle must be reflected in front-line work at the county level. Counties are encouraged to use this guiding principle in the development of protocols and practices that work in their communities.

1.6 SELF-CARE

At times, as caseworkers listen to accounts of victims’ experiences, read or write about violence or abuse, or witness injuries or photos of injuries, they may internalize a family’s pain. As a result, caseworkers may face trauma symptoms similar to those experienced by primary victims. This type of trauma response is referred to as “secondary trauma” or “vicarious trauma.” It is common to feel frustrated or overwhelmed when observing ongoing domestic violence intensified by co-occurring child maltreatment as well as substance abuse or mental illness. The key is in knowing what to do when feeling these responses. When working with families exposed to violence, self-care is important because adult and child victims of domestic violence need caseworkers who can respond with empathy. Before beginning to implement domestic violence practices, it is important to undergo regular introspection and identify personal reactions to trauma. This may be especially important for those who have direct, personal experience with domestic violence or other types of trauma.

To mitigate the impact of secondary trauma, all caseworkers should:

-
- Thoughtfully set personal limits within workplace policies;
 - Process feelings about trauma in a safe place;
 - Take time for self-nurturing activities on a regular basis;
 - Rely on supervisors and other caseworkers for support; and,
 - Seek out subject-matter experts when handling difficult cases.
-

To support caseworkers in minimizing secondary trauma, supervisors should:

-
- Support caseworkers in managing a balanced caseload;
 - Encourage an “open door” policy for extra caseworker support, as much as possible;
 - Create a physically and professionally safe work environment; and,
 - Direct workers to built-in supports such as your county’s Employee Assistance Program.
-

1.7 USING THIS PRACTICE GUIDE

*Electronic copies of this practice guide are available at:
www.colorado.gov/CDHS/childwelfare*

Look throughout the practice guide for practice keys marked with the following symbol. In using the practice guide, watch for practice keys that will provide pointers to approaching domestic violence. These keys will make day-to-day work more manageable.



The Appendix of the practice guide includes tools to use to improve domestic violence practice. References to the appendix are marked by a tool box with the following symbol:



Some of the important terms used in this practice include:

-
- **Domestic Violence Perpetrator or Perpetrator** – refers to the person responsible for causing harm due to domestic violence. Although both men and women can be perpetrators, the majority of domestic violence perpetrators are male.
 - **Adult Domestic Violence Victim or Adult Victim** – refers to the individual who suffers harm as a result of the domestic violence perpetrator's behavior. Although both men and women can be victims, the majority of domestic violence victims are female.
-

For any questions in using this practice guide or to inquire regarding available training, please contact the Colorado Department of Human Services:

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1.8 RESOURCES USED IN THE DEVELOPMENT OF THE PRACTICE GUIDE

Colorado Domestic Violence Benchbook – Colorado Bar Association's Family Violence Program:

http://www.cobar.org/repository/DV%20Benchbook%20Final%2010_2011.pdf?ID=20475

Domestic Violence Handbook For Wisconsin Child Protective Services Workers – Department of Children and Families Division of Safety and Permanence:

<http://dcf.wisconsin.gov/publications/pdf/5005.pdf>

Social Worker's Practice Guide to Domestic Violence – State of Washington Department of Social and Health Services, Children's Administration:

http://www.wscadv.org/docs/Social_Workers_Practice_Guide_to_DV_Feb_2010.pdf

Child Welfare Practices for Cases with Domestic Violence – Oregon Department of Human Services, Children, Adults & Families Division, Office of Safety & Permanency for Children: <https://apps.state.or.us/Forms/Served/ce9200.pdf>

Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers – Centre for Children and Families in the Justice System: <http://www.lfcc.on.ca/mothers.html>

Child Protection in Families Experiencing Domestic Violence – Office on Child Abuse and Neglect, Children's Bureau, Caliber Associates. Bragg, H. Lien. <https://www.childwelfare.gov/pubs/usermanuals/domesticviolence/index.cfm>

Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety – Family Violence Prevention Fund, by Fernando Mederos: <http://www.thegreenbook.info/documents/Accountability.pdf>

Domestic Violence Offender Management Board Standards: http://dcj.state.co.us/odvsom/Domestic_Violence/standards.html

LGBT Communities and DV: Information and Resources – National Resource Center on Domestic Violence, 2007: http://new.vawnet.org/Assoc_Files_VAWnet/NRC_LGBTDV-Full.pdf

Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice – National Council of Juvenile and Family Court Judges: <http://www.thegreenbook.info/documents/Greenbook.pdf>

The Safe and Together Model: A field tested approach to helping child welfare and its partners to make good decisions for children impacted by domestic violence perpetrators – David Mandel & Associates LLC: http://endingviolence.com/wp-content/uploads/2013/01/st_model.pdf

The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics, Second Edition – SAGE Publications: <http://www.sagepub.com/booksProdDesc.nav?prodId=Book233380>

Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence – National Council of Juvenile and Family Court Judges: http://www.ncjfcj.org/sites/default/files/reasonable%20efforts%20checklist_web2010.pdf

Family Team Conferences in Domestic Violence Cases Guidelines for Practice – The Family Violence Prevention Fund: <http://www.vaw.umn.edu/documents/familyteamconferences/familyteamconferences.pdf>

SECTION TWO: BACK TO BASICS

- 2.1 Definition and Identification of Domestic Violence
- 2.2 Common Perpetrator Beliefs and Tactics
- 2.3 Identification of the Perpetrator
- 2.4 Adult Victims and Their Responses to Domestic Violence
- 2.5 Cultural Considerations

When domestic violence co-occurs with child maltreatment concerns, caseworkers are challenged with the need to address child safety and wellbeing in conjunction with the safety and empowerment of adult victims, while simultaneously engaging in perpetrator accountability. Building a foundational understanding of domestic violence and a perpetrator's impact on family safety is crucial to developing a competent, practiced response that supports family safety, fosters family resiliency, and hold perpetrators accountable. This section will examine domestic violence, common perpetrator tactics, correct identification of the perpetrator, how adult victim respond to domestic violence, and cultural considerations.

2.1 DEFINITION AND IDENTIFICATION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of coercive control perpetrated by one person against another in an intimate relationship.

“Domestic violence” is a phrase that encompasses the totality of perpetrators’ behaviors and the experiences of adult victims and children.

In the context of child welfare, domestic violence perpetrators are parents, caregivers, or other adults involved in the child’s life. Perpetrators may be spouses, ex-spouses, boyfriends or girlfriends, ex-boyfriends or ex-girlfriends, cohabiting partners, or same-sex partners who engage in this pattern. Abuse that occurs in other types of familial relationships, such as sibling abuse, is not domestic violence, but rather “family violence.”

The term “coercive control” is used to describe domestic violence because it encompasses the range of strategies perpetrators employ to dominate the thoughts, beliefs, perceptions, and conduct of adult victims. Coercive control is an ongoing pattern that interweaves repeated intimidation, isolation, and control with increasing physical force, getting worse over time without intervention.

Many domestic violence behaviors used to coerce or control an intimate partner may not rise to the level of criminal behavior, but may nonetheless contribute to safety concerns for the children. When filing a dependency and neglect petition, caseworkers and county attorneys may wish to consult the legal definition of domestic violence.



Colorado’s criminal definition of domestic violence can be found in **Appendix A**, along with the definition from the United States Office on Violence Against Women.

The keys to this definition of domestic violence are:

- A current or previous existence of an intimate (but not necessarily sexual relationship), and,
- The perpetrator’s engagement in a pattern of abusive and controlling behaviors (as opposed to a single event or a specific incident) ranging from emotional abuse up to physical assault resulting in fear and coercion.

Did You Know?

Studies consistently find that domestic violence occurs within all types of families, regardless of income, profession, religion, ethnicity, educational level or race. However, because adult victims must simultaneously address safety for themselves and their children (along with basic life necessities such as food, shelter, and medical care), many slide into poverty as they exhaust or abandon resources in pursuit of safety.

Often, adult victims remain with (or return to) perpetrators because they cannot assemble resources to survive. Thus, victims with few economic resources experience domestic violence at a higher rate than those who have access to financial support.

**Practice Key #1:**

Adult victims of domestic violence may tell caseworkers that an assault is a one-time, isolated incident, making it difficult to ascertain a pattern of behavior. Even if a pattern is not immediately evident, continue to assess for risk to children, impacts to them, and engage in dynamic case planning. If there's not a pattern, the case may not be, in fact, domestic violence.

2.2 COMMON PERPETRATOR BELIEFS AND TACTICS

Domestic violence perpetrators are all ages, races, religions, countries, regions, political affiliations, genders, sexual orientations, occupations, educational levels, and personality types. Many perpetrators have histories of abusing multiple partners and some were abused or exposed to domestic violence as a child. Most perpetrators perceive that manipulation and coercion are effective ways to get their demands met, and they have little motivation to change, as they have not faced significant consequences to prompt meaningful reevaluation of their behavior.

Understanding perpetrators' tactics and beliefs will help caseworkers assess for domestic violence. It is important to understand what motivates perpetrators to use coercion, control, and violence against their intimate partner, as well as their belief systems that shape their actions.

Perpetrators may believe they are:

- Entitled to make demands, create rules, and be the final authority;
 - Allowed to use coercion and control within the family to get adult victims and children to behave in certain ways;
 - Justified in their actions and may attempt to justify/excuse their abuse as a result of past abuse in their family history, drug or alcohol use, or current life stresses; and/or,
 - Permitted by societal, cultural, or religious beliefs or "norms" to use abusive tactics. A lack of significant consequences may support the perception that abuse is permitted, and may embolden continued abuse.
-

**Practice Key #2:**

When caseworkers confront or question a domestic violence perpetrator's behavior, the risk toward the adult victim and children may increase. It's important that the adult victim has a domestic violence safety plan.

At its core, perpetrators of domestic violence feel they have a right to dominate their intimate partners, and do everything in their power to maintain their supremacy in an intimate relationship. Such a belief system convolutes personal responsibility and leads to exerting dominance within the home. Interactions within intimate relationships are viewed by perpetrators as a matter of competition, with a “winner” and a “loser”. Unwilling to lose, perpetrators approach their intimate partners with the intent to maintain power over their partners. In the beginning, perpetrators attempt this with charm and the guise of *protectiveness*. “Protection” soon becomes *possession* and adult victims – who begin the relationship looking for a mutually beneficial partnership – find themselves increasingly confronted with anger and control as perpetrators begin to define and assert their “rights.”

Hand-in-hand with the “winner/loser” mentality is the perpetrator’s belief that power, respect, love and attention are finite resources (much like financial resources), which are to be held or distributed as the perpetrator sees fit. To make decisions, do something contrary to the perpetrator’s will, or to question their authority prompts a dominating response – subtly if they can, but harshly, if they must – to reassert supremacy.



See **Appendix B** for additional common attitudes or beliefs that contribute to the perpetrator’s justification of coercive control.



Practice Key #3:

Some perpetrators try to justify their actions by pointing to societal, cultural, or religious norms. Don’t engage in these justifications. Instead, redirect the focus onto their coercive and controlling behaviors, point out any unlawful actions they may have engaged in, and remind them that the law is an important part of the culture in which they conduct their daily lives.

Perpetrators will often use the following types of abusive tactics in their efforts to maintain power and control in their intimate relationship:

Tactics	Description
Luring and Grooming	<ul style="list-style-type: none"> ▪ Strategically uses sympathy-generating behaviors to entice the adult victim to withdraw consequences or give in to other demands. ▪ May offer the adult victim gifts, special favors or privileges to win their confidence or buy their silence. ▪ Makes empty promises to change in order to entice adult victims to remain in or return to the relationship. ▪ Enlists friends, family, or community members to monitor and report on an adult victim's whereabouts, or to persuade or cajole the adult victim to remain in or return to the relationship. ▪ Performs well under observation after abusive behavior is called into question.
Psychological or Emotional	<ul style="list-style-type: none"> ▪ Minimizes the severity of their actions, denies what they have done, and/or blames the adult victim for provoking the abuse. Perpetrators use these tactics to confuse and disguise the coercion and control, and to avoid responsibility for behaving abusively. ▪ Purposeful humiliation, criticism, ridicule, name calling, or general degradation that devalues the victim's actions, beliefs or appearance. ▪ Irrational jealousy such as forcing the adult victim to prove loyalty or making constant accusations of unfaithfulness. ▪ Isolates the victim by interfering with the victim's ability to communicate with family or friends or moving the victim to a remote location away from supports and services. ▪ Intimidates the victim with the intent of instilling fear by using tone of voice, gestures, physical menacing, or invasion of personal space. ▪ Destroys property or the family's belongings. ▪ Abuses or kills animals or family pets. ▪ Recklessly driving with the adult victim or children present.
Spiritual Conflict	<ul style="list-style-type: none"> ▪ Mocks the adult victim's moral values, faith, or spiritual beliefs. ▪ Misuses religious texts to justify actions or demands. ▪ Does not allow the adult victim to practice chosen faith or dictates the family's beliefs. ▪ Forces the adult victim to violate sacred practices or beliefs.
Medical Neglect	<ul style="list-style-type: none"> ▪ Withholds necessary medications or medical care. ▪ Refuses to allow the adult victim to seek medical attention for self or for children. ▪ Forces or coerces the adult victim to use alcohol or drugs. ▪ Takes away the adult victim's necessary mobility devices such as a wheelchair.
Harassment Through the Legal System	<ul style="list-style-type: none"> ▪ Coerces the adult victim into doing illegal acts. ▪ Threatens to report the adult victim to law enforcement or child protection. ▪ Threatens to take custody of the children. ▪ Uses visitation with the children to harass or intimidate the adult victim. ▪ Threatens to harm the adult victim if cooperating with prosecution. ▪ Ignores court orders of protection. ▪ Refuses to pay child or spousal support. ▪ Continuously brings the adult victim to court for frivolous matters.

Tactics	Description
Deprivation/ Isolation	<ul style="list-style-type: none"> ▪ Keeps the adult victim awake at night to argue. ▪ Denies the adult victim access to basic necessities such as food. ▪ Sabotages the family’s housing, transportation, or assistance from friends, family, or community programs. ▪ Refuses to allow the family to have contact with others.
Sexual Abuse	<ul style="list-style-type: none"> ▪ Engages in unwanted, coerced, forced or violent sexual contact, which may occur in front of the children. ▪ Creates environment where refusal of sexual contact is not safe. ▪ Forces make-up sex after a fight. ▪ Claims marital privilege to force sexual contact. ▪ Knowingly exposes the adult victim to sexually transmitted diseases. ▪ Controls access to birth control or reproductive health care. ▪ Forces exposure to pornography and/or degrades partner sexually. ▪ Pressures adult to have sex with others in exchange for special treatment.
Economic Abuse	<ul style="list-style-type: none"> ▪ Controls, withholds, or squanders family finances, resources, or assets to the family’s detriment. ▪ Prevents the adult victim from getting a job or maintaining employment. ▪ Fraudulently uses the adult victim or children’s social security numbers to obtain credit or utilities. ▪ Confiscates the adult victim’s earnings. ▪ Ruins family members’ credit rating.
Stalking and Monitoring	<ul style="list-style-type: none"> ▪ Uses surveillance methods to monitor the adult victim’s whereabouts. ▪ Tracks the adult victim’s phone, car mileage, and email/internet use. ▪ Denies the adult victim’s basic liberty to move freely without fear of reprisal. ▪ Asks others to monitor the adult victim’s daily activities or dictates what these should be.
Using Children	<ul style="list-style-type: none"> ▪ Hurts children as a means to punish the adult victim. ▪ Prevents the adult victim from protecting the children. ▪ Falsifies reports to child protection. ▪ Uses court-ordered parenting time to harass the victim. ▪ Uses children as an excuse to contact the victim. ▪ Interrogates the children regarding the adult victim’s activities. ▪ Coerces the children into engaging in abuse against the adult victim.
Physical Tactics	<ul style="list-style-type: none"> ▪ Physical assault such as hitting with objects or fists, biting, grabbing, pinching, kicking, burning, throwing down, forced holding or restraining, etc. ▪ Strangulation, often to the point that the adult victim believes death is possible. ▪ Using weapons such as guns or knives.

The above is adapted from, “The Batterer as Parent 2: Addressing the Impact of Domestic Violence on Family Dynamics” by Lundy Bancroft, Jay G. Silverman, and Daniel Ritchie (2012) and is intended for illustrative purposes only and is not intended to be all inclusive.

Perpetrators usually continue coercive, controlling or violent behaviors against adult victims, even after separation. In this age of electronic communications and social media, perpetrators of domestic violence have virtually unlimited access to adult victims, and many are adept at using their personal knowledge of victims' schedules or habits to continue harassment and intimidation, escalating their use of violence over time to regain control after the adult victim leaves the relationship. It is during the first 12 months of separation that children-in-common are at greatest risk for abuse or neglect by perpetrators, as perpetrators seek to find ways to coerce the adult victim back into the relationship.



Practice Key #5:

Generally, domestic violence perpetrators direct their abusive behavior toward the adult victim, exposing children to abuse. Caseworkers are responsible for assessing the impact of these behaviors on children. See Section 5 for more information on assessing domestic violence and Section 3 for more information on how children are impacted.

2.3 IDENTIFICATION OF THE PERPETRATOR

When domestic violence has occurred, it is not always easy to determine the perpetrator from the adult victim. However, correct identification is crucial to avoid collusion with the perpetrator, prevent re-victimizing the adult victim, and to create safety plans that address the true risk to the family's safety. Identification of the perpetrator is a crucial first step in accountability for the perpetrator's use of abusive behaviors.

Perpetrators often feel entitled to have their needs prioritized and met. They are often manipulative and/or calm and charming; they routinely falsely accuse their partners of engaging in a pattern of coercive control, minimize their own abusive behaviors, blame their behavior on the adult victim, and claim to be the "real" victim. People of any gender may use physical force against their partners. Discerning the context for each individual act of physical force is crucial; some adult victims may use violence against their partners in self-defense. Close examination often reveals that one partner is the dominant aggressor, responsible for engaging in a pattern of coercive control.

**Practice Key #6:**

Using terms like “mutual abuse” or “mutually combative” re-victimizes adult victims by reaffirming the perpetrator’s power and control. Adult victims may use reactive violence as an outcome of the trauma they have endured, as a way to precipitate the direct conflict, to ease a tense situation, or as an attempt to control the time/location of an assault. These actions are not the same as engaging in a pattern of coercive control. By definition, domestic violence involves a power differential and a dominant aggressor.

Men can be victims of domestic violence, particularly when they are part of vulnerable populations. For instance, if a man is elderly, immigrant and unfamiliar with American customs, gay or transgender, uneducated, non-English speaking, mentally ill, addicted, chronically ill, poor or homeless, they can be at a greater risk for domestic violence. Male victims (much like female victims) may report feelings of guilt, shame, humiliation, anger, anxiety, and depression. They may also avoid accessing help due to fear that they won’t be believed or supported, as well as due to stigmatization for being a male victim and not conforming to male stereotypes of being in control.

When trying to determine the person responsible for engaging in a pattern of coercive control, and both parties have engaged in abusive behaviors, caseworkers should review the following information with their supervisor and consult with the local community-based domestic violence advocacy organization:

Information to be Reviewed	Implications
History of the parties before child welfare involvement.	<ul style="list-style-type: none"> ▪ Look for criminal history, orders of protection, injuries, or other reliable sources to get more rounded information. ▪ Don't base determination solely on who is the defendant, ordered to offender treatment, or other details such as who was awarded custody of the children. An adult victim may be convicted of a domestic violence crime and ordered to offender treatment. ▪ Use this information to balance other information provided by the parties.
Vulnerability of each party.	<ul style="list-style-type: none"> ▪ Adult victims will often have personal, professional, cultural, or institutional vulnerabilities. ▪ For example, the adult victim may be reliant on the perpetrator for immigration status.
The pattern of coercive control.	<ul style="list-style-type: none"> ▪ Determine who uses abusive behaviors on a re-occurring basis. ▪ Look for coercive control such as psychological manipulation – not just physical force. ▪ Adult victims will often attempt to explain or excuse their partner's behavior, where the perpetrator often criticizes or belittles the victim.
The use of physical force.	<ul style="list-style-type: none"> ▪ Adult victims often confess to the use of force quickly in order to deal with the situation and get back home to the children. ▪ Perpetrators will usually minimize, deny, and blame the victim for their use of physical force. ▪ Adult victims often have more serious injuries relative to minor injuries inflicted on the perpetrator as a result of self-defense. ▪ Adult victims who use self-defense may attempt to use a weapon to equalize significant differences in size or strength, whereas a perpetrator will use a weapon to instill fear. ▪ Perpetrators often use physical force as an offensive measure, and adult victims will often use physical force defensively. ▪ Avoid looking at who struck first.
Negative consequences as a result of the violence.	<ul style="list-style-type: none"> ▪ Adult victims will often have greater negative consequences than the perpetrator such as financial hardship. ▪ Perpetrators will often gain an upper hand such as standing in custody disputes.
Display of emotions.	<ul style="list-style-type: none"> ▪ Adult victims are often physically fearful of the perpetrator or exhibit a "flat affect", while the perpetrator does not express fear. ▪ Adult victims' anger at the perpetrator's behavior may rise to the level that they appear to be aggressive. ▪ Adult victims may be fearful of retribution for challenging their partner, while the perpetrator continues to engage or challenge the victim.
Relationship status.	<ul style="list-style-type: none"> ▪ Adult victims will often make several attempts to leave their abusive partner before they are successful and they may return out of fear. ▪ Perpetrators often cajole the adult victim into remaining in the relationship and make promises to change their behavior to "win-back" the victim.

2.4 ADULT VICTIMS AND THEIR RESPONSES TO DOMESTIC VIOLENCE

Just as there are no “typical” perpetrators of domestic violence, there are no typical victims. Caseworkers should note that adult victims are challenged with ensuring their children’s safety while they are simultaneously struggling to protect themselves from the domestic violence perpetrator. Repeated, consistent exposure to the perpetrator’s intimidation, threats, and violence is apt to cause a profound effect on an adult victim’s daily activities, functioning, thinking, interpersonal relationships, and sense of self-worth.

Some adult victims of domestic violence may develop Post Traumatic Stress Disorder (PTSD) as a result of the chronic nature of the perpetrator’s abusive behavior. PTSD is a mental health disorder characterized by flashbacks, significant anxiety, depression, and fatigue. PTSD can only be diagnosed by a professional therapist who has the proper tools and background in trauma-informed care. In addition to PTSD, adult victim may also exhibit trauma reactions.

Other reactions an adult victim may develop include:

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|---------------------------------|-------------------------------|
| ➤ Fear | ➤ Chronic Physical Complaints |
| ➤ Nightmares/Sleep Disturbances | ➤ Substance Abuse/Use |
| ➤ Anger | ➤ Social Withdrawal |
| ➤ Difficulty Concentrating | ➤ Helplessness/Hopelessness |
| ➤ Low Self-Esteem | ➤ Self-Blame |
| ➤ Shame and Embarrassment | ➤ Numbness |
| | ➤ Hyper-vigilance/jumpiness |
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The traumatic experience of living with a perpetrator can impact adult victims’ behavior in the following ways:

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|--|--|
| ➤ Forgetting appointments | ➤ Inappropriately acting angry/combative |
| ➤ Difficulty remembering events chronologically | ➤ Exhibiting anxiety or voicing inability to cope |
| ➤ Difficulty following through on case plan requirements | ➤ Inability to understand or remember discussions. |
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Adult victims employ a wide range of help-seeking, coping and survival strategies to deal with trauma and the perpetrator’s abusive tactics. The intent of these strategies is to enhance safety for themselves and children although, at first glance, these may appear incongruent with safety. Review the examples on the next page.

Other coping and survival strategies may include:

- **Minimizing or denying the abuse** – a coping mechanism to bear getting through day-to-day life, based on fear of being labeled as a bad parent, or a safety mechanism to prevent the perpetrator from retaliating;
 - **Taking blame for the perpetrator’s behaviors** – gives the adult victim a sense of control, and affirms the adult victim’s thinking that the perpetrator will change;
 - **Alcohol/drug use** – an attempt to numb the pain of physical injuries, emotional abuse, or cope with trauma;
 - **Not making decisions** – if adult victims allow things to happen to them, the perpetrator may not be angry for choices they did not make;
 - **Following the perpetrator’s rules, trying to make the perpetrator happy** – to avoid getting hurt; and/or,
 - **Remaining in the abusive relationship** – adult victims may stay if leaving makes the abuse worse, they lack resources to leave, they hope for some positive value in the relationship, or fear what would happen if the children are alone with the perpetrator.
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Practice Key #7:

Typical coping and survival strategies for adult victims such as contacting law enforcement, obtaining an order of protection, or going to a domestic violence shelter, may enhance the adult victim and children’s safety. However, these may not be safe or realistic for all families.

Trauma symptoms may diminish if adult victims can be successfully protected from perpetrators’ coercion, control, and violence. Although they may be likely to be reluctant to disclose abuse at first, when adult victims feel like they can do so safely, they often seek help from a variety of sources including family, friends, employers and co-workers, medical professionals, legal professionals, law enforcement, courts, and victim assistance.

Caseworkers can accommodate the needs of adult victims who may be experiencing trauma symptoms by:

- Reiterating or writing out complex information to help them understand and remember.
 - Explaining in detail how to access help and resources.
 - Asking about their perspective regarding the abuse and the children’s safety.
 - Believing and validating what they say regarding their safety concerns.
 - Supporting and recognizing their protective capacities.
 - Seeing the positive attributes of their relationship with the children.
 - Finding out what cues make them feel anxious or that they can’t cope.
 - Being consistent and following through on promises to provide information or resources.
 - Providing reminders for appointments and requirements of the treatment plan.
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- Understanding if they act angry or combative in inappropriate circumstances.
 - Recognizing their strength in even being able to talk about the abuse.
 - Being transparent and clearly explaining the status of the case whenever possible.
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Practice Key #8:

Caseworkers may be the first to hear an adult victim's disclosure of domestic violence. Responding in a way that recognizes the adult victim's strengths will go a long way toward developing rapport and trust.

2.5 CULTURAL CONSIDERATIONS

Domestic violence occurs in all types of relationships regardless of race or socio-economic status. However, sometimes when domestic violence occurs in families from underserved or marginalized communities, adult victims face additional barriers to their safety based on challenges presented by their culture, race, or socio-economic status. Caseworkers should take the extra time to identify culturally appropriate services and account for cultural factors that create unique obstacles faced by adult victims who are of minority, ethnic, racial, sexual orientation, gender identity, disability, or immigration status.

Keep in mind the following when making cultural considerations:

- Although it may appear that some cultures have a long-standing, widespread acceptance of domestic violence, many also have long-standing traditions of resistance to domestic violence.
 - Adult victims come from different communities that possess different values and norms; their responses to domestic violence and interventions are shaped by a host of factors.
 - Some adult victims may be reluctant to access traditional services if they fear their culture or background is not understood or they fear they will bring shame upon their community or family.
 - When needed, be sure to use interpreters who are familiar with domestic violence and are comfortable with interpreting phrases used to describe abusive behavior, including sexual abuse and will not blame the adult victim for the perpetrator's actions.
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SECTION THREE: WHEN DOMESTIC VIOLENCE AND CHILD MALTREATMENT COLLIDE

- 3.1 Why Domestic Violence Matters to Child Welfare
- 3.2 Evolution of Domestic Violence Practice in Child Welfare
- 3.3 How Domestic Violence Perpetrators May Harm Children
- 3.4 Impact of the Perpetrator's Behaviors on Children
- 3.5 Protective Parenting in Domestic Violence
- 3.6 Best Practice Responses: Sharing the Driver's Seat and Partnering with the Adult Victim
- 3.7 Best Practice Responses: Putting the Brakes on Perpetrators

This section looks at the intersection between domestic violence and child maltreatment. It focuses on how the perpetrator's behavior (described in Section 2) may cause harm to children in a variety of ways. Two best practice concepts are introduced to help caseworkers develop strategies for responding to families.

3.1 WHY DOMESTIC VIOLENCE MATTERS TO CHILD WELFARE

Child maltreatment and domestic violence often occur within the same family; it is estimated that in 30 – 60% of homes where child maltreatment occurs, there is also a history of domestic violence. Research suggests that when children are exposed to a perpetrator's pattern of coercive control toward an adult victim, they often suffer consequences similar to being directly abused by a parent. The 2007 Colorado Department of Human Services Child Maltreatment Fatality Report found that of cases reviewed, 70% had some history of identified domestic violence. This disturbing trend mirrors a finding of the United States Advisory Board on Child Abuse and Neglect which suggests that domestic violence may be the single most important precursor to child abuse and neglect-related fatalities in the United States.

Did You Know?

Girls living in a home with a domestic violence perpetrator are 6.51 times more likely to be sexually abused than those not living with a domestic violence perpetrator.



Practice Key #9:

Despite the fact that domestic violence and child maltreatment frequently co-occur, caseworkers should not assume that all families experiencing domestic violence should be referred to child protection services. Child welfare involvement is not warranted in all instances of domestic violence.

3.2 EVOLUTION OF DOMESTIC VIOLENCE PRACTICE IN CHILD WELFARE

Historically, collaborations between domestic violence advocates and child welfare have been strained due to different mandates and missions; domestic violence and child maltreatment were viewed as separate problems, requiring distinct services and resources. Workers in both arenas had little understanding of the others' scope, mission, or vision of protecting and supporting vulnerable families. Domestic violence advocates believed that child welfare separated the safety of children from that of adult victims; child welfare workers felt that domestic violence advocates didn't do enough to protect children or properly report child maltreatment, as mandated. In both systems, domestic violence perpetrators remained invisible. Although there are differences in philosophies, policies, and practices, there are several areas of agreement between domestic violence advocates and child welfare workers, from which successful collaborative efforts can be built.

Both child welfare and domestic violence advocates want:

- Safety and well-being for all family members;
 - Accountability and meaningful change for the perpetrator, as a parent *equally responsible* for the safety and well-being of the children; and
 - Healing and empowerment for the adult victim to be engaged in seeking safety;
 - An engaged community responsive to the family's safety and well-being.
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3.3. HOW DOMESTIC VIOLENCE PERPETRATORS MAY HARM CHILDREN

Domestic violence perpetrators harm children through three primary mechanisms:

- 1) Exposing children to abuse against an adult caregiver;
- 2) Undermining the bond between children and their primary adult caregiver; and,
- 3) Directly physically/sexually abusing or neglecting children.

The risk to children's healthy belief systems, emotional well-being, and physical safety can be present regardless of the status of the living arrangements or relationship of the adult victim and perpetrator. Some children will be directly abused or neglected by domestic violence perpetrators, while other perpetrators may be able to demonstrate kind behavior toward children even as their abuse toward the adult victim undermines a safe home environment and children's strong, healthy bond with their primary caregiver.



Examples of perpetrators' parenting beliefs, which drive their abusive behavior can be found in **Appendix C**.

<p>How children are exposed to abuse against an adult caregiver</p>	<ul style="list-style-type: none"> ▪ Direct witnessing of the perpetrator’s behaviors, or the aftermath of the abuse inflicted on the adult victim; ▪ Hearing the perpetrator’s verbal or physical assaults toward the adult victim or household pets; ▪ Hearing the adult victim’s cries or pleas for help, or witnessing the adult victim’s defensive behaviors; ▪ Seeing the adult victim’s injuries; ▪ Being “unintentionally” hurt when they try to intervene during the perpetrator’s abuse toward the adult victim; ▪ Being restricted from contact with others in the perpetrator’s attempt to keep the family secret. ▪ Being exposed to law enforcement’s response, and one or both parents’ arrest; and/or, ▪ Experiencing the daily tension created by the perpetrator.
<p>How perpetrators undermine the bond between children and their adult caregiver</p>	<ul style="list-style-type: none"> ▪ Directly sabotaging the adult victim’s relationships with the children, and the children’s relationships with each other; ▪ Ridiculing or overriding the adult victim’s parental authority, or demeaning the adult victim’s parenting in front of the children; ▪ Retaliating against the adult victim when the adult victim attempts to protect the children; ▪ Preventing the adult victim from responding to a child who is injured or scared; ▪ Pressuring the adult victim to stay in the relationship, “for the sake of the children”; ▪ Using the court system, child visitation, or exchange to continually harass or otherwise gain access to the adult victim; ▪ Using parenting program participation to gain leverage in custody or parenting time decisions to harass the adult victim; ▪ Interrogating the children to gain knowledge about the adult victim’s activities or communications with others; and, ▪ Falsifying reports to child protection services that the adult victim is abusive or neglectful toward the children.
<p>How perpetrators directly abuse or neglect children</p>	<ul style="list-style-type: none"> ▪ Physically or sexually assaulting to threatening to harm the children; ▪ Modeling behavior that condones or perpetuates violence as a means to get needs met or to resolve conflict; ▪ Parenting with rigid, unrealistic, or inconsistent expectations of the children; ▪ Coercing the children to participate in physical or emotional abuse aimed at the adult victim; ▪ Threatening the children with retaliation or dire consequences if they talk about the domestic violence or child maltreatment; and, ▪ Using the children to relay harassing messages or deliver support payments or gifts to the adult victim.



Practice Key #10:

Domestic violence perpetrators are often charming, socially appropriate, and able to impress caseworkers with their parenting, simultaneously portraying the adult victim as an awful parent. However, some perpetrators may recognize the impact their behavior has on the children, which affords caseworkers an opportunity to engage them in making positive changes.

3.4 IMPACT OF THE PERPETRATOR’S BEHAVIORS ON CHILDREN

Perpetrators can harm children in many ways, most often as “collateral” damage in an attempt to maintain power and control over the adult victim. It is not unusual for both the adult victim and the perpetrator to minimize the impact of domestic violence on their children. Perpetrators often desire to maintain a “nice guy/good dad” image, while adult victims are frequently fearful that an admission of harm done will necessitate removing the children from their care.

Did You Know?

Young children, ages 0 – 5, are more likely to be exposed to a perpetrator’s pattern of coercive control than older children.

Edleson, J.L. (2006). *Emerging responses to children exposed to domestic violence*. Harrisburg, PA: VAWnet, a project of the National Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from: <http://www.vawnet.org>

Understanding children’s differing experiences of abuse will assist with documenting the specific harm to each child, and with bolstering effective case planning. As the children cope, one consequence may be that each child will internalize a particular role in response to the perpetrator’s coercive control on the family.

These roles include:

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- Caretaker: child acts as a parent or protector to siblings and victim parent;
 - Adult Victim’s Confidant: child who is privy to adult victim’s feelings, concerns and plans; may provide a “reality check” for the adult victim when the perpetrator later minimizes abuse;
 - Perpetrator’s Confidant: child is favored by the perpetrator; may be rewarded for reporting back on the adult victim’s behavior, and may discover the usefulness of spying and tattling on others to avoid harsh punishment;
 - Perpetrator’s Assistant: child is forced or co-opted to assist in abusing the adult victim;
 - Perfect Child: child who tries to prevent violence by reducing triggers through excelling in school, never arguing/rebelling/misbehaving, or seeking help with problems;
 - Referee: child who mediates and tries to keep the peace; and,
 - Scapegoat: child is identified as the “cause” of the family’s problems, whose behavior is used to justify violence; often a special needs child or a step-child to the perpetrator.
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In addition to negatively impacting the family system, domestic violence perpetrators can also have an adverse effect on children’s belief systems. When they are impacted by a perpetrator’s behaviors, children’s beliefs may be shaped by an individual who uses and justifies violence to get their needs met, who seeks to always be in control, who does not experience consequences for actions, and who claims that anger causes violence.

As result, children may erroneously conclude that:

- Love and abuse are interchangeable.
- The adult victim deserves disrespect.
- They are responsible for the actions of others.
- They can blame others for their own actions.
- Abuse is justified.
- Abusing others is the best way to stay safe or get your needs met.

Such role modeling is detrimental to children’s social and emotional development. Furthermore, children who are exposed to a perpetrator’s coercive control and violence may experience significant additional developmental, social, and academic delays.

Caseworkers should become familiar with some of the common delays seen in the following age groups:

Age Groups	Examples of Common Delays When Exposed to a Perpetrator’s Abusive Behaviors	
<p>Pre-School Children Ages 0 – 5</p>	<ul style="list-style-type: none"> ▪ Premature birth ▪ Disrupted or insecure attachment to primary caregiver ▪ Separation anxiety ▪ Irritability/inconsolable crying ▪ Difficulty sleeping/eating 	<ul style="list-style-type: none"> ▪ Frequent illness, digestive distress or unexplained headaches ▪ Tantrums or anxiety ▪ Developmental delays or regression to previous developmental stage ▪ Lack of responsiveness to caregivers ▪ Failure to thrive
<p>School Age Children Ages 6 – 12</p>	<ul style="list-style-type: none"> ▪ Feeling ashamed of their family ▪ Anxiety to keep the "family secret" ▪ Poor self-esteem/self-confidence ▪ Divided sense of loyalty between the adult victim and the perpetrator ▪ Drawn into abuse by attempting to protect the adult victim or resolve the conflict, or participate in the abuse against the adult victim ▪ Perceive gender roles in terms of females as victims (losers) and males as aggressors (winners) 	<ul style="list-style-type: none"> ▪ Poor social skill development or conflict management skills ▪ Poor impulse control ▪ Nightmares or night terrors ▪ Bullying behaviors (male children) or victim of bullying (female children) ▪ Suicidal thoughts ▪ Bedwetting ▪ Poor hygiene due to focus on trauma/abuse ▪ Desire to stay home to protect family from abuse
<p>Adolescents Ages 13 – 18</p>	<ul style="list-style-type: none"> ▪ Alcohol/drug use ▪ Running away ▪ Sexual promiscuity and acting out ▪ Criminal activity ▪ Gang involvement ▪ Eating disorders ▪ Self-harm ▪ Apathy for others 	<ul style="list-style-type: none"> ▪ Abuse toward animals or small children ▪ Protective of adult victim or siblings ▪ Violent toward adult victim or siblings ▪ Uses violence or is victimized in dating relationships ▪ Assuming parental responsibilities

In addition to the above delays identified above, children who live with a perpetrator’s pattern of coercive control are impacted in a multitude of ways including:

Area of Children’s Lives	Examples	
Academic	<ul style="list-style-type: none"> ▪ Absenteeism ▪ Declining school performance ▪ Delinquency ▪ Feelings of inadequacy 	<ul style="list-style-type: none"> ▪ Inability to concentrate ▪ Over-achieving or under-achieving ▪ Truancy ▪ Short attention span
Behavioral	<ul style="list-style-type: none"> ▪ Aggressive, acting out (usually boys) ▪ Bedwetting ▪ Changes in eating habits ▪ Crying, whining, distress ▪ Disobedient, defiant, tantrums ▪ Disturbed sleep, sleepwalking, nightmares ▪ Early interest in drugs/alcohol ▪ Excessive/extreme attention-seeking ▪ Fighting with other children ▪ High risk play/activities ▪ Hurting other children ▪ Hyper vigilant, “startle” reaction 	<ul style="list-style-type: none"> ▪ Poor impulse control ▪ Premature/increased sexual activity, promiscuity ▪ Reenacts trauma through talk/play ▪ Rigid defenses – aloof, sarcastic, defensive ▪ Running away ▪ Self-abuse, substance abuse ▪ Stealing, shoplifting ▪ Uses violence to resolve conflict ▪ Withdrawn, unresponsive, passive (usually girls) <p style="text-align: center;">NOTE: look for these behaviors in polarized extremes</p>
Physical	<ul style="list-style-type: none"> ▪ Victimization (physical, sexual, etc...) ▪ Born prematurely, failure to thrive ▪ Chronic illness ▪ Desensitized to pain ▪ Eating or sleeping disorders ▪ No energy for normal activities, tired/lethargic 	<ul style="list-style-type: none"> ▪ Poor personal hygiene ▪ Post Traumatic Stress Disorder ▪ Psychosomatic complaints ▪ Range of physical ailments (headaches, stomachaches, ulcers, asthma, etc...) ▪ Unintended injuries ▪ Suicide
Emotional	<ul style="list-style-type: none"> ▪ Anger, rage, irritability ▪ Angry about violence/chaos in life ▪ Anxiety, fear, panic, nervousness ▪ Conflicted feelings toward parents ▪ Confusion, numbness ▪ Depression, sadness, listlessness ▪ Embarrassment, shame ▪ Explosive feelings ▪ Fear of abandonment/separation ▪ Fear of abuse, retaliation ▪ Fear of expressing feelings ▪ Fear of going to sleep ▪ Fear of personal injury 	<ul style="list-style-type: none"> ▪ Fear of male or loud voices ▪ Feels responsible to stop violence ▪ Feels responsible to protect victim ▪ Grief over losing one parent, home ▪ Grief over losing positive image of perpetrator ▪ Guilt, self-blame ▪ Hopelessness, powerlessness, helpless to intervene ▪ Insecure, low self-esteem ▪ Stressed, worried ▪ Suicidal ideation

Area of Children's Lives	Examples	
Developmental	<ul style="list-style-type: none"> ▪ Born with medical conditions ▪ Cognitive development delayed ▪ Delay of self-care skills ▪ Delayed ability to toilet-train, incontinence ▪ Develop more slowly compared to "normal" children 	<ul style="list-style-type: none"> ▪ Inability to communicate needs ▪ Inability to develop sound reasoning/thinking skills ▪ Learns inappropriate coping skills ▪ Minimal/delayed speech, muteness ▪ Motor development delayed ▪ Regression
Social	<ul style="list-style-type: none"> ▪ Abusive toward adult victim ▪ Accepts violence/abuse in relations ▪ Acts out violently, sometimes to divert attention ▪ Aggression/cruelty toward others ▪ Ambivalent about family situation ▪ Ambivalent allegiance to one parent ▪ Ambivalent toward perpetrator ▪ Anger toward adult victim for allowing abuse ▪ Anger toward adult victim for lack of protection ▪ Antisocial behavior/bullying ▪ Anxious attachment to parents ▪ Conflicted loyalties ▪ Destruction of property ▪ Dissociative ▪ Distrustful of adults ▪ Disturbed relationships with peers ▪ Embarrassed by family 	<ul style="list-style-type: none"> ▪ Engages in exploitive relationships as a perpetrator or victim ▪ Explosive/violent interpersonal behavior ▪ Hypersensitive to danger cues ▪ Identifying with perpetrator ▪ Inability to create/express/honor boundaries ▪ Inhibited/passive social behavior ▪ Isolated/lonely ▪ Lack of empathy ▪ Lack of social skills ▪ May become family caretaker ▪ Parentification/role reversal ▪ Poor anger management/problem-solving skills ▪ Prematurely serious dating relations ▪ Problems with peers ▪ Relationships are stormy, intense and end abruptly
Cognitive	<ul style="list-style-type: none"> ▪ Attempts to understand/explain violence ▪ Believes anger equals someone getting hurt ▪ "Black and white" thinking or reasoning ▪ Blames others for own behavior ▪ Blurred parental boundaries ▪ Concentration and memory deficiencies ▪ Concern about disrupted routines ▪ Confuses love and violence ▪ Develops tolerance for violence ▪ Behaviors often misdiagnosed as ADHD/ADD or ODD 	<ul style="list-style-type: none"> ▪ Fantasizes about rescuing adult victim/family ▪ Inability to express needs/wants ▪ Inability to learn "cause and effect" ▪ Inflexibility to gender roles ▪ Intrusive thoughts and images of violence ▪ Limited understanding of violence ▪ Sees violence as a way to gain power ▪ Short-term memory of events ▪ Understands that violence gets needs/desires met ▪ Views assault as normal ▪ Wants family reunited

3.5 PROTECTIVE PARENTING IN DOMESTIC VIOLENCE

Adult victims develop their own unique set of protective strategies based on their past experience of what is effective at keeping themselves and their children emotionally and physically protected from the perpetrator's behavior. Children who have been exposed to a perpetrator need: 1) to feel safe, 2) have some stability, and 3) be able to talk about what happened.

Caseworkers should explore what actions the adult victim is taking or has taken to keep the children safe, even if the strategies have been insufficient to fully protect the children. Please note that the items below are possible actions, not an exhaustive list. If the adult victim hasn't taken one/some of these actions it does not mean that the adult victim isn't actively working to keep the children safe. Work to understand what the adult victim has attempted to do to safeguard the children.

The adult victim may try to meet those needs and keep their children safe in a various ways, including:

Enhancing Safety	<ul style="list-style-type: none"> ▪ Placating the perpetrator. ▪ Sending children to their room or someone else's home if an incident is imminent. ▪ Seeking support for the perpetrator such as parents, friends, or employers. ▪ Helping the children rehearse age appropriate safety plans. ▪ Teaching the children how to dial 911 and stay on the phone until help arrives. ▪ Choosing code words/signals for neighbors to request their assistance. ▪ Reminding children to never intervene in a violent incident. ▪ Calling friends/family/advocates when in need of help. ▪ Staying away from the perpetrator at high risk times (such as when the perpetrator has been drinking). ▪ Trying to manage the perpetrator's triggers or giving in to demands. ▪ Calling law enforcement or asking others to call. ▪ Filing an order of protection with the court. ▪ Leaving the home or the relationship. ▪ Denying, minimizing, or refusing to talk about the abuse for fear of making it worse. ▪ Refusing services or failing to engage with referrals to avoid angering the perpetrator.
Providing Stability	<ul style="list-style-type: none"> ▪ Maintaining children's routines such as school, meals, homework, and bedtimes. ▪ Maintaining consistent rules and discipline. ▪ Maintaining stable housing and school. ▪ Encouraging children's participation in extracurricular activities. ▪ Seeking friendships and connections with other family members or supportive adults.
Talking with the Children about what happened	<ul style="list-style-type: none"> ▪ Asking the children how they're feeling about what happened. ▪ Reminding the children about plans they have practiced to stay safe. ▪ Telling the children they are not at fault. ▪ Allowing the children to express their feelings of anger or sadness about the incident or the perpetrator and validating those feelings. ▪ Encouraging the children to share their feelings through play, art, talking with other trusted adults, or through other healthy outlets. ▪ Arranging for therapy or counseling for the children.

Caseworkers should actively support adult victims in their efforts to keep the children safe and consider strategies that use victims' expertise and familiarity with the perpetrator's pattern of behavior. Leaving the abusive relationship and obtaining an order of protection are typically assumed to be successful strategies for keeping adult and child victims safe from domestic violence, and are often what caseworkers look for when determining the protective capacities of the adult victim. It is crucial to remember that while they can be beneficial for some adult victims, these options can be unrealistic – and even dangerous – for others.

Adult victims use a multitude of protective strategies which alone may be insufficient to fully protect the children or surmount the effects of the abuse. In some cases, a perpetrator's abuse can be so traumatic that the adult victim is unable to fully shield the children. Caseworkers should be able to clearly describe how the perpetrator impairs the adult victim's protective strategies, resulting in the adult victim's inability to protect due to the perpetrator's abuse, rather than "failure to protect."



See **Appendix D** for information regarding how adult victims can talk to their children about domestic violence.

3.6 BEST PRACTICE RESPONSES: SHARING THE DRIVER'S SEAT AND PARTNERING WITH THE ADULT VICTIM

The best way for caseworkers to help children who have been exposed to a perpetrator's behaviors is to partner with their non-offending caretaking parent, as the children's safety is intrinsically linked to their safety. Creating partnership with the adult victim may be challenging; being abused undermines one's ability to trust and to talk about the abuse. The interests of adult victims and caseworkers are already in significant alignment – both want to reduce or eliminate risk posed by perpetrators, and increase the safety for the children and adult victim. Partnering with the adult victim is not considered to be "taking sides," rather, when the assessment reveals that the adult victim has protective capacity, it is a means to enhance safety of the children and hold perpetrator's accountable.

Partnering with the adult victim to increase safety should be the default strategy, rather than expecting the adult victim to end the relationship in hopes that this alone will protect the children. The expectation that an adult victim can and should end the relationship with the perpetrator is dangerous for three reasons. One, attempting to end the relationship may increase the risk for all family members. Two, focusing on the adult victim's actions takes the emphasis off the perpetrator whose behaviors are the source of risk. And three, asking the adult victim to control the perpetrator's behavior is unrealistic and ineffective. Partnering with the adult victim is often challenging, as perpetrators rely on control tactics that destroy the adult victim's ability to trust others or talk about the abuse.

In order to partner with the adult victim, caseworkers should:

- Acknowledge the victim's hard work to keep the children safe.
 - Inform the adult victim about child welfare's purpose to protect children, the role of a caseworker, and expectations of the victim parent.
 - Emphasize the adult victim's right to be treated with dignity and respect.
 - Convey that you are equally concerned about the adult victim's safety, as well as the safety of the children.
 - Listen empathetically to the adult victim's concerns, hopes, and fears.
 - Acknowledge and validate their victimization, as well their protective efforts and expertise in optimizing the children's wellbeing.
 - Remind them that the role of child protection is to ensure the family's safety, and that making decisions together will enhance everyone's safety.
 - Consult with adult victims to determine the impact that child welfare interventions may have on their family's safety.
 - Explore options for safety that aren't dependent on victim reporting on the perpetrator's behavior. The perpetrator will actively seek ways to sabotage the plan, and if the adult victim is the enforcer then they will be at heightened risk of coercion and isolation.
 - Be honest about the allegations and specific concerns regarding the children's safety.
 - Ask adult victims the best way to keep their children safe, expect them to have a role in their children's safety, and find out how you can facilitate their safety efforts.
 - Look for ways to keep the children safely with the adult victim.
 - Support and encourage adult victims' good parenting skills, and help them find non-violent alternatives to discipline that will enhance the family's resilience.
 - Provide opportunities for adult victims to have fun with their children.
 - Offer referrals to resources that enhance safety, respect victim autonomy, and promote self-determination.
 - Interview adult victims to ascertain and document how they have protected their children in the past; assume they will continue to use protective efforts to the best of their ability.
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Practice Key #11:

When caseworkers attempt to engage and partner with an adult victim, the following may be helpful: “I’m here because we’re concerned about your partner’s behavior and the danger it presents to you and your children. As we talk about this, I want you to know our position. When we see domestic violence happening in a family, we look at perpetrators as 100% responsible for their behavior and the harm it creates. That doesn’t mean we won’t talk about your parenting, but in regards to the abuse you have experienced, your partner alone is responsible for the choice to hurt and scare you.”

Did You Know?

Research shows that once the adult victim and the children are properly insulated from the perpetrator’s abuse, the adult victim’s parenting ability dramatically improves. Perpetrators often prohibit or prevent adult victims from parenting, drawing the adult victim’s attention away from the care of the child in order to cater to the perpetrator’s needs.

3.7 BEST PRACTICE RESPONSES: PUTTING THE BRAKES ON PERPETRATORS

In addition to partnering with the adult victim, it is equally important to successfully intervene with domestic violence perpetrators. Adult victims cannot control perpetrators’ behavior. Rather, it takes a concerted effort from multiple interveners to safely contain perpetrators and provide them with opportunities to change. Interventions with perpetrators should be part of more robust, coordinated responses with perpetrator treatment programs and community services.

**Practice Key #12:**

Caseworkers should expect perpetrators to attempt to gain support for their opinions or behaviors. Perpetrators often try to establish an aligned relationship with caseworkers so the caseworker will avoid confronting them or holding them responsible for their behaviors.

Perpetrators may attempt to manipulate caseworkers into making exceptions for them. These attempts are subtle and caseworkers may not know they have engaged in collusion with the perpetrator. Collusion – deliberate or not – validates the perpetrator, alienates the adult victim, and undermines the intent of the intervention. The best way to avoid collusion is to staff cases with peers and supervisors, and seek guidance from perpetrator treatment providers and domestic violence advocates.

During initial and ongoing interventions with perpetrators, caseworkers should seek to understand the perpetrator’s entitled use of coercion, abuse, and violence while also consistently reminding the perpetrator that such behaviors are not tolerable. In addition, caseworkers should:

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- Emphasize the perpetrator’s responsibility to contribute to the safety and well-being of child and adult victims.
 - Focus on identifying and addressing the perpetrator’s abusive and violent behaviors.
 - Educate the perpetrator about the impact of the abuse on the adult and child victims.
 - Underscore the adult victim’s and children’s need for love, respect, security, and autonomy.
 - Prioritize the safety and well-being of the children, regardless of the perpetrator’s progress (or lack thereof) in making changes.
 - Prepare for alternative goals rather than “reunification” if the perpetrator indicates resistance to change.
 - Call out perpetrators when they evade taking responsibility for their abuse.
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These best practices are explored in greater detail in Section 5.

SECTION FOUR: THE FORK IN THE ROAD – SCREENING FOR DOMESTIC VIOLENCE AT REFERRAL

- 4.1 Screening for Domestic Violence
- 4.2 Accepting Reports When Domestic Violence is a Factor
- 4.3 Differential Response and Domestic Violence

This section will provide caseworkers with guidance regarding screening for domestic violence at referral, gathering information about domestic violence, assessing for safety when domestic violence is a concern, addressing domestic violence within the Differential Response Model, and guidance regarding decision-making such as how to determine whether or not to assign a case when domestic violence is present.

4.1 SCREENING FOR DOMESTIC VIOLENCE

Screening for domestic violence should occur on every child maltreatment referral received by the county. Even if domestic violence is not the primary concern of the reporting party, screeners or hotline workers should always seek information regarding possible domestic violence. Early identification of domestic violence is not always possible, as the reporting party may not have knowledge of a domestic violence perpetrator in the home.

Screeners or hotline workers should consider the following questions to determine if domestic violence is present in the home.

- Has any adult in the home been hurt or injured by his or her partner?
 - Have the police ever been to the home to respond to an adult's abuse or violence toward another adult/caretaker of the children?
 - Are you aware of any current criminal court involvement such as orders of protection or past domestic violence charges?
 - Have the children indicated that one of their caretakers is a victim of abuse or violence?
 - Have the children indicated that one of their caretakers is acting violently in the home?
 - Have any weapons been used to threaten or harm family members? If so, what kind of weapon? Is it still in the home?
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If domestic violence has already been identified by the reporting party, or if is the primary concern of the reporting party, the screener or hotline worker should ask additional questions to determine the nature and severity of the domestic violence as well as the risks posed to children. Use of these questions will primarily depend on the reporting party's relationship with the children or family.

Some examples of follow-up questions include:

- What was the most severe act of physical violence committed by either adult?
 - Do you know if the perpetrator's behavior has been escalating over the past few days, weeks, or months? If so, describe.
 - Where is the perpetrator right now? Does the perpetrator have access to the children or the adult victim?
 - Where were the children during the domestic violence incident?
 - If the children have knowledge of the domestic violence, what have they said about it or how have they reacted?
 - Have the children ever intervened during an incident of domestic violence?
 - Have the children ever been injured during an incident of domestic violence?
 - How have the children been impacted by the domestic violence perpetrator's behavior?
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- Has the perpetrator ever tried to engage in behavior that impeded the adult victim's ability to care for the children?
 - How has the adult victim been able to protect the children from the domestic violence perpetrator's behavior?
 - How is the adult victim involved in the day-to-day care of the children?
 - Has the adult victim or children expressed fear regarding the perpetrator's behavior or do they have safety concerns?
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Systematically collecting initial information regarding domestic violence will allow caseworkers to make a competent and informed decision as to whether the report should be assigned.

4.2 ACCEPTING REPORTS WHEN DOMESTIC VIOLENCE IS A FACTOR

Not all domestic violence perpetrators' behaviors will rise to the level of child maltreatment, and not every referral where domestic violence is a factor will meet the criteria for assignment. If a report in which domestic violence is a factor comes to the attention of child protection services but does not rise to the level of child maltreatment, screeners, hotline workers, or caseworkers should screen the case out and make a referral to a community-based program for specialized domestic violence services for the adult victim, children, and perpetrator.

Every county should develop policies regarding case assignment that specify the criteria for accepting a report when domestic violence is a factor, with each case evaluated on its own merits. Unlike the direct physical or sexual abuse of a child, the presence of domestic violence, in and of itself, does not necessarily warrant case assignment.

Generally, when domestic violence is a factor, one or more of the following circumstances should exist before the case is assigned:

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- Threat of harm or serious risk to the children including physical or sexual abuse. For example, the domestic violence perpetrator, in an attempt to scare the adult victim, drives recklessly with the children in the car.
 - A child has physically intervened during the perpetrator's assault on the adult victim. For example, a teenager may attempt to shield the adult victim from the perpetrator and becomes injured in the process, or must call 911 for help.
 - A child has been physically injured during the perpetrator's assault on the adult victim, even if not the direct target. For example, the domestic violence perpetrator destroyed a glass object belonging to the adult victim and the child is injured.
 - A child exhibits emotional, psychological, or physical effects due to exposure to the perpetrator's abusive behavior toward the adult victim. For example, a child reports an inability to sleep because of "parents' fighting."
 - There exists serious, recurring or escalating domestic violence, possibly in combination with risk factors such as substance abuse, mental illness, or incapacity of a family member. For example, the domestic violence perpetrator made a threat

of homicide or suicide and has access to weapons or the means to carry out the threat.

Sometimes a perpetrator's behavior does not result in specific child maltreatment or safety concerns, but is a co-occurring issue that undermines child welfare's efforts to protect a child from a different safety issue. In these cases, a domestic violence assessment is still relevant for case decision-making, planning, interventions, and services. It is important, at all stages, to consider the perpetrator's impact – not only on the adult victim's efforts to protect the children – but on casework "best efforts" as well. Even if domestic violence is not the primary reason for ongoing involvement, be sure to include it when working with families to develop service plans, paying particular attention to how perpetrators use the child welfare intervention to manipulate the adult victim or sabotage the adult victim's efforts to protect the children.



Practice Key #13:

When domestic violence is identified as the reason for the child maltreatment allegation, list the domestic violence perpetrator as the subject of the referral, not the adult victim. Although adult victims may also be the perpetrator of child maltreatment, they should not be the subjects of referrals if the domestic violence perpetrator causes the harm to the children.

4.3 DIFFERENTIAL RESPONSE AND DOMESTIC VIOLENCE

Children are impacted by domestic violence in a variety of ways, dependent on a number of factors including age, gender, duration and severity of the violence, strength of the relationship with the adult victim, and the supports available to the family. Not all children exposed to domestic violence will need therapeutic intervention. In fact, some families may benefit more from voluntary services in the community than from the traditional child welfare response. An emerging practice, known as "differential response" reflects this approach.

Differential response allows child welfare agencies to approach the issue of domestic violence in a family-centered, non-threatening way when there is low to moderate risk, helping to ensure the safety and well-being of the children together with the adult victim. The difference between the differential response model and the traditional, investigative response is that the differential response permits child welfare to address cases with the provision of services and supports, while eliminating the fault-finding inherent in traditional child welfare response, as a legal finding of maltreatment is not made. Safety plans can be developed with adult victims to reduce risk and/or the recurrence of physical or emotional harm to the children, without the "failure to protect" label.

In the differential response model, families are connected to county services or community-based programs that provide them with the supports they need, with the goal of eliminating further government intervention. This helps ensure the safety and well-being of the children as

well as the adult victim by addressing the perpetrator's behavior and enhancing the adult victim's protective capacities. While not every case is appropriate for differential response, this option allows for solutions outside of the traditional child welfare system. While protecting at-risk children is always the highest priority, differential response may positively engage troubled families with a rich network of community-based programs offering additional front-loaded support services.

In Colorado, some counties may be practicing under the differential response model, which means that some cases will be assigned to what is called Family Assessment Response track. When considering cases for track assignment where domestic violence is a factor, the same risk factors apply. For example, cases where a child is severely harmed in the course of a domestic violence incident would need to be treated as a mandatory investigation response.

While not every domestic violence case is appropriate for differential response, when children show minimal evidence of harm resulting from domestic violence, some considerations for differential response workers include:

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- Interviewing the children in the presence of the adult victim and/or perpetrator should only be contemplated after considering all risk factors.
 - Being aware of family dynamics such as how children's or adult victim safety may be compromised if the children will report back to the perpetrator what the adult victim said or vice versa.
 - Reviewing the protective factors in a family's life to determine if they would benefit more from voluntary services in the community.
 - Increasing the empowerment of adult victims, and thus their ability to protect the children, by providing services and supports that increase family safety while removing the fault-finding component of the traditional child welfare response.
 - Connecting families to community-based programs and services that provide them with the assistance they need to address the perpetrator's behavior, such as offender treatment providers and domestic violence victim advocacy programs that can enhance the adult victim's protective capacities.
 - Developing a safety plan with the adult victim with the intent of bolstering the adult victim's supports and reducing risk and/or the recurrence of physical or emotional harm to the children.
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SECTION FIVE: THE ROAD LESS TRAVELED – SCREENING FOR DOMESTIC VIOLENCE AT ASSESSMENT

- 5.1 Collecting Background information and Consulting with Community Experts
- 5.2 Critical Components of a Domestic Violence Assessment
- 5.3 Making Initial Contact with the Family
- 5.4 Strengths-Based Assessments
- 5.5 Interviewing the Adult Victim and Children for Safety and Partnership
- 5.6 Interviewing the Domestic Violence Perpetrator for Accountability
- 5.7 Documenting Domestic Violence
- 5.8 Supervising Domestic Violence Assessments

This section covers several elements of conducting a domestic violence-specific assessment. As the lives of families are constantly evolving, caseworkers should incorporate continuous screening and assessment for domestic violence even if it was not initially identified at referral. From collecting information to interviewing family members, it is vital for caseworkers to be aware of the impact of domestic violence. A solid domestic violence assessment framework will help caseworkers develop a comprehensive understanding of the domestic violence occurring within the family and the level of harm it poses to children.

5.1 COLLECTING BACKGROUND INFORMATION AND CONSULTING WITH COMMUNITY EXPERTS

After accepting a referral for assessment, it is important to collect background information prior to making any contact with family members. This information is especially crucial when any allegation of domestic violence is known at referral. Collecting information can inform caseworkers about the perpetrator's level of dangerousness and the precautions to consider in preparation for interviews with individual family members.

Take the following steps to research and collect background information:

- Conduct a criminal records check to determine the existence of previous criminal charges, especially domestic violence-related charges, convictions, civil orders of protection, and/or probation violations.
 - Review all history in TRAILS to review whether prior child maltreatment referrals involve domestic violence.
 - Contact Local law enforcement to inquire about domestic violence-related 911 calls made from the home or reports made on the home by neighbors.
 - Contact the district attorney's office and/or Court Link (which county attorneys have access to) to determine the status of any current criminal cases, hearing dates, and to review arrest records and case disposition. Note: municipal criminal proceedings are not in Court Link. Contact municipal courts directly to check criminal history.
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Practice Key #14:

Supplemental information regarding the perpetrator's history of domestic violence will be beneficial to support the adult victim's and children's allegations, and can help facilitate discussions with the adult victim and children if they are afraid to disclose the abuse. However, a lack of supplemental information does not mean the domestic violence did not occur.

In reviewing background information, pay close attention to anything in the perpetrator's criminal history that suggests a risk for the adult victim and children to talk with child protection. If there is evidence of previous domestic violence, be aware of other non-domestic violence criminal history as a risk factor (reckless driving, animal cruelty, etc). Also, be aware of lethality indicators that may pose risks to children and adult victims. These types of perpetrator behaviors may be learned from background checks or directly from the adult victim, children, or perpetrator.

Potential Lethality Indicators Include:

- Use of weapon or threatened use of a weapon.
 - Access to a weapon.
 - Threats to kill the adult victim or children or pets.
 - Adult victim's perception that the perpetrator will kill him/her or the children.
 - Strangulation or attempted strangulation.
 - Intense jealousy and desire to control all of the adult victim's and children's daily activities.
 - The adult victim made attempts to leave the relationship.
 - The perpetrator is unemployed.
 - Threats to attempt suicide.
 - Child living in the home that is not biologically related to the perpetrator.
 - "Spying" or stalking behavior.
 - Engaging in sex against the adult victim's will.
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Caseworkers are not expected to have specialized knowledge on every issue impacting families, and families involved with child welfare often have multiple needs requiring complex interventions. Therefore, it is crucial to take the extra time to consult with experts in the community, including those knowledgeable in domestic violence, regarding assessment, interventions, and accessing relevant services. Talk with individuals who have specialized knowledge to help problem-solve high risk or highly complex situations, feel confident in approaching domestic violence, and ensure that families receive the right type of interventions and can access relevant services. Additional support may be necessary when working on complex and/or high risk domestic violence cases, and enlisting the help of domestic violence advocates, offender treatment providers, mental health counselors, substance abuse treatment providers, and others can make these challenging cases more manageable.

Examples of community domestic violence experts include:

- Domestic violence advocates from community-based organizations.
 - Domestic violence perpetrator treatment providers approved by the Domestic Violence Offender Treatment Board.
 - Criminal justice system advocates from local law enforcement or district attorneys' offices.
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Practice Key #15:

It may be helpful to establish a protocol with the local, community-based domestic violence advocacy organization to request that a domestic violence advocate be available to accompany caseworkers when interviewing adult victims.

5.2 CRITICAL COMPONENTS OF A DOMESTIC VIOLENCE ASSESSMENT

The Safe & Together Model outlines five critical components to a domestic violence assessment. The goal of family interviews and information gathering is to identify each of the five components for the family.

Perpetrator's Pattern of Coercive Control

- Gather a detailed description of the assaultive & coercive tactics used against the adult victim,
- Include physical & sexual assaults, psychological attacks, economic coercion, and use of children to control the adult victim.
- Assess the potential lethality of the perpetrator, including dangerousness to self, family, interveners.

Critical Question: How does the perpetrator take away their partner's independence, instill fear, or maintain supremacy over the victim?

Perpetrator's Harmful Behaviors Toward Children

- Gather a detailed description of the pattern of harmful behaviors used against the child victims,
- Include grooming, neglect, physical or sexual assaults, emotional abuse, violence in front of children.
- Document how the perpetrator's behaviors toward the adult victim impact child's safety & wellbeing.

Critical Question: How does the perpetrator perform as a parent with equal responsibility for the safety and well-being of the children?

Adult Victim's Protective Efforts

- Gather a detailed description of the efforts the adult victim makes to protect the children,
- Include the victim's history with help-seeking and protective parenting.
- Assess for protective factors of the child, community, and perpetrator that mitigate risk to the child (i.e. family & community supports, parenting strengths of each adult, perpetrator motivation to change).

Critical Question: When the abuser escalates, what does the adult victim do to manage the children's safety or mitigate the tension?

Perpetrator's Harm to Children

- Detail how the batterer's actions may impact a child's physical and mental health, behavior, cognitive development, education, housing, & community/ peer relationships.
- Document the full scope of impacts on children, not just incident-based physical safety concerns.

Critical Question: How would a change in the abuser's behaviors or removing him from the family positively impact the children's lives or the victim's parenting?

Full Scope of Barriers to Family Safety

- Assess the role of substance abuse, mental health, culture, and socio-economic factors that contribute to family risk, or act as roadblocks to the family's safety.

Critical Questions:
What does the perpetrator gain by staying?
What does the victim lose by separating?

5.3 MAKING INITIAL CONTACT WITH THE FAMILY

In traditional investigative response, as well as the family assessment response, it is usually best (at least at first) to interview the adult victim prior to interviewing or meeting with any other family members when domestic violence is a factor. Due to safety considerations for the entire family, caseworkers should use information provided by the adult victim to determine the best approach when interviewing the perpetrator.

Precautions for initial contact when domestic violence is a factor:

- If leaving a voicemail message or providing written information for the adult victim, do not mention domestic violence resources or do so only if the adult victim indicates it is safe.
 - Communicate that, per standard procedure, interviews will be conducted separately with the children and each adult.
 - If both parents are present, collect general family information and refrain from direct inquiry about the domestic violence, until such time that one-on-one conversations can take place.
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If the background research obtained indicates that the perpetrator has a high level of dangerousness, such as a history of previous domestic violence with a weapon, choose a secure location for interviewing the perpetrator. If the perpetrator has been arrested, consider making contact at the criminal hearing.



Practice Key #16:

Due to safety considerations for the family, caseworkers should use information provided by the adult victim to determine the best approach when interviewing the perpetrator.

5.4 STRENGTHS-BASED ASSESSMENTS

A solid assessment framework is essential to building a comprehensive understanding of the coercive control domestic violence perpetrators exert within the family as well as the level of harm it poses to children. It will help determine when to open a case and assist in developing case plan recommendations that reflect the safety and service needs of the family. Strengths-based assessment identifies positive parenting capacities, rather than focusing on inadequacies. When assessing children's safety in a family where domestic violence is a factor, it is important to look at the strengths, competencies, resources, and support the parents use. Focusing only on their shortcomings prevents proper assessment of their ability to protect and parent a child.

To have a better understanding of the adult victim’s and perpetrator’s abilities to protect the children, it is important to ask:

- What are your strengths as a parent?
- What have you given up or what adjustments have you made to protect the children?
- How have you compensated for your partner’s parenting?
- How would you need to parent differently if you did not have your partner as co-parent?
- What do you need to be a good parent?
- How does your partner interfere with your parenting?
- What parenting activities have you accomplished with the children, despite any interference?

A strengths-based assessment works best when there is trust between the parent and caseworker. When meeting with the adult victim, it is necessary to address their fears that information shared with or learned by child welfare will be used against them. Adult victims may seem uncooperative, ineffective parents or neglectful because they are in a relationship with the perpetrator. It may appear that the adult victim is a poor parent when the children show contempt toward the adult victim or when the children are only compliant in the presence of the perpetrator. These assumptions should be viewed in the context of what the perpetrator has done to undermine the adult victim’s parenting.

Strengths-Based Approach with Adult Victims	<ul style="list-style-type: none"> ▪ Perpetrators work to convince adult victims that they shouldn’t trust anyone and that no one will believe that they say – be compassionate and non-judgmental to establish trust. ▪ Adult victims fear that caseworkers will use information against them – tell adult victims how the information regarding domestic violence will be used and who will have access to the information. ▪ Encourage adult victims to identify their own parenting strengths – this may be difficult because they perpetrator has ridiculed their parenting or not allowed to show affection, comfort, or discipline the children. ▪ Some strengths may not be readily apparent – show consideration for the little things that the adult victim does to survive day-to-day.
Strengths-Based Approach with Perpetrators	<ul style="list-style-type: none"> ▪ It is essential to communicate respect during the assessment and avoid treating the perpetrator as a “bad person” or a liar – showing respect can lower their defensiveness and encourage perpetrators to provide needed information. ▪ Begin in a nonthreatening, non-confrontational manner by asking general questions regarding their intimate relationship. ▪ Ask directly about their strengths as a parent and what they enjoy about their children. ▪ If the perpetrator is hostile or defensive, it may be useful to say something in a low-key way, such as “I need to speak with you about your family. Everybody gets a chance to talk about what’s going on. I want to hear your perspective on what is going well and what could be going better.”

When meeting with the domestic violence perpetrator, it is necessary to address their fears that they will be shamed as a “monster” for having engaged in abusive behaviors. While many domestic violence perpetrators will defend against any allegations of abuse, they will likely desire for their children to look up to them. Their need to be respected by their children may be a primary motivation in any subsequent efforts to address their problematic behavior. Alienating perpetrators will likely undermine the success of child welfare involvement with the family.

5.5 INTERVIEWING THE ADULT VICTIMS AND CHILDREN FOR SAFETY AND PARTNERSHIP

The goal of interviewing adult victims is to learn, from their perspective:

-
- The history of the relationship with their partner.
 - What types of coercive, controlling, and abusive behaviors the perpetrator uses.
 - The impact of the perpetrator’s abusive behavior on the children.
 - How the family responds to the abuse and their survival and coping strategies.
 - The range of actions taken by the adult victim to protect and care for the children.
 - What the adult victim needs to be safe and protect the children.
-



Examples of questions to use when interviewing the adult victim are included in **Appendix E**.

The goal of interviewing the children is to learn from the children’s perspective:

-
- What happens during and after the perpetrator’s use of abusive behaviors.
 - Whether the children have attempted to intervene when the perpetrator directs the violence toward the adult victim.
 - What the children do to take care of themselves and/or their siblings.
 - What the children do during a domestic violence incident to try to feel safe.
 - How the children feel about the perpetrator’s use of abusive behaviors.
 - Who the children can talk to about the abuse to which they have been exposed.
-

Sometimes, children have been told not to talk about the “fighting” in their house. This can make interviewing children from homes with domestic violence especially challenging. Caseworkers may need to ask about the domestic violence by questioning what happens when one parent “gets into trouble.”

In addition, caseworkers should:

-
- Be aware and prepared for the children to take responsibility for the abuse.
 - Acknowledge that the children may have an allegiance to the perpetrator, despite the abusive behavior, which may make it difficult for them to talk about what happened.
 - Assure the children that the abuse is neither their fault nor the fault of the adult victim.
 - Recognize and validate the children’s experience of the perpetrator’s behaviors, good and bad.
 - Support the ways in which the children choose to stay safe.
 - Inform the children as to what information will be shared with either parent.
-



Sample assessment questions for the child may be found in the **Appendix F**.

5.6 INTERVIEWING THE DOMESTIC VIOLENCE PERPETRATOR FOR ACCOUNTABILITY

The goal of interviewing the domestic violence perpetrator is to learn, from their perspective:

-
- The history of the relationship with their partner, including the highs and lows.
 - Their perception of the children’s needs, traits, strengths, and challenges.
 - What types of abusive behavior the perpetrator has engaged in.
 - What impact they believe their behaviors have had on the children.
 - The range of behaviors they engage in to protect and care for the children.
 - What they are willing to do to address child welfare’s safety concerns.
-

Tips When Interviewing Domestic Violence Perpetrators

Plan for Caseworker Safety	<ul style="list-style-type: none"> ▪ Patterns and severity of coercive and abusive behaviors vary with each perpetrator – collect information before the interview to determine safety precautions needed. ▪ Whenever possible, initially meet with the perpetrator in public to decrease the likelihood that the perpetrator will engage in posturing or threatening behaviors – use the “buddy system” when risk of danger is high. ▪ Consult with the adult victim and research the perpetrator’s background to determine the best approach for interviewing the perpetrator. ▪ Engage the perpetrator in an assessment that is respectful and structured by beginning in a non-threatening, non-confrontational manner – this can lower perpetrators’ defensiveness and encourage them to provide truthful information. ▪ Inform the perpetrator that it is routine to ask questions about domestic violence to assess for the children’s safety and convey the format of the interview to keep focus. ▪ If the perpetrator attempts to bully, intimidate, or frighten you, be sure to document these behaviors.
Keep the Focus on the Safety of the Children	<ul style="list-style-type: none"> ▪ The perpetrator may make attempts to steer the interview in other directions – such as towards discussion of the adult victim’s behavior – so be sure to emphatically declare the purpose of the interview and repeat it as often as necessary. ▪ Even if the perpetrator’s behavior is not directly aimed at the children, look at abusive behavior toward the adult victim that may impact the children. ▪ Educate perpetrators about the impact their abuse has had on the children. ▪ Caseworkers should express to the perpetrator that the primary expectation is that the perpetrator’s abuse (physical, sexual, and emotional) must cease for family reunification. ▪ It may be important to coordinate decision-making with all other professionals such as offender treatment providers.
Use Third Party Reports Whenever Possible	<ul style="list-style-type: none"> ▪ Perpetrators routinely deny their abuse, minimize the severity of their actions, or blame the adult victim for their violent behaviors. Document any such statements while also refocusing the interview on the perpetrator’s actions. ▪ The use of third party information will assist caseworkers with counteracting the perpetrator’s attempts to avoid accountability for prior abusive behaviors. ▪ Using information from arrest and criminal records can be tremendously helpful when interviewing the domestic violence perpetrator. ▪ Caseworkers should monitor compliance by requiring reports from professionals and checking in with the adult victim – keeping in mind that the adult victim may minimize reports of ongoing abuse based on fear of further retaliation.
Look for Ways to Engage With the Perpetrator	<ul style="list-style-type: none"> ▪ Direct questions about domestic violence are useful, but caseworkers may also need to consider a less direct approach at times, such as asking questions about the relationship with their partner in general to determine if indicators of coercive control are present. ▪ If perpetrators admit to some abusive behavior, use this as an opportunity to engage while knowing that the perpetrator may be withholding information. ▪ Ask perpetrators what the children need from them to feel safe and secure and discuss how child welfare can work with perpetrators to make this happen. ▪ Focus on obtaining information about the degree to which perpetrators accept some level of responsibility for their behavior and recognizes how the children are impacted.

Caseworkers should be aware that one of the primary ways to hold perpetrators accountable for their behavior is to avoid colluding with them. Although some perpetrators may appear to be solicitous, cooperative, and charming, this may actually be an attempt to avoid exposure and prevent intervention. To avoid collusion, keep the focus on perpetrators' abusive behaviors, their responsibility to contribute to the safety and well-being of the children, and challenge their beliefs that they are entitled to act abusively toward their partner and children.

Some examples of accountability statements and questions to avoid collusion include:

-
- Your record shows a history of acting abusively toward your family and based on this history, I'm concerned for the safety of your family.
 - What do you think it's like for your family when you use violence/scare them?
 - What will you/have you told your children about what happened?
 - What do you think your children saw/felt/heard?
 - Does your behavior toward your partner fit with your idea of being a good parent?
 - What is the impact of your behavior on your family/children?
 - How do your children respond when you act abusively?
 - How do you support your partner's ability to parent/sobriety/education, etc...?
-



Practice Key #17:

It's natural to feel uneasy when confronting someone's abusive behavior. Practice interviewing skills to increase confidence and competence, ask for support from supervisors to help mitigate these feelings, and come up with a strategy to use if the interview becomes difficult.



Sample assessment questions for the perpetrator can be found in the **Appendix G**.

5.7 DOCUMENTING DOMESTIC VIOLENCE

After conducting all interviews, caseworkers should carefully document the pattern of domestic violence and how the children have been impacted by the perpetrator's abusive behavior. Documenting the domestic violence is vital in identifying the true source of risk to the children's safety. Information should come from interviews with all family members, with direct quotes from the perpetrator and a description of their conduct during the interview. Detailed documentation may provide corroboration of information obtained from the adult victim, children, and collateral sources, and may strengthen the credibility of child welfare's position. This can help if the perpetrator tries to deny statements in court.

This includes being able to describe the perpetrator's:

- Performance as a parent with equal responsibility for the children's care, safety, and well-being.
 - Pattern of control, including details about the abusive behaviors.
 - Interference with the adult victim's ability to parent and care for the children.
 - Specific behaviors that harmed the children.
-

This also includes being able to describe the adult victim's:

- Efforts to provide for the care, safety, and well-being of the children.
 - Protective capacity and strengths.
-

Other tips include:

- Safeguard information that can compromise adult victim/child safety.
 - Avoid language that blames the adult victim for the perpetrator's behavior.
 - Accurately identify the adult victim and the perpetrator (see Section 2).
 - Avoid broad statements like, "the parents have engaged in domestic violence" – this fails to identify who is responsible
-



Sample statements to use in documenting domestic violence are included in **Appendix H**.

5.8 SUPERVISING DOMESTIC VIOLENCE ASSESSMENTS

Supervisors should use the following tool when supervising workers with domestic violence cases:

Questions Caseworkers Will Need to be Able to Answer	Where Caseworkers Can Find Guidance to Confidently Answer
Is domestic violence occurring in this family?	Routine screening and assessment questions
Who is the adult victim of domestic violence and who is the perpetrator?	Predominant aggressor tool
What is the perpetrator's pattern or coercive control?	Domestic violence assessment
What actions has the perpetrator taken to harm the children?	
What actions has the adult victim taken to promote the safety and well-being of the children?	
What adverse impacts has the perpetrator's behavior had on the children?	
What role do additional factors (substance abuse, mental health conditions, cultural and socio-economic dynamics) have on the family's functioning?	
Can you articulate specific behaviors of the perpetrator that harm or could reasonably harm the children, and how do those behaviors impact the children?	
Is the threat of harm likely to be present/occur within the next couple of days or few weeks (imminent or impending)?	Decision Making and Case Disposition
In what ways are the children vulnerable to the safety threat?	
Are there any outside or familial resources to adequately maintain the children's safety?	
What needs to happen to manage the child's safety on a short-term basis (protective action/safety plan)?	Safety Plans When Domestic Violence is a Factor
What factors may support opening a case? What factors mitigate the need to open a case?	
If closing out a case, how can notification of no finding be delivered most safely?	Discuss with the Adult Victim
If opening a case, what finding best fits the perpetrator's actions?	Discuss with Supervisor
Is there a basis to make a finding against the adult victim? Did the adult victim take actions to protect the children from harm? If not, is the adult victim unable to provide for the children due to the perpetrator's interference or inflicted trauma/injury?	Decision Making and Case Disposition
If entering a finding, how can notice of a founded decision be delivered most safely?	Discuss with the Adult Victim
If an out-of-home placement is being considered, what are the factors which indicate the child cannot remain in the care of the adult victim?	Decision Making and Case Disposition

SECTION SIX: THE FOUR WAY STOP – DOMESTIC VIOLENCE CASE DISPOSITION AND DECISION MAKING

- 6.1 Safety Concerns Related to Domestic Violence
- 6.2 Creating a Safety Plan When Domestic Violence is a Factor
- 6.3 Determining Whether to Make a Finding
- 6.4 Keeping the Children Safely with the Adult Victim
- 6.5 Out of Home Placements When Domestic Violence is a Factor

Based on the information gathered in the assessment, this section will help caseworkers determine when to open a case and will assist in building case plan recommendations that reflect the safety and service needs of the family.

6.1 SAFETY CONCERNS RELATED TO DOMESTIC VIOLENCE

For domestic violence to meet the criteria of a safety concern, the following must be present:

- The threat is specific and observable;
- Conditions reasonably could result in moderate to severe harm;
- Harm is likely to occur if not resolved;
- A child is vulnerable; and,
- Caregiver is unable to control conditions and behavior that threatens child safety.

Children who cannot self-protect or who cannot get out of the way, and do not have an appropriately protective parent, could experience physical or emotional harm from the perpetrator's use of coercive control. Use the following examples when considering a founded finding when domestic violence is a factor. It may be necessary to open a child welfare case if one or some of the following circumstances are present.

Factors to Consider Related to the Perpetrator's Behaviors	<ul style="list-style-type: none"> ▪ Creates a situation where the children are in danger of moderate to severe harm including physical injury or sexual abuse. ▪ Uses the children to control the adult victim in a way that causes direct, substantial harm. ▪ Undermines the adult victim's capacity to provide necessities for the children, has directly withheld or refused to provide supervision, or other basic needs such as food or medical care. ▪ Prevents the adult victim and/or the children from protecting themselves or escaping a violent situation. ▪ Coerces the children into abusing the adult victim. ▪ Has access to or uses weapons such as guns or knives, and/or threatens to use them. ▪ Attempts or threatens to commit suicide or homicide. ▪ Displays unrestrained behavior that is accompanied by a lack of regretful feelings which is part of the overall pattern of power and control. ▪ Upon being confronted with information concerning the impact of his/her behavior on the children, demonstrates a lack of empathy, remorse, regret or guilt and may instead attempt to justify the abusive behavior. ▪ Retaliates or threatens to harm the children for reporting the violence. ▪ Escalates the frequency or severity of the pattern of coercive control. ▪ Has a substance abuse problem or mental health illness that increases the risk toward children.
Factors to Consider Related to the Children	<ul style="list-style-type: none"> ▪ Were previously injured in a domestic violence incident or are in danger of physical injury. ▪ Exhibit anxiety that impacts their day-to-day functioning such as nightmares or insomnia. ▪ Cry, cower, cringe, tremble, or otherwise exhibit fear in the perpetrator's presence. ▪ Attempt to intervene to protect the adult victim during an abusive incident. ▪ Are at increased risk due to isolation from family, friends or other social supports. ▪ Display observable effects of being impacted by the perpetrator's behavior, causing substantial impairment. ▪ Unable to physically escape when the perpetrator uses abusive behaviors. ▪ Fearful for their own safety or that of the adult victim. ▪ Does not have a good relationship with the adult victim.

The above lists are not meant to be all-inclusive; other types of behaviors may rise to the level of a safety threat. If caseworkers determine that there is a child safety threat present, develop a safety plan in partnership with the adult victim and other safe family members, building on the adult victim's protective strategies and family strengths.

6.2 CREATING A SAFETY PLAN WHEN DOMESTIC VIOLENCE IS A FACTOR

A safety plan is a short-term plan to manage the child's safety until a comprehensive assessment and planning can be completed or the perpetrator can demonstrate changed behavior.

A safety plan can include:

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- All parties remaining in the home;
 - One or more parties leaving the home, which may include the children;
 - Family members, kin, or friends maintaining frequent contact or monitoring the safety in the home;
 - Additional services in the home to maintain safety or provide support;
 - Age-appropriate safety planning for the children; or
 - Caseworker monitoring safety in the home.
-


When domestic violence is a factor, caseworkers should consider the following when developing a safety plan:

<p style="text-align: center;">General Considerations</p>	<ul style="list-style-type: none"> ▪ Use the adult victim’s knowledge of the perpetrator’s tactics in determining the most appropriate safety plan and recognize the adult victim as the ultimate authority on the perpetrator’s reactions. ▪ When the parties are no longer in a relationship together or the perpetrator is out of the home, don’t assume the abuse is over; separation may provoke the perpetrator and lead to increased risk. ▪ Review family’s financial situation before requiring either adult to leave the home to prevent the perpetrator from withholding resources. ▪ Avoid requiring the adult victim to obtain a civil order of protection – there is no guarantee a judge will issue an order and, while they may be useful in some situations, they are not safe and appropriate in all situations. ▪ If an order of protection is already in place, talk with the adult victim about what would happen if the perpetrator violates it. ▪ As appropriate, talk with the children about their personal safety, an escape route, calling 911, or going for help during an abusive incident. ▪ Access a supervised visitation/safe exchange program knowledgeable in domestic violence to minimize the perpetrator’s access to the adult victim. ▪ Avoid relying solely on the adult victim to monitor the perpetrator’s behavior and report any violence; the perpetrator may actively sabotage this plan. ▪ Family members, law enforcement, probation/parole, or an approved perpetrator treatment provider may have a role in monitoring the perpetrator’s behavior as appropriate. ▪ Access Victim Compensation to enhance the safety of the home to prevent the perpetrator from having access to the adult victim and children. ▪ Talk with the childcare providers or school about the perpetrator’s behavior (especially if the perpetrator has made threats to kidnap the children).
<p style="text-align: center;">Accessing a Domestic Violence Shelter</p>	<ul style="list-style-type: none"> ▪ Requiring that an adult victim go to a domestic violence shelter may not always be a viable, realistic, or beneficial option. ▪ Shelter services are voluntary in nature and shelter staff cannot force an adult victim to receive services or remain in the shelter. ▪ Shelter availability is challenging in some communities and is usually first-come, first-served, meaning that a bed may not always be available when one is needed. ▪ In a situation where there is a high level of risk and a structured setting is needed, a domestic violence shelter may not be appropriate. ▪ Talk with the adult victim and the advocates at the domestic violence shelter before making a shelter stay part of the safety plan. ▪ Some shelters may be able to accommodate a family’s pets.

Engaging in Domestic Violence Safety Planning	<ul style="list-style-type: none"> ▪ Entails the adult victim working with a confidential victim advocate to develop a plan of action for the adult victim and the children for when abuse is imminent or when planning to leave the relationship. ▪ Can be useful because it considers perpetrator-generated risks such as tactics, as well as life-generated risks such as poverty. ▪ Helps to also prepare for the safety of any animals in the home. ▪ The elements of the domestic violence safety plan are completely under the control of the adult victim and should not be enforced by child welfare; they are fluid, not static, and need to evolve with the changing needs of the family and the perpetrator’s behaviors. ▪ Only consider separation of the adult victim and the perpetrator if the adult victim believes it is safe and it can be done with a domestic violence safety plan in place.
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Domestic violence safety plans and child maltreatment safety plans have some features in common. Each type of plan is critical to the safety of the children. However, the two types of plans have fundamental differences:

DOMESTIC VIOLENCE SAFETY PLANNING	CHILD WELFARE SAFETY PLAN
A process for thinking through with adult victims and children how to assess risks and increase safety related to the domestic violence perpetrator.	A written agreement with all caregivers regarding how to keep all children in the household safe.
Addresses risks to both child and adult victims from the 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 long-term risks to child and adult victims.	Short-term plan to address immediate harm to the children.
Developed with a confidential domestic violence advocate.	Developed with a child welfare caseworker.



Practice Key #18:

A lack of desire on the adult victim’s part to obtain an order of protection or go to a domestic violence shelter should not be used as an indicator of the adult victim’s inability or unwillingness to protect the children.

6.3 DETERMINING WHETHER TO MAKE A FINDING

After a thorough domestic violence assessment and a safety plan is in place, caseworkers are faced with the critical decision of determining if the domestic violence should be substantiated as a threat to child safety. Decisions regarding child safety and case disposition should be made by analyzing safety threats, the child’s vulnerabilities and whether or not the adult victim is willing and able to protect. Unless the children have an actual injury or there is sufficient

evidence for a finding of abuse or neglect, caseworkers must interpret all gathered information to discern whether a child is at risk for imminent harm.

Children's exposure to a domestic violence perpetrator's abusive behavior toward an adult victim does not in and of itself constitute child maltreatment. However, it is a key factor in determining child safety. When looking at domestic violence, focus on the perpetrator's behaviors and how they present a safety threat to the child. Although adult victims use a multitude of protective strategies, these may be insufficient in fully protecting the children from being impacted by the domestic violence. Any risk to the children from insufficient shielding is caused by the perpetrator's abusive behavior, not the behavior or choices of the adult victim. In documenting the safety concerns for the children as well as the impact on them, make the source of the concern clear to accurately reflect the impact the perpetrator's behavior had on the adult victim's ability to care for and protect the children.



Practice Key #19:

When providing notification of a founded disposition, caseworkers should follow established protocol, and also make considerations for the safety of the adult victim. Whether the subject of the finding is the perpetrator or the adult victim, and regardless of whether or not the parties remain in a relationship, safety will be a factor and adult victims should be encouraged to work with a confidential community-based advocate to create a safety plan.

When child welfare involvement is concluded at assessment, no child safety threat is present, and a case is not opened, caseworkers should:

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- Talk with the adult victim about working with an advocate to develop a domestic violence safety plan.
 - Make referrals for services to the local domestic violence advocacy program and other community resources.
 - Talk with the perpetrator about obtaining services from a certified domestic violence offender treatment provider.
-



Practice Key #20:

When and if a finding of abuse or neglect on the adult victim is necessary, the use of "failure to protect" is highly discouraged. It should only be considered after caseworkers make diligent efforts to support the adult victim's efforts to protect the children, offer resources to support the family's safety, and these efforts have been unsuccessful.

6.4 KEEPING THE CHILDREN SAFELY WITH THE ADULT VICTIM

If there is a child safety threat present, consider the following when determining if the children can remain safely with the adult victim:

- The adult victim acknowledges risk posed by the perpetrator and demonstrates protective capacities.
 - The adult victim and children are in a domestic violence shelter or other safe location.
 - The perpetrator's access to or activities with the children are restricted, for example through provisions of an order of protection or due to serving jail time.
 - The perpetrator demonstrates responsibility for behavior, actively engages in an approved offender treatment program, and follows limits set by the adult victim.
 - Children show minimal behavioral or emotional effects.
 - Children have a positive relationship with a supportive and protective adult.
 - Older children have a plan to be safe and the ability to carry out the plan.
 - The domestic violence is not escalating, and the perpetrator's known history does not include serious physical assault.
 - Other issues such as substance abuse or mental health do not pose safety threats.
 - Non-offending caregiver has supportive extended family or community ties.
 - Family requests assistance for continued services.
-

The above is not intended to be an all-inclusive checklist. Caseworkers should use the above list as examples of things to consider.



Practice Key #21:

Not all families impacted by a domestic violence perpetrator require child welfare intervention, and some are best supported by community-based services. If the domestic violence does not meet the criteria for a safety threat, explore safety options with the adult victim and make referrals to domestic violence victim advocacy programs and other supportive resources.

Family strengths or protective factors that mitigate the risk of harm to children from domestic violence include the following that must be sustained over time:

-
- The child's resiliency.
 - The child's positive relationship with the adult victim.
 - The presence of other supportive adults.
 - The perpetrator has on-going supervised access or no access to the children.
 - An adequate safety plan is in place for the children and adult victim.
 - Active involvement with the perpetrator by the criminal justice system and an appropriate intervention program with clear monitoring.
 - Support services in place for the adult victim and children that help the adult victim provide safety and mitigate the impact of the perpetrator's behavior.
 - The perpetrator's desire to receive help and visible work toward ending his/her abusive behavior.
-

6.5 OUT OF HOME PLACEMENTS WHEN DOMESTIC VIOLENCE IS A FACTOR

The children's safety may need to be provided through out-of-home placement if one or more of the following is present:

-
- In addition to the domestic violence, other types of child maltreatment create safety threats.
 - The perpetrator's behavior is increasing in frequency or severity and continues to pose a serious safety threat to the children despite attempts at intervention.
 - The perpetrator continues to have unauthorized contact with the children, which presents safety threats.
 - The perpetrator's history includes known serious domestic violence, such as the use of weapons or near-fatal incidences, risking harm to children in the course of an assault against the adult victim.
 - The perpetrator or adult victim engages in active substance abuse.
 - The perpetrator's or adult victim's untreated mental illness poses a safety threat.
 - Children show reduced ability to manage circumstances or face conditions that increase vulnerability.
 - The trauma of separation from adult victim and placement, while significant, is likely to be less traumatic than continued risk from perpetrator's behavior.
 - The adult victim cannot appropriately protect.
-

-
- No other workable plan can be put in place.
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When a court-involved dependency and neglect action is open, the court's paramount concern in determining placement is safety of the child. Placement options can be with a parent through protective supervision by the county, with approved relatives/kin, or with foster care. A protective supervision/voluntary case/differential response approach may be appropriate; however it requires agreement to a safety plan and cooperation by all parties. In a domestic violence situation, the child welfare safety plan could create another vehicle through which the domestic violence perpetrator can manipulate, and it is unlikely that a perpetrator would be cooperative enough for this kind of approach to be successful. Please consult your county attorney for further advice.



Practice Key #22:

When providing information about domestic violence to an adult victim who remains in a relationship with the perpetrator, be cautious when giving written information, as the written information could put the adult victim at risk if it is seen/found by the perpetrator.

SECTION SEVEN: THE LONG HAUL – DOMESTIC VIOLENCE IN ONGOING SERVICES

- 7.1 Ongoing Services When Domestic Violence is a Factor
- 7.2 Filing a Dependency and Neglect Petition
- 7.3 Family Services Planning
- 7.4 Family Services Planning with Adult Victims
- 7.5 Ongoing Services, Family Service Planning, and Accountability for Perpetrators
- 7.6 Family Meetings
- 7.7 Removal of Children
- 7.8 Reunification When Domestic Violence is a Factor
- 7.9 Termination of Parental Rights

This section presents information regarding ongoing services and Family Service Plan activities in cases where domestic violence and child maltreatment overlap. It discusses the specialized issues related to family team conferencing and underscores the importance of careful documentation of domestic violence in child welfare case records.

7.1 ONGOING SERVICES WHEN DOMESTIC VIOLENCE IS A FACTOR

When caregivers need additional services in order to meet children’s well-being or safety needs, a case may be opened and the family may become involved with ongoing services. In cases where a domestic violence perpetrator’s behaviors are jeopardizing the children’s well-being or safety, the assessment worker should talk with the ongoing caseworker about the critical components identified for the family (See Section 5.2). The ongoing caseworker should take these into account in determining the type of ongoing services offered and the family service plan for each caregiver. If domestic violence has not yet been identified, the ongoing worker should continue to screen for domestic violence.

For voluntary cases where ongoing caseworkers offer services, the following factors should be considered:

-
- The level of risk from the domestic violence must be relatively low. For example, the perpetrator does not have a criminal history and/or there are no domestic violence lethality factors identified.
 - The perpetrator is willing to be accountable for the abusive behavior and acknowledges the impact of the abuse on the children.
 - The adult victim feels safe enough to engage with child welfare and receive needed support to enhance the children’s well-being and safety.
 - The domestic violence safety concerns may be alleviated with the provision of services.
-

It may not always be necessary to have a family service plan with adult victims in situations where the only impediment to the children’s safety and well-being is the perpetrator’s behavior. In these situations, it is more appropriate to file a dependency and neglect petition with the perpetrator as the Person Responsible for Abuse and Neglect, and provide ongoing services to the adult victim to enhance the family’s need and connection to support and services. Caseworkers should partner with the adult victim to validate experiences, identify strengths, and build on those strengths to help them regain control and attain safety.

Ongoing services for adult victims are strengthened through collaboration with domestic violence victim advocacy programs. Other service providers such as substance abuse treatment, mental health, housing services, law enforcement, and the courts can provide consultation, education adult victim on services, assist in creative ways to engage adult victims and their children, and enhance child welfare efforts.

Ongoing services may include referrals to:

- Individual or group counseling for adult victims and children with a community-based domestic violence program;
 - Emergency domestic violence shelter or transitional living;
 - Supervised visitation/safe exchange services;
 - Working with a domestic violence advocate or counselor to engage the adult victim and children in a domestic violence safety planning, reviewing domestic violence dynamics and the effects on children;
 - Advocacy to assist with obtaining resources such as legal services, housing, economic support, medical care, mentoring or after-school programs for children, and childcare; or,
 - Mental health or substance abuse treatment referrals, as appropriate.
-

When engaged in ongoing services with adult victims, it is essential to recognize that they have no control over the perpetrator's behavior and should not be held accountable for past or future actions taken by the perpetrator. Expectations or language used in documenting the domestic violence that places responsibility for the perpetrator's behavior with the adult victim may be alienating and prevent caseworkers from building successful partnerships with the adult victim. If the adult victim has an active protection order and engages with or contacts the perpetrator, this is likely an indication of either the perpetrator (or the perpetrator's family) pressuring the adult victim to reunite, or an indication of an unmet need concerning the children's safety or well-being.

Examples of unmet needs that may lead to contact with the perpetrator include:

- Contacting the perpetrator to receive assistance with childcare,
 - Managing anxiety and engaging with the perpetrator to determine the perpetrator's whereabouts or mindset, or,
 - Placating the perpetrator to avoid escalating violence or abuse.
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7.2 FILING A DEPENDENCY AND NEGLECT PETITION

If ongoing services are not an option and the only way to enhance the family's safety is to file a dependency and neglect petition, caseworkers should take special care when domestic violence is a factor. Providing the courts with documentation of the conditions that create a safety risk will allow the court to determine whether the family needs additional required services in order to safely care for the children and address the domestic violence.

Specifically, caseworkers should work in coordination with the county attorney to:

-
- Describe how the domestic violence has impacted the children, focusing on both the legal definition of domestic violence as well as documenting the pattern of coercive control that create a safety risk.
 - Describe the protective factors in the children's lives including the adult victim's strengths.
 - File the dependency and neglect petition solely on the domestic violence perpetrator as the Person Responsible for Abuse or Neglect (PRAN) and not the adult victim, unless the adult victim has directly harmed the children, listing the adult victim as the custodial parent.
 - Conduct research to build substantiation of the case, including the perpetrator interview, health records, criminal records, approved offender treatment providers, and other who have knowledge of the impact of the perpetrator's behavior on the children.
 - Consider placing the children with a protective parent through protective supervision by the county, a foster parent, or approved relatives/kin.
 - Hold the perpetrator accountable by creating a family service plan that measures the cessation of abusive behavior, a reasonable response to conflict, engagement with supportive individuals, motivation to change, demonstrated ability to care for the children, parenting which is consistent with adult victim and children's safety, acknowledgement of the impact of the abuse on the children, consideration of the children's needs in all decisions, and other factors.

Adapted from Reasonable Efforts Checklist for Dependency Cases Involving Domestic Violence – National Council of Family and Juvenile Court Judges – Family Violence Department. See: www.ncjfcj.org for more information.



Practice Key #23:

When filing a dependency and neglect petition, remember that the dangerousness will continue if the perpetrator is continually angry, externalizes responsibility for the abuse, does not comply with the family service plan, threatens to use or uses weapons, abuses drugs/alcohol, threatens/attempts suicide, engages in stalking, uses strangulation, or is excessively jealous.

7.3 FAMILY SERVICES PLANNING

It is recommended that caseworkers develop two separate family service plans – one for the adult victim and one for the perpetrator. Writing separate plans for the adult victim and the perpetrator achieves two goals: 1) they enhance the adult victim's and children's safety, and 2) they hold perpetrators accountable for their abusive behavior.

Caseworkers must engage in ongoing risk assessment and safety planning to ensure that family service plans are practical, viable, and achievable. It may be helpful to consult with domestic violence advocates or approved perpetrator treatment providers and incorporate their expertise into case plan recommendations. It may also be helpful to consult with substance abuse or mental health treatment providers, housing services, law enforcement, and the courts.

Consulting with other experts helps caseworkers with:

- Discussing the feasibility of recommended services;
 - Informing the adult victim and the perpetrator about the services available;
 - Identifying creative ways to assist the family; and,
 - Alleviating conditions within the family that impact children's safety.
-

7.4 FAMILY SERVICES PLANNING WITH ADULT VICTIMS

In addition to ongoing supports and referrals intended to strengthen parenting capacities and access to resources, there will be cases in which the adult victim's behaviors pose a risk to children's safety and well-being. In these cases, caseworkers must develop a Family Services Plan (FSP) that outlines the behavior needed to change, the action steps that will likely lead to behavior change, and a mechanism for demonstrating whether the change has occurred.

When engaging with an adult victim of domestic violence to develop an FSP, it is critical to:

- Inform adult victims of their rights, responsibilities, available services, permanency plans, and consequences for failing to successfully complete their FSP.
 - Spend extra time with adult victims to help manage the trauma they have endured and remember that adult victims may be easily overwhelmed and have a heightened need for predictability, as perpetrator's may have destroyed their sense of control over their own lives.
 - Seek the adult victim's input regarding the family's safety and use it to create the FSP to avoid mirroring the perpetrator's behaviors of dictating control over choices and forced participation.
 - Ensure that the FSP is culturally sensitive so the adult victim feels empowered to make informed decisions regarding enhancing the family's safety.
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- Keep the content of the adult victim's FSP confidential from the perpetrator, as often the perpetrator will actively try to sabotage the adult victim's success.

Examples of Language to Avoid in an Adult Victim's FSP	Reasons to Avoid
PARENT will prevent child from witnessing/being exposed to domestic violence.	The adult victim cannot control how the perpetrator will behave.
PARENT will not engage/have a role in any domestic violence incident.	The adult victim cannot control if the perpetrator will engage in abusive behavior. A domestic violence safety plan will help adult victims prepare for how they will respond if abuse occurs.
PARENT will not violate the order of protection against his/her partner.	Adult victim cannot violate the order of protection if they are not the restrained party. Contact with the perpetrator is usually an indication of an unmet need related to the children's safety or well-being. Be sure that the adult victim has adequate resources in place.
PARENT will ensure that the perpetrator has no further contact with the children.	Adult victim can take measures to prevent the perpetrator from having contact with the children, but despite the adult victim's best efforts to protect the children, the perpetrator may initiate contact.
PARENT will make appropriate choices when selecting a partner.	Most perpetrators are not initially abusive in the early stages of a relationship, so it may be impossible to avoid entering into a relationship with someone who chooses to use abusive behavior.
PARENT will maintain a healthy relationship with his/her partner.	One person cannot singlehandedly control the health of a relationship.
Parent will enroll/participate in couples/family counseling with his/her partner.	Joint counseling with the perpetrator could place the adult victim and children at further risk of harm.



Sample case plan language for adult victims can be found in the **Appendix I**.

7.5 ONGOING SERVICES, FAMILY SERVICES PLANNING, AND ACCOUNTABILITY FOR PERPETRATORS

Communicating expectations of accountability through ongoing services and family services planning is essential in providing protection to children exposed to a perpetrator’s abusive behaviors. Perpetrators must be informed that child welfare’s primary expectation is that the abuse must cease. Ideally, all conversations that caseworkers have with perpetrators should balance accountability and engagement. Accountability sends a clear message that domestic violence is not safe or appropriate and that perpetrators must change their behavior. Engagement helps build rapport and invites perpetrators to consider change based on their own goals. For example, although they use coercive control tactics, most perpetrators truly want to be good parents, to have their children love them, or to save their relationship with their intimate partner. Through consistent, accurate feedback on behavior change or lack thereof, a caseworker can assist perpetrators in working towards their goal.

What Perpetrators Need from Child Welfare	How to Convey the Message
Connection	“I want you to know that your opinions are important to me.”
Limits	“I can’t share information about your partner’s family service plan with you, but I can answer any questions you have about your own family service plan.”
Consistent, Firm, Unbending Messages	“It is a tough thing to realize how much kids are impacted by what they see. Violence and threats are never OK, and you need to stop doing those things.”
Educational Information and Messages	“Children make mistakes and that is a normal part of how they learn.”
Assistance/Motivation in Helping Them Move Toward Positive Visions of Parenthood	“I have heard you say you want your children to respect you. Respect is not the same as fear. What you have been doing isn’t working for you or your kids. There are resources to help parents like you to learn better ways. I know you can make these changes if you decide to.”

Engagement and accountability must continue as caseworkers develop the perpetrator’s case plan. Use the following suggestions to improve meetings with perpetrators in ongoing services.

<p style="text-align: center;">Examples of Accountability Statements/Questions</p>	<ul style="list-style-type: none"> ▪ We received a report that your children aren't safe in your home due to your behavior. (Name/describe the behavior and offer third-party reporting such as a law enforcement report whenever possible. Avoid using information from the adult victim or the children.) ▪ How do you think your children were impacted by what you did? ▪ I know you want to be a good parent, but it's not safe for your children to be around you right now. You don't seem to be able to manage your behavior. ▪ I think it's best if you find another place to stay for your children's sake and make sure you can do some work on changing the way you sometimes act. Is there anything we can do to help find a place for you to stay? ▪ 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 the local approved perpetrator treatment program.) ▪ If a parent has been to a perpetrator treatment program: Can you tell us something about what you 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 perpetrator treatment group is only part of what needs to happen? We need to understand how you're applying what you've learned to your life. How are your children/partner safer than they were in the past?
<p style="text-align: center;">Examples of Engagement/Rapport Building Statements/Questions</p>	<ul style="list-style-type: none"> ▪ 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. ▪ I believe you want to be a good parent. ▪ Can you tell us about your relationship with your children? 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 people want to be good parents and partners. What do you think it means to be good partner? What do you think it means to be good parent? ▪ People who do the kinds of things you did can change, and we can help you get connected to services that will help you and your family. ▪ How do you think parents can earn the respect of their children? ▪ Talking about these things can be really hard. Thank you for talking with me. It shows how much you care about your children.

Successful family services planning is respectful, honest, direct, and is focused on the perpetrator's responsibility for changing their own behaviors, beliefs, and attitudes. It also includes clear limits and expectations for maintaining the children's safety and intends to change the perpetrator's problem behaviors. The starting place for successful family services planning is in identification of the particular behaviors that caused a safety concern.

When developing a case plan with perpetrators, caseworkers should consider the following:

- Involving the adult victim to the greatest extent possible to use the adult victim's guidance and expertise regarding the perpetrator's tactics and behaviors.
- Remembering that adult victims may not reveal the full extent of the perpetrator's continued abuse out of fear of retaliation or removal of the children from their care – look for ways that don't involve the adult victim to receive reports regarding the perpetrator's behavior changes, or lack thereof. Examples include: approved offender treatment providers, probation, parole, and civil courts.
- Requiring participation in a DVOMB approved perpetrator treatment program and monitoring the progress, even if there are no criminal charges filed.
- Accessing and/or utilizing a safe visitation/exchange program if available.
- Complying with probation or parole, orders of protection, and custody orders.
- Completing a parenting program that addresses domestic violence and is designed for abusive adults.
- Requiring education about the effects of domestic violence on children.
- Participating in substance abuse and/or mental health treatment if appropriate.
- Documenting the pattern of coercive control with specific details such as, "engaged in the following acts of domestic violence" instead of just saying, "there is DV," or "he/she was violent."



Practice Key #24:

It is crucial that perpetrators stop their abusive behavior, take responsibility for the abuse, and gain an understanding of why they abuse in order for the adult victim and children to be safe. Until these criteria are met by the perpetrator and the perpetrator has successfully completed an offender treatment program, unsupervised visitation, family or couples counseling should not be contemplated or recommended by child welfare even if the couple is living together.

Caseworkers should give special considerations when referring or requiring a domestic violence perpetrator to participate in a parenting program. Many parenting programs such as 1-2-3 Magic, Love & Logic, or Active Parenting NOW!, target parents who can benefit from learning child management techniques. Domestic violence perpetrators may already over-manage their children through coercive control and may be dangerously emboldened by attending child management classes. Instead, consider referring the perpetrator to a program specifically developed to address the parenting needs of perpetrators, such as Caring Dads, or check with the local approved offender treatment provider to see how they address parenting in the offender treatment.

Specifically regarding the domestic violence, the FSP may include:

- A safety plan that includes an agreement that the perpetrator cease all violent and abusive behaviors.
 - Participation in an approved offender treatment program, with proper signed release forms.
 - Compliance with conditions of probation, parole, civil orders of protection, child support, and custody orders.
 - Parenting programs such as Caring Dads (www.caringdads.org) that include a focus on domestic violence.
 - Surrender or sale of firearms or other weapons.
 - Utilization of safe visitation and supervised exchange services.
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Practice Key #25:



Remember that good co-parenting requires cooperation and mutual support, a willingness to make sacrifices, and putting the needs of children first. Some domestic violence perpetrators dominate their households, control their families, and insist that their own needs come first. While they may love their children and display strengths as parents, these qualities of control and entitlement must be addressed by child welfare. Monitor compliance by requiring reports from professionals and checking in with the adult victim.



See **Appendix J** for a sample perpetrator family service plan.

7.6 FAMILY MEETINGS

There may be risks to conducting a family team meeting when domestic violence is a factor. However, the meeting can be an opportunity for empowering adult victims to strengthen their support system, for drawing on community resources to increase safety for the adult victim and children, and for engaging the perpetrator in making changes to improve their relationship with their children. Be aware of any civil or criminal orders of protection that may be in place.

When family team meetings occur in cases where domestic violence is a factor, caseworkers should consider the following:

- Conducting a thorough domestic violence assessment prior to holding the meeting to determine the nature, extent, severity, frequency, potential lethality, and impact of domestic violence on all family members.
 - Holding separate meetings for the adult victim and the perpetrator if risk is high and/or the adult victim requests a separate meeting – the perpetrator may use the meeting to further harass and intimate the adult victim or the adult victim may not be able to be honest about concerns and needs in the presence of the perpetrator due to possible retribution. One option to consider is teleconferencing with the perpetrator while meeting in-person with the adult victim.
 - Checking in with adult victims to be sure they do not feel pressure to have a joint meeting or to agree to plans that will potentially put themselves or the children in danger.
 - Inviting a domestic violence expert such as an advocate from the community-based domestic violence program. Even if the adult victim has not accessed their services, the advocate can provide subject-matter expertise to be sure those who are participating fully understand the dynamics of domestic violence. If the domestic violence advocate has provided services to the adult victim, the adult victim will need to sign a release of information before the advocate can share any family-specific information.
 - Inviting an approved domestic violence offender treatment provider to offer feedback regarding the provider's perspective of the perpetrator's efforts to change abusive behavior.
 - Inviting other individuals who demonstrate knowledge of domestic violence, are willing to hold the perpetrator accountable, support the perpetrator's efforts to discontinue violent behavior, support the adult victim's protective capacities, and enhance safety for the adult victim and children.
 - Focusing on the family's other needs such as housing and employment may ultimately increase safety for the adult victim and children.
 - Holding a joint meeting with the adult victim and the perpetrator if the perpetrator has successfully completed offender treatment, the domestic violence risk is low to moderate, and/or the adult victim feels that this can safely occur.
 - Monitoring the perpetrator's behaviors to prevent manipulation or victim-blaming and stopping the meeting if the perpetrator begins to escalate.
 - Taking into consideration safety concerns of staff who will attend the meeting.
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(Adapted from: Family Team Conferences in Domestic Violence Cases: Guidelines for Practice – Family Violence Prevention Funding 2003)

7.7 REMOVAL OF CHILDREN

In cases involving domestic violence, the removal of children is usually unnecessary. While children's safety is the primary and mandated responsibility of child welfare, removal of children should only be contemplated when all other means of safety have been considered and offered, when the children are at imminent risk, and the adult victim is unable or unwilling to protect the children or accept services.

Challenges in deterring perpetrator's abusive behaviors often make protective custody the most expedient method to ensure children's safety. If removing the children from the home is a possibility and the adult victim is resistant to leaving the abusive relationship, work together with the adult victim to review concerns and provide options for the children's safety. Seek supervisory and expert guidance to ensure that every possible opportunity to keep children safely with the adult victim has been explored. Additionally, consult with the local offender treatment provider as well as the perpetrator's probation/parole officer (when applicable) in order to hold the perpetrator accountable. As in every child welfare case, out-of-home placement should be the last option.

Before removing children when domestic violence is a risk factor, caseworkers should consider the following:

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- Is protective custody the only viable method to ensure the children's safety?
 - What can the adult victim do to increase the safety for the children?
 - What supports does the adult victim need to increase the safety of the children?
 - What community-based services exist that can improve the children's safety?
 - If placement is necessary, has all foster care or kin families been screened for domestic violence?
 - If children will be placed out of the home, do all foster care or kin families know the unique issues that children who have been exposed to domestic violence face?
-

These questions will either reveal ways in which the children can remain safely at home or they will help provide information regarding the imminent risk and placement justification needed for the FSP sections 4a and 4b.

7.8 REUNIFICATION WHEN DOMESTIC VIOLENCE IS A FACTOR

Reunification is a safety decision, not merely a default outcome following service provision. When preparing to close a case in which a domestic violence perpetrator has been ordered out of the home or a child has been placed in out-of-home care, a caseworker will need to make a determination as to whether it has become safe for the perpetrator and child to live together in the home. An overarching consideration will be the degree to which the child's emotional state has been compromised by the harm done by the perpetrator, and any therapeutic

recommendations regarding the emotional well-being of the child if the perpetrator were to rejoin/remain the household.

Assessing parental capacity and the adequacy of the emotional relationship between the parent and child is a core aspect of determining when and if reunification is safe and appropriate. A parent's ability to empathically understand and give priority to their child's needs is a key factor. In addition, the following criteria can help a caseworker assess the extent to which the circumstances and behaviors identified in the conditions of return now exist and can be sustained using an in-home safety plan.

Consider closing a case or allowing the domestic violence perpetrator and the child to share a residence when there is affirmative documentation for the following:

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- Does the perpetrator demonstrate behavior change regarding child welfare's initial concerns?
 - Has the perpetrator complied with all court orders, including court-ordered evaluations?
 - Has the perpetrator attended and engaged in an approved perpetrator treatment program? And, will this continue post-reunification?
 - Has the perpetrator taken personal responsibility for the abusive behavior, including the harm caused to the children?
 - Has the perpetrator demonstrated awareness of the potential effects of domestic violence on children?
 - Has the perpetrator been monitored during visitation with the children and demonstrated competent parenting?
 - Has the perpetrator been able to recognize the children's needs and is able to put them before own needs and wants?
 - Does the perpetrator have age-appropriate expectations for each child?
 - Is the perpetrator able to provide physical and emotional care appropriate to each child's development stage?
 - Does the perpetrator demonstrate flexibility in engaging with each child according to the demands of various situations?
 - Has the perpetrator demonstrated the capacity to avoid dangerous, impulsive acts?
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If a recommendation is made for the domestic violence perpetrator to rejoin the child's household, the caseworker should define appropriate interactions between the perpetrator and the child, and continue to monitor the perpetrator's behavior as the perpetrator reintegrates into the family.

7.9 TERMINATION OF PARENTAL RIGHTS

When a domestic violence perpetrator poses a significant health or safety threat to the child and maintaining legal ties increases access, courts may be willing to consider terminating only the perpetrator's parental rights. Therefore, if one of the children's parents, but not the other, poses a significant danger to the child, child welfare may ask the court to protect the health and safety of the child by terminating the perpetrator's parental rights, while maintaining the child's legal relationship with the non-offending, adult victim parent.

Doing so could interfere with the child's rights to inherit or obtain child support or other mandated financial assistance from the perpetrating parent, and could carry the psychological weight of legally eliminating the presence of a mother or father. In order to consider the best interest of the child, all of these factors should be balanced against the danger to the child if the legal relationship is maintained. If the legal relationship is maintained, the perpetrator may engage in detrimental litigation abuse. For more information, go to:

http://www.cobar.org/repository/DV%20Benchbook%20Final%2010_2011.pdf?ID=20475

(Chapter 1, Section F, page 21). An additional consideration would be a pending step-parent adoption. This is a complex legal issue, which cannot be determined without consulting the county attorney's office for further advice.

SECTION EIGHT: BUILDING COORDINATED RESPONSES TO DOMESTIC VIOLENCE

- 8.1 Coordinating With Community Resources
- 8.2 Coordinating With Domestic Violence Victim Advocacy Organizations
- 8.3 Confidentiality and Information Sharing With Community-Based Domestic Violence Advocates
- 8.4 Distinguishing Between Different Types of Victim Advocates
- 8.5 Coordinating With Approved Domestic Violence Offender Treatment Programs
- 8.6 Coordinating With Criminal Courts and Probation
- 8.7 Coordinating With Law Enforcement
- 8.8 Financial Support Programs: Working With Temporary Assistance for Needy Families (TANF)
- 8.9 Coordinating With the Faith Community
- 8.10 Coordinating With Civil Courts and Domestic Relations Cases

This section of the guide builds social workers' knowledge about coordination with community programs and services to enhance child welfare's response to domestic violence. According to the Greenbook Project, enhancing coordination and communication between and among community programs and services is the single most effective method to build seamless, coordinated systems that provide accessible, timely services that help families thrive. Ideally, families impacted by domestic violence and involved with child welfare should be able to easily access educational, mental health, substance abuse, legal, financial, and other services they need in the community to ensure safety, enhance well being, and provide stability for children and families.

8.1 COORDINATING WITH COMMUNITY RESOURCES

While every community is different, caseworkers should consider the following essential entities in coordination and communication with families impacted by domestic violence:

- Child Protection Teams
- Child Support Enforcement
- Fatherhood Programs
- Colorado Works/Temporary Assistance for Needy Families
- Education/Job Training Programs
- Food Assistance/Food Stamps
- Juvenile Courts
- Law Enforcement
- Probation and Parole
- Certified Domestic Violence Offender Treatment Providers
- Domestic Violence Victim Advocacy Organizations
- Health Care Professionals
- Mental Health Services
- Substance Abuse Treatment Providers
- Faith Communities
- Informal Support Networks (Family, Friends, Co-workers, etc.)

Approaches to Coordination Include:

Reaching Out to Other Disciplines	<ul style="list-style-type: none"> ▪ This can be done in informal, inclusive ways in addition to formalized coordination such as a Memorandum of Understanding. ▪ Examples include inviting members of other disciplines to staff meetings, RED Teams, or case consultations, with the goal of communicating the value of coordination. ▪ Let members of other disciplines know they are professionally and personally valued. ▪ Joining the local approved offender treatment provider’s multidisciplinary treatment team to participate in decision-making regarding the perpetrator’s progress in treatment.
Sharing Professional Information	<ul style="list-style-type: none"> ▪ Make a point to share research articles, procedures manuals, or other materials of mutual interest. ▪ The purpose is to build a sense of trust and break down the barriers to achieve effective team work. ▪ In particular, share and discuss material related to areas of conflict to foster mutual understanding. ▪ Approved perpetrator treatment providers are required to send child welfare monthly reports if they have a client in common and perpetrators are required to sign a release of information.
Keeping the Lines of Communication Open	<ul style="list-style-type: none"> ▪ This can be particularly challenging, especially if there has been a conflict or if practice does not promote teamwork. ▪ It is essential to inform counterparts regarding the status of individual cases through notes or telephone calls, whenever appropriate and feasible to do so. ▪ Remain accessible to stakeholders and professionals from other disciplines.

Confronting Differences Openly	<ul style="list-style-type: none"> ▪ Although differences can lead to conflict, they can also strengthen opportunities to enhance services for families. ▪ It is important to approach disagreements in an open, nonthreatening and transparent manner, being willing to listen to what others have to say. ▪ Sometimes, certain disagreements may not be resolved and the parties may need to agree to disagree. ▪ Inherent conflicts between child welfare and other professions can be potentially serious, but do not have to prevent working together effectively. ▪ Formalizing relationships, when possible, can break down barriers to effective teamwork and minimize conflict.
Developing Memoranda of Understanding (MOU)	<ul style="list-style-type: none"> ▪ MOUs are often required when groups coordinate through a grant, or other formalized program. ▪ The benefit of an MOU is that it can clarify the kinds of information each program can share, how and when this sharing will take place, procedures for information sharing, monitoring of clients, confidentiality, and other items specific to the programs, services, and community. ▪ Work with supervisors, managers, and administrators to determine the nature and extent of any MOUs that are currently in effect. ▪ When working with various entities across the community, request the establishment of MOUs that will solidify inter- and intra-departmental best practices that are inclusive of other programs and services.
Engaging in Intra and Inter-Agency Cross Trainings	<ul style="list-style-type: none"> ▪ These allow child welfare and other professionals to exchange relevant information about their respective philosophical perspectives, purposes, goals, processes, unique concerns, and subject-area expertise. ▪ Invite others from the community to learn the definition of child maltreatment, the criteria for making a referral to child welfare, and other important aspects of child welfare's work. ▪ Seek invitations to attend trainings sponsored by other community programs to learn more about the dynamic of domestic violence, certified offender treatment programs, and other topics. ▪ The purpose of cross training is to clarify roles, responsibilities, and lines of authority. ▪ Once the teamwork concept is realized, attending trainings as a multi-disciplinary group provides all parties with an opportunity to hear the same information and to learn skills together. ▪ For more ideas, go to: http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolencecfm

8.2 COORDINATING WITH DOMESTIC VIOLENCE VICTIM ADVOCACY ORGANIZATIONS

Community-based domestic violence advocacy and service organizations can be essential resources for parents and children who are currently (or have previously been) impacted by a family member's domestic violence. When working with families impacted by co-occurring violence, referring to and partnering with local domestic abuse programs means that victims and their children have access to a variety of services that meet their specific needs, services that are often not available elsewhere in the community. Domestic violence organizations have highly trained staff and volunteers, versed in both domestic and child abuse, who are skilled at providing support and advocacy to victims of all ages. Collaborating with a domestic violence organization can enhance efforts to meet the needs of families, and keep children safe in their homes.

Did You Know?

“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 Advocates Can:

- Form supportive relationships with adult and child victims when domestic violence and child maltreatment co-occur;
 - Develop an open-ended, flexible and adaptable relationship with victims that can last for months or more;
 - Spend the time needed to assist victims in safety planning, prioritizing needs, outlining options, accessing help, and making changes;
 - Support clients in meeting goals set by child welfare; and,
 - Consult with child welfare and other community agencies to promote family safety, perpetrator accountability, and help create a comprehensive network of services for families.
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Become familiar with your local, community-based domestic violence program and learn which specific services they offer to adults and children. Each program varies, though all make effort to provide services that are culturally sensitive and appropriate, often including bilingual/bicultural staff, interpreters for victims with limited English proficiency, and accessibility for those with disabilities. Keep your local program's business cards on hand to provide victims of domestic violence when safe to do so.

Services offered may include:

Support and Advocacy	<ul style="list-style-type: none"> ▪ 24-Hour Crisis Line – offers crisis support by phone, 24 hours per day, 7 days per week. ▪ Emergency Shelter/Food/Financial Assistance – temporary, emergency housing, food, and/or financial assistance when adult victims are in danger. Programs that do not have a residential shelter facility may be able to provide transportation to the nearest shelter, safe homes, motel vouchers, or transitional housing. ▪ Individual Advocacy – trained and experienced confidential advocates to support adult victims, develop a safety plan, and address their individual circumstances. ▪ Social Service Advocacy – assistance in obtaining needed resources such as housing, employment, education, financial support, childcare, medical services, and other supports that enhance safety. ▪ Legal or Court-Based Advocacy – informing victims of their legal rights, accompaniment at court appearances, assistance with obtaining an order of protection, and finding an attorney. ▪ Information and Referral – directing victims to needed community services and organizations to meet various needs or challenges. ▪ Parenting Support – individual or group support to help to address domestic violence-related parenting challenges. ▪ Peer Support Groups – facilitated meetings with other adult victims to offer assistance to one another. ▪ Follow-up Services – forming extended relationships with victims to offer ongoing services.
Child, Youth, and Community Programming	<ul style="list-style-type: none"> ▪ Individual Counseling – assistance for children to address their unique perspective on coping with domestic violence. ▪ Individual Advocacy – supporting children’s needs such as education and connecting them with community resources. ▪ Support Groups – helps children and youth learn nonviolent problem-solving, handle conflict, practice social skills, and connect with children who have also been exposed to a domestic violence perpetrator. ▪ Safety Planning – assisting children to develop strategies to prepare for their safety. ▪ Referrals – linking children with medical care, psychotherapy and other supports that enhance the well being of children. ▪ Community Education – offering training, education, and awareness to community groups to increase knowledge of the problem of domestic violence.

It is important for caseworkers to get to know the local, community-based domestic violence victim advocacy organization. Some questions to build a relationship with the organization include:

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- How can child welfare connect an adult victim of domestic violence to the organization?
 - Do adult victims need to request services themselves?
 - How are referrals handled?
 - What services for adults and children do you offer?
 - How can someone access shelter?
 - What types of rules or restrictions does the shelter have?
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- Does the organization have multi-lingual and/or multi-cultural staff to provide services?
 - How does the organization report known or suspected child maltreatment?
 - How does the organization coordinate with child welfare when there is co-occurring domestic violence and child maltreatment?
 - Does the shelter accommodate families with pets?
-

Co-location of a domestic violence advocate in child welfare offices has been identified as a particularly promising strategy for enhancing child welfare assessments and services. Co-located advocates are employed by a community-based domestic violence organization and work a set number of hours per week at the county child welfare office. Co-located advocates can provide assistance on several levels including assessing cases, providing consultation, accompanying child welfare workers on home visits, linking families with resources, and working with adult victims to provide advocacy and counseling. Several counties in Colorado use this model to deliver services including Jefferson County and several counties throughout the San Luis Valley.

8.3 CONFIDENTIALITY AND INFORMATION SHARING WITH COMMUNITY-BASED DOMESTIC VIOLENCE ADVOCATES

Tips for successful information sharing:

-
- Domestic violence programs must operate according to state and federal laws on confidentiality, nondisclosure, and privileged communications – they do not maliciously prevent child welfare’s access to information.
 - Advocates in Colorado must comply with Colorado Revised Statutes § 19-3-304 regarding mandatory reporting of child maltreatment. However, when an advocate makes a report, the report itself is the limit of the exception to confidentiality. If the advocate and caseworker want to work together with a family and share information beyond the report, the adult victim must sign an informed, written, and reasonably time-limited release of information. For more information see, “CCADV Privacy and Confidentiality Project Tip Sheet: Mandatory Reporting and Confidentiality”, available from the Colorado Coalition Against Domestic Violence (www.ccadv.org).
 - Domestic violence advocacy organizations must comply with multiple federal and state laws to preserve the confidentiality of adult victims receiving services. These laws specify the types of personally-identifying information that is considered confidential as well as the types of releases of information advocates must use. For more information review the Violence Against Women Act (VAWA) 42 USC § 13925 and the Family Violence Prevention and Services Act (FVPSA) 42 USC § 10402, as well as Colorado revised statute § 13-90-107.
-

If a caseworker calls a domestic violence advocacy organization to ask to speak with a particular client or to check if that family is residing in the shelter, it is likely an advocate will say something like, “I cannot confirm or deny Jane Doe is here. You may leave a message, and if Jane Doe is here, the message will be passed on to her.” Even confirming whether an individual is receiving services is privileged information, subject to an informed, written, reasonably time-limited release of information signed by the client, which must be obtained directly by the domestic violence organization. A child welfare release of information cannot substitute for the release from the domestic violence organization. It is advised that caseworkers check whether there is a release of information in place before calling the domestic violence organization.

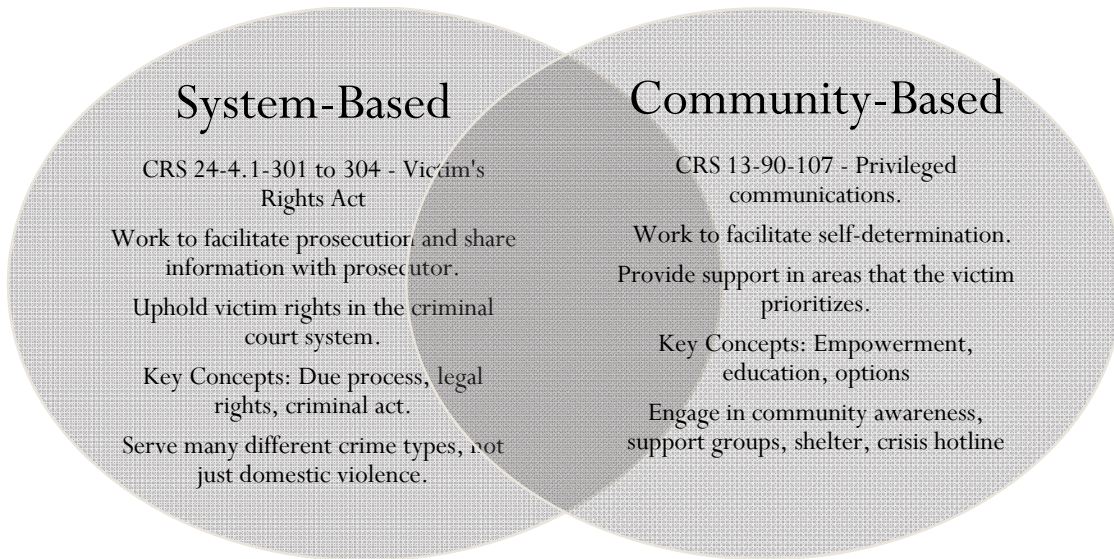
Optimal engagement with families experiencing co-occurring domestic violence and child maltreatment requires advocacy organizations and child welfare to each adhere to their unique roles and regulations while simultaneously pursuing opportunities to share expertise. Domestic violence advocates can freely share general information about domestic violence dynamics, and can contribute their expertise to analysis of the information obtained by child welfare.

8.4 DISTINGUISHING BETWEEN DIFFERENT TYPES OF VICTIM ADVOCATES

In Colorado, several types of advocates may be working with adult victims. As caseworkers, it is important to understand these differences for the purposes of working with adult victims and making referrals. Caseworkers should primarily make referrals to advocates at community-based domestic violence advocacy organizations because of the level of confidentiality those advocates can provide and the extent of the services available.

Adult victims may be contacted by an advocate working with the local law enforcement agency or the district attorney’s offices for the purposes of upholding the victim’s rights under Colorado’s Victims Rights Act. If the domestic violence perpetrator is sentenced to attend an approved treatment program, an advocate from the perpetrator treatment program may contact the adult victim to assist with safety planning and provide information regarding the treatment the perpetrator will receive. Generally speaking, caseworkers will not make referrals directly to these types of advocates.

This array of “advocates” can be confusing and sometimes overwhelming for the adult victim. As a caseworker, it may be necessary to coordinate with these advocates to streamline information and help reduce stress for the adult victim. The following shows the differences between community-based advocates and system-based advocates employed at law enforcement agencies or district attorney’s offices.



8.5 COORDINATING WITH APPROVED DOMESTIC VIOLENCE OFFENDER TREATMENT PROGRAMS

The purpose of perpetrator treatment is to increase victim and community safety by reducing the perpetrator's risk of future abuse. Treatment provides perpetrators with an opportunity for personal change by challenging their destructive core beliefs and teaching positive nonviolent cognitive-behavioral skills. Although the degree of personal change ultimately rests with the perpetrator, the treatment provider monitors progress and holds clients accountable for lack of progress. Treatment providers will make contact with victims in order to provide safety planning and other information. Most perpetrators are referred to treatment providers through the criminal justice system; however other sources of referral include child welfare or community-based programs. Some offenders will need to participate in treatment more than once. Previous attendance in an approved offender treatment program does not mean the offender completed treatment or was successful. Offenders who have previously attended an approved treatment program many still pose a risk to their family.

In Colorado, the Domestic Violence Offender Management Board (DVOMB) certifies all perpetrator treatment providers and sets the standards for treatment. It is essential that caseworkers refer perpetrators only to those providers who are approved by the DVOMB and those that maintain a high standard of quality in working with perpetrators. When making a referral to an approved provider or requiring that an offender participates in treatment, offender treatment providers cannot determine if a domestic violence perpetrator needs treatment. Instead, they determine the level of treatment needed. Even if a perpetrator has a pending criminal hearing, the offender treatment provider can conduct pre-plea evaluations. For more information, go to: <http://dcj.state.co.us/odvsom>

There is other programming that should not be confused with or substituted for domestic violence offender treatment. This includes:

Anger Management	<ul style="list-style-type: none"> ▪ Teaches techniques for monitoring and stopping angry outbursts caused by a lack of control. ▪ Does not address the underlying reasons for perpetrating violence and maintaining coercive control over intimate partners. ▪ Not effective in holding perpetrators accountable. Abuse is not the result of a lack of control, but a clear choice that perpetrators make to exert their control.
Couple's or Family counseling	<ul style="list-style-type: none"> ▪ Based on the assumption that partners with equal amounts of power can work together to negotiate a solution or resolution to problems, which is not the case when one person is using coercive control over the other. ▪ The unequal balance of power between adult victims and perpetrators, as well as fear of physical violence or other retaliation on the part of the victim when the perpetrator feels challenged, will create an unsafe situation for the adult victim. ▪ DVOMB standards require, as a condition of the treatment contract, that perpetrators are prohibited from participating in couple's counseling while they are in treatment.
Individual Psychotherapy or Substance Abuse counseling	<ul style="list-style-type: none"> ▪ Can supplement, but not substitute for, domestic violence perpetrator treatment. ▪ May be inappropriate if the provider does not concentrate on stopping violent or abusive behavior and on maximizing safety for victims and children. ▪ In rare instances, individual counseling or programming may be offered by a perpetrator treatment provider to a domestic violence perpetrator who is too disruptive to function in a group setting.

Practice Key #26:



As noted above, domestic violence perpetrators ordered to domestic violence offender treatment cannot participate in any couples or family counseling with the adult victim until they have successfully completed their offender treatment. Further, the Domestic Violence Offender Management Board Child Welfare Committee identified that all department of human/social services core/treatment services can and must be done with the adult and perpetrator separately in order to be compliant with DVOMB standards when the perpetrator is in domestic violence offender treatment due to an order of the criminal court. Additionally, the Colorado Department of Human Services endorses these same provisions as best practice in all instances regardless of criminal charges. When the perpetrator has successfully completed domestic violence offender treatment, he/she is no longer prohibited from participating in department of human/social services core/treatment services with the adult victim.

Not every domestic violence perpetrator will have been involved in the criminal justice system or their criminal case may be moving slowly through the system and they have not yet been ordered to participate in perpetrator treatment. Therefore, caseworkers will encounter dangerous perpetrators who are not yet under any monitoring. In cases where a caseworker needs expertise and guidance as to how to proceed with a dangerous perpetrator, consultation with a perpetrator treatment provider can be valuable. Furthermore, working together with a perpetrator treatment provider will connect caseworkers with a valuable source of information for monitoring a perpetrator's case plan.

Here are some steps to build a meaningful working relationship with the local perpetrator treatment provider(s):

- Ask for input in working with highly dangerous perpetrators to maintain family safety.
- Establish rapport in advance and discuss the provider's willingness to be contacted for consultation on seemingly high-risk perpetrators.
- Include perpetrator treatment as part of case planning.
- Learn about the policies and procedures and types of treatment offered by the treatment provider(s) in the community.
- To learn more about the requirements for approved treatment providers and view a complete list of approved perpetrator treatment providers, go to the DVOMB's website at: http://dcj.state.co.us/odvsom/domestic_violence/providers.html
- When possible, offer more than one provider to allow perpetrators to choose a treatment group that will best work with their schedule.
- Ensure that case plans complement treatment plans and offender contracts from the perpetrator treatment provider. To view the requirements for treatment plans and contracts, go to: www.dcj.state.co.us/odvsom
- Obtain reports from the treatment provider to learn about the perpetrator's progress in treatment.



Practice Tip #28:

As required by the DVOMB Standards, perpetrators shall waive confidentiality as a condition of their evaluation, treatment, supervision, and case management when they sign the release of information forms. Contact the perpetrator treatment provider in your community to be sure the release states that the caseworker will receive written reports on a regular basis from the treatment provider. Both the evaluation reports and the monthly perpetrator progress reports may be useful for child welfare case planning.

Caseworkers should also consider participating on the local domestic violence offender treatment Multidisciplinary Treatment Team (MTT). All treatment providers are required to consult with the MTT members to closely monitor perpetrator progress, intervene with the perpetrator, share information, and collaborate to enhance adult victim safety. These consultations may occur in person, by phone, or by sharing information electronically. The MTT makes decisions regarding the initial level of treatment, changes to the level of treatment, and the type and time of discharge. However, if caseworkers participate in the MTT and/or review reports from the treatment provider, they should review information regarding the perpetrator's attendance during or completion of treatment very carefully as these markers do not necessarily signify that the perpetrator has improved. It is valuable to obtain additional evidence of change to understand the level of risk a perpetrator still poses to the children.

8.6 COORDINATING WITH CRIMINAL COURTS AND PROBATION

A domestic violence perpetrator may be involved in the criminal justice system. To ensure child safety and the accountability of perpetrators across legal systems, it is important—as the caseworker—to communicate and coordinate services with professionals in the criminal justice system.

A perpetrator’s criminal sentencing may include:

Probation and Parole Involvement: If you learn that a perpetrator is on probation or parole, contact the assigned officer to determine what level of treatment and terms are required for the probation and parole. Ensure that you are made aware of any criminal violations filed against the perpetrator.

Offender Treatment Program Attendance: If a perpetrator is sentenced under a domestic violence offense, he or she will be attending domestic violence offender treatment through a certified Domestic Violence Offender Management Board (DVOMB) provider as a condition of the sentence.

Criminal Protection Orders: An essential legal tool for holding the perpetrator accountable is a criminal protection order. This may be requested by the district attorney. It prohibits any contact between the adult victim and the perpetrator. The criminal protection order expires at the end of the perpetrator’s sentence, or when the case is dismissed. These orders should not be confused with a Dependency and Neglect “protective” order, which does not have the full force and effect of law that a domestic violence protection order carries.



Review **Appendix K** to learn more about civil orders of protection in Colorado.

8.7 COORDINATING WITH LAW ENFORCEMENT

The role of law enforcement in child abuse cases is to investigate in order to determine if a violation of criminal law has occurred, identify and apprehend the offender, and file appropriate criminal charges. Child welfare is charged with the responsibility of protecting children from further abuse and neglect, which is a difficult task involving assessing not only current allegations, but also predicting if abuse or neglect will ever happen again. As with law enforcement, child welfare relies on basic investigative questions to assess current harm and future risk.

Child welfare approaches the job from a different perspective than most law enforcement officers, which may lead to conflict. It is child welfare’s responsibility to make all reasonable efforts to preserve the natural family or work toward reunification if the family is separated. Law enforcement may not agree with child welfare’s position that if a child’s safety can be assured, the family is the preferred place for that child to be.

To help minimize conflicts, case workers should consider the following:

- Consider law enforcement a resource to help deal with family visits to isolated, dangerous locations and/or when interviews with mentally unstable, violent, or substance abusing individuals are necessary.
 - Remember that, in general, law enforcement authority may be more widely accepted than the authority of child welfare. A caseworker may be denied access to alleged victims of maltreatment, whereas law enforcement's requests to see the child are honored.
 - Become familiar with your county's Memorandum of Understanding (MOU) with the local law enforcement agencies. An MOU is required per Volume VII, Rule 7.202.51.
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8.8 FINANCIAL SUPPORT PROGRAMS: WORKING WITH TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Child welfare can build partnerships with their county TANF programs, and help direct resources to help support and stabilize families. These partnerships can reduce risks or alleviate harm to children through coordination of services with TANF and other financial supports. Financial support assures the adult victim and children are not forced to recant or reunite due to reliance on the perpetrator for economic support. TANF can provide funds for adequate housing and economic supports for adult victims and their children to maintain their safety and stability and avoid out-of-home placement of children.

Colorado Works is Colorado's Temporary Assistance for Needy Families (TANF) program and provides public assistance to families in need. In larger urban counties, TANF is divided into several components, while in most small counties a small number of workers carry out all TANF functions and implement such programs as food stamps and child support enforcement. An interactive map of county departments may be found at <http://www.colorado.gov/coloradoworks>.

Colorado Works/TANF is designed to:

- Assist families in becoming self-sufficient by strengthening their economic stability.
 - Provide monthly basic cash assistance payments, help with emergency household expenses, and other supports such as counseling or job training to families with dependent children.
 - Lead to work by requiring participants to engage in employment and training activities that lead to work.
-

If the TANF participant has been impacted by domestic violence to the extent that it interferes with efforts to obtain or maintain employment, the participant could be eligible for the Family Violence Option if it is too difficult for the participant to comply with the requirements in the aftermath of a traumatic event, or if it is too dangerous to comply in light of past or current domestic violence. .

If domestic violence or family violence is a concern, TANF caseworkers will:

- Provide information and referrals about where to get help to stay safe, such as a safe place to stay, legal services, and counseling for the adult victim and children.
 - Discuss whether a work requirement waiver is appropriate. If the adult victim and worker decide that a waiver is appropriate, it will excuse the adult victim from all or part of the TANF work requirements for a period of time. Even if the adult victim doesn't request or receive a waiver immediately, the adult victim can ask to be excused at any time while receiving TANF benefits and services.
 - Personalize the Individual Responsibility Contract (IRC) by making the safety and welfare of the adult victim and children a priority.
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- Help with child support enforcement by working with the adult victim to require the non-custodial parent to pay child support. The adult victim may choose not to provide information about the non-custodial parent, if giving information or starting a child support enforcement case may put the adult victim in danger. This is called, “good cause.”
 - Discuss whether a time extension will help. If appropriate, the worker may extend the TANF 60-month mandatory time limit. Sometimes past or present domestic violence interferes with the ability to participate in TANF work activities or to be economically independent in 60 months. Extensions will be for a certain amount of time, for instance 60 days. There is no limit on how many extensions a survivor may receive as long as the survivor continues to meet other TANF requirements, like being below a certain income level and having children under a specific age.
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8.9 COORDINATING WITH THE FAITH COMMUNITY

Developing relationships with community faith leaders will allow caseworkers to make meaningful referrals for adult victims who are struggling with spiritual as well as family crises related to domestic violence. Most major denominations have policy statements regarding domestic violence and child abuse. Talk with local faith leaders about their perspectives and resources.

Adult victims are often encouraged by their faith community to draw on their faith to endure the abuse. An adult victim’s submitting, praying, or becoming more righteous will not stop a domestic violence perpetrator’s coercive, controlling, or violent behaviors. Unfortunately, some leaders in the faith community may tell an adult victim to do exactly that. This leaves the adult victim feeling hopeless and unworthy of love, respect, and dignity. These feelings may lead adult victims to question the validity of their faith, or feeling forced to make a choice between their faith and their safety. Adult victims need to hear that their faith tradition does not condone domestic violence, and that their physical and spiritual well-being is just as important as keeping the family together.

In those instances when coming into contact with clergy or lay leaders of an adult victim’s faith community, it is important to relay the ideal that resolving the issue of domestic violence in a family should not come at the expenses of the individuals’ physical and spiritual well-being, and saving the relationship should not be the first priority. Remind those in faith leadership that there should be as much concern for the safety of individuals in the family as there is for the wholeness of the family unit.

Questions to help you get to know local faith community leaders:

- When we know or suspect someone is experiencing domestic violence, how can we best connect them with your faith community?
 - What help is available for adult victims of domestic violence?
 - What services are available for children?
 - Are there multicultural and multilingual staff?
 - What is your faith community's policy on reporting suspected child abuse and neglect?
 - How can we work together to serve families experiencing domestic violence and child maltreatment?
 - Do you have any brochures or business cards I could offer to domestic violence victims who I meet with?
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Adapted from: Faith Communities: Domestic Violence Protocol (2007) by Kathy Jones.

8.10 COORDINATING WITH CIVIL COURTS AND DOMESTIC RELATIONS CASES

Two primary ways that a caseworker may interact with the civil courts are one, when a dependency and neglect case closes with an allocation of parental responsibilities, and two, when a caseworker is subpoenaed to bring case record information to a domestic relations hearing.

Certifying allocation of parental responsibilities:

When a dependency and neglect case closes with an allocation of parental responsibilities (APR) to a parent, relative or guardian, the County Attorney should file a motion for the court will certify the case into a previous domestic relations (DR) action, if one exists, or create a new DR case number. The APR orders, which commonly address parenting time, then stay alive under the DR case, and motions can be filed in that action after the dependency and neglect closes.

When a former client is in domestic relations court and the caseworker is subpoenaed:

Caseworkers often receive subpoenas to testify in domestic relations or criminal cases regarding a former client. When this happens, the worker must respond to the subpoena and testify if required, but it is important to remember that without a court order or the waiver of both parties, much of the information from the dependency and neglect case will be confidential.

The county attorney may want to file a "motion to quash" the subpoena, asking the court to review the records and determine what information may or may not be provided. Caseworkers should notify and consult with legal staff upon receipt of any subpoena.

ROAD RULES: APPENDIX

- A. Domestic Violence Definitions
- B. Common Perpetrator Attitudes and Beliefs
- C. Beliefs of Perpetrators as Parents
- D. How Adult Victims Can Talk to Children about Domestic Violence
- E. Interviewing the Adult Victim
- F. Interviewing the Children
- G. Interviewing the Perpetrator
- H. Sample Domestic Violence Documentation
- I. Sample Adult Victim Family Service Plan Language
- J. Sample Perpetrator Family Service Plan Language
- K. Civil Orders of Protection
- L. Resources

APPENDIX A: DOMESTIC VIOLENCE DEFINITIONS

The State of Colorado (Article 6, Part 8, Section 18-6-800.3) legally defines domestic violence as:

“an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship...includes any other crime...against a person, or against property, including an animal...when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.”

The State of Colorado (Article 6, Part 8, Section 18-6-800.3(2)) legally defines intimate partner as:

“Intimate relationship means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.”

The United States Office on Violence Against Women, defines domestic violence as:

“a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner...can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person...includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, or wound.”

APPENDIX B: COMMON PERPETRATOR ATTITUDES AND BELIEFS

Pattern of Control Over Intimate Partner	<ul style="list-style-type: none"> ▪ Carried out through criticism, verbal abuse, economic control, isolation, and/or cruelty; ▪ Emerges gradually and intensifies during the early years of a relationship, especially during relationship milestones such as moving in together or pregnancy; ▪ Perceives adult victim's efforts to resist as evidence of mental instability or volatility; ▪ Desire to dominate decision-making regarding household responsibilities, emotional caretaking and attention, sexual relations, finances, social contacts, and child rearing; and/or, ▪ Retaliates with increased abuse against adult victim or children if they disclose the abuse to outsiders or attempt to leave the relationship.
Entitlement	<ul style="list-style-type: none"> ▪ Belief in special rights and privileges without accompanying reciprocal responsibilities; ▪ Justified in taking steps to protect special status, up to and including violence and abuse; ▪ Expectation that family life centers on meeting their needs; and/or, ▪ Adult victim should handle all unpleasant child-rearing tasks and they should only engage in enjoyable aspects of parenting.
Selfishness and Self-Centeredness	<ul style="list-style-type: none"> ▪ Provides less emotional support and ignores the needs of the adult victim; ▪ Expectation that family anticipates every need and whim while postponing or abandoning their own needs; and/or, ▪ A grandiose belief in their own generosity and importance.
Superiority	<ul style="list-style-type: none"> ▪ Believes adult victim is inferior in intelligence, competence, logical reasoning. ▪ Treats adult victim with disrespect, harsh criticism, humiliation, and parent-like punishments. ▪ Views the adult victim as an object and knows nothing about the adult victim's interests or strengths.
Possessiveness	<ul style="list-style-type: none"> ▪ Perceives the adult victim as an owned object who does not have the right to resist or make decisions. ▪ Prone to escalate level of violence if adult victim tries to leave the relationship.
Confusion of Love and Abuse	<ul style="list-style-type: none"> ▪ Justifies their use of abuse as a result of intense loving feelings. ▪ Performs generous or kind acts during or shortly after abuse.

Manipulativeness	<ul style="list-style-type: none"> ▪ Creates confusion about the causes or meaning of abusive acts. ▪ Engages in kind or loving acts to regain the adult victim’s trust in hopes that adult victim will believe change is possible. ▪ Public image is in sharp contrast to the private reality. ▪ Paints a picture for others of the adult victim as controlling, demanding, and verbally abusive. ▪ Attempts to build sympathy for self and isolate the adult victim by damaging their credibility.
Externalizes Responsibility	<ul style="list-style-type: none"> ▪ Justifies their actions by making excuses such as an abusive childhood, stress, or substance abuse. ▪ Shifts focus on the adult victim’s actions. ▪ Uses the effects of abuse on the adult victim, such as depression, as an excuse for further abuse.
Denial, Minimization, and Victim Blaming	<ul style="list-style-type: none"> ▪ Denies the effects of their abuse on the family. ▪ Even when confronted with evidence, rarely admits to the full extent of the abuse. ▪ Persuades others that they have been wrongly accused and claim self-defense.
Serial Abuse	<ul style="list-style-type: none"> ▪ Tendency to abuse more than one adult victim in their lifetime. ▪ High degree of conflict in current relationship usually replicated in future relationships.

Adapted from: “The Batterer as Parent 2: Addressing the Impact of Domestic Violence on Family Dynamics,” by Lundy Bancroft, Jay G. Silverman and Daniel Ritchie.

APPENDIX C: BELIEFS OF PERPETRATORS AS PARENTS

Authoritarian	<ul style="list-style-type: none"> ▪ Children must obey unquestioningly without resistance. ▪ Uses rigid, uncompromising discipline. ▪ Intolerant of criticism regarding parenting. ▪ Compared to nonviolent parents, more likely to exhibit anger, spank hard, and believe in power over children.
Under-Involved, Neglectful, Irresponsible	<ul style="list-style-type: none"> ▪ Compared to nonviolent parents, less physically affectionate. ▪ Considers the work of caring for children to be beneath them. ▪ Perceives children as hindrances or annoyances. ▪ Wants credit and recognition for children’s successes but not the blame for their failures. ▪ Has limited knowledge of children’s birthdates, names of teachers, interests, or strengths. ▪ Fails to follow through on promises to children, except during periods of litigation when court personnel are monitoring. ▪ Lacks understanding of normal child developmental stages.
Undermining of the Adult Victim	<ul style="list-style-type: none"> ▪ Overtly denies/overrules the adult victim’s authority over the children or parenting decisions. ▪ Ridicules the adult victim in front of the children. ▪ Displays contempt toward the adult victim and rewards the children for similar behavior.
Self-Centeredness	<ul style="list-style-type: none"> ▪ Unwilling to modify lifestyle to take children’s needs into account. ▪ Insensitive toward children’s needs and wants. ▪ Intolerant of crying or distressed infants. ▪ Poor emotional boundaries with children and expectation that children will meet perpetrator’s needs. ▪ Demands affection.
Manipulativeness	<ul style="list-style-type: none"> ▪ Uses the children as pawns to control the adult victim. ▪ Blames the children and/or adult victim for the violence. ▪ Encourages children not to talk to others about the abuse because they won’t be believed.
Ability to Perform Under Observation	<ul style="list-style-type: none"> ▪ Contrast between public and private behaviors. ▪ Is able to give the appearance of engaging in kind, caring actions for short periods of time. ▪ Children are calm and relaxed with the perpetrator so long as another person is also present.

Adapted from: “The Batterer as Parent 2: Addressing the Impact of Domestic Violence on Family Dynamics,” by Lundy Bancroft, Jay G. Silverman and Daniel Ritchie.

APPENDIX D: HOW ADULT VICTIMS CAN TALK TO CHILDREN ABOUT DOMESTIC VIOLENCE

Sometimes, parents believe that their children aren't harmed by domestic violence because the children "weren't there" when it happened. However, it is difficult for a closed door to completely shield children from the impact of domestic violence. Once the adult victim and children are safe, it is important to talk with the children about what they know, saw, or heard. Adult victims may need encouragement to begin this difficult conversation with their children.

Caseworkers can offer encouragement by reassuring adult victims that:

- Parents have the power to change their children's lives for the better.
 - Single parents can be good parents.
 - Mothers can be role models for boys and fathers can be role models for girls.
 - Working to get safe from domestic violence is the best thing to do for children.
 - There are ways to get parenting support.
 - Some of the problems children develop as a result of being impacted by domestic violence usually diminish once the abuse stops.
 - Living with domestic violence as a child is not a "life sentence" for a bad future.
 - Children are resilient and can thrive.
 - Not all children will need professional treatment to overcome the effects of domestic violence.
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Adult victims can counter the effects of domestic violence on children by:

- Get support to stay safe.
 - Talk about the abuse and break the secret.
 - Reassure children the abuse is not their fault.
 - Set clear and consistent limits and rules for the children to lessen the chaos the abuse caused.
 - Build the children's self-esteem and let them know they are worthy of safety and security, not abuse.
 - Praise their good behavior whenever possible.
 - Teach self-control, especially when the children may be angry or frustrated.
 - Make time to play or talk
 - Help create a calm, safe environment.
 - Help the children identify their emotions and validate their feelings.
 - Reinforce that that children have a right to be angry, scared, confused and encourage them to express these feelings in a healthy way.
 - Begin individual or group therapy with someone trained in the dynamics of domestic violence.
 - Participate in positive community activities.
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APPENDIX E: INTERVIEWING THE ADULT VICTIM

Interviewing adult victims of domestic violence takes finesse and skill. Practice with peers and supervisors before attempting to interview an adult victim. Begin by exploring the incident that led to child welfare involvement and then ask additional deeper to delve into family and relationship dynamics.

The following are sample questions to ask the adult victim. They ask about the situation and the power and control tactics. Adapt these to your style, the language the adult victim uses, and the situation. Many adult victims may not identify their partner's behavior as domestic violence. Calling it "domestic violence" during the assessment questioning may inhibit the conversation. A possible alternative is to call it conflict, disagreement, or "issues."

Assessing for Domestic Violence	<ul style="list-style-type: none"> ▪ Are you safe right now to talk? ▪ Tell me about your relationship. How do you make decisions? What happens when you disagree? ▪ Has your partner prevented you from going to work/school/church? ▪ Who are your friends and family? How much contact do you have with them? Is your partner usually there? Has your partner prevented you from seeing friends or family? ▪ Does your partner listen in on your phone calls or otherwise monitor your communication? ▪ What happens when your partner feels jealous or possessive? ▪ Does your partner call you names, insult you or scream at you? ▪ Have you ever felt afraid of your partner? ▪ Has your partner ever threatened you, your children or your family? ▪ Does your partner threaten to take your children? ▪ Does your partner ever threaten you with deportation? Is your partner making it difficult for you to get legal status? 	<ul style="list-style-type: none"> ▪ Does your partner do reckless things that scare you, such as driving too fast with the children in the car? ▪ Has your partner ever used force against you? Pushed? Shoved? Hit? Strangled? ▪ If your partner has used force against you, tell me about the worst episode. What was the most recent episode? ▪ Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, tell me about that. ▪ How does your partner treat your pets? Your property? ▪ How often does your partner drink or use drugs? What happens then? ▪ Does your partner have military or law enforcement training? ▪ Have you left before? What happened when you did? ▪ Has your partner threatened suicide? ▪ Have you ever been forced into doing something that makes you uncomfortable? ▪ Has your partner pressured you or forced you to have sex? Tell me about that.
Risks and Impact on the Adult Victim	<ul style="list-style-type: none"> ▪ How has your partner's abusive behavior affected you? ▪ Do you suffer from anxiety or depression? ▪ Do you have difficulty sleeping, eating, concentrating, etc.? ▪ Do you suffer from headaches, stomachaches, breathing difficulties, or other health problems? ▪ Have you had to seek medical assistance for injuries or health problems resulting from your partner's abuse? 	<ul style="list-style-type: none"> ▪ Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse? ▪ Do you use alcohol or other substances in order to cope with your partner? ▪ Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication? ▪ Have you ever thought about or tried to hurt yourself or someone else?

<p style="text-align: center;">Assessing the Impact on the Children</p>	<ul style="list-style-type: none"> ▪ Describe how your partner disciplines the child, and what for. ▪ Does your partner call your children names, insult them, or yell at them? ▪ Is your partner able to take care of the child and keep the child safe? Does your partner make decisions that are best for the child? ▪ Describe in what ways your partner supports your parenting and/or how your partner interferes with your parenting. ▪ Where are the children when fighting happens between you and your partner? ▪ Have the children ever been hurt, either accidentally or purposefully? Tell me about this. ▪ Are you concerned about any of your child's behavior? ▪ Have you noticed changes in your child's behavior? ▪ Does your child have trouble sleeping? ▪ Is your child getting sick more often? 	<ul style="list-style-type: none"> ▪ Describe any problems your child has in school or with friends. ▪ How often have you had to move or change the child's school? ▪ Describe activities or groups your child is involved with. ▪ Have you been concerned about your partner's ability to respect others' privacy or body boundaries? ▪ If your child has visits with your partner, how has that been going? What does the child say about the visits? What happens at drop-off and pick-up times? ▪ Does your partner ask the child to pass messages to you or ask the child to report what you do during the day? ▪ How do all the things we've talked about today affect the way you can care for your child? ▪ On a scale from 1-10, how safe are your children? How safe do they feel? How safe do they think you are?
<p style="text-align: center;">Adult Victim's Efforts to Protect the Children</p>	<ul style="list-style-type: none"> ▪ How are you managing day to day? ▪ What adjustments have you made to protect the children? ▪ How are you maintaining a regular schedule for the children? Meals? School? Bedtime? ▪ Are the children getting regular medical and dental care? ▪ Describe what you do to keep yourself and your children safe when the perpetrator has harmed or intends to harm the children. ▪ Has anyone been able to help you (family, friends, or church) in the past? 	<ul style="list-style-type: none"> ▪ Have you ever left the situation? Where did you go? What happened? ▪ What might happen if you got an order of protection, went to a shelter, or called the police? ▪ How are you talking to your children about the situation? ▪ What has your partner done to stop being abusive? ▪ When parenting, what would you like to do or stop doing if you weren't concerned about the perpetrator's reaction? ▪ What do you think needs to happen for you and your children to be safe?
<p style="text-align: center;">Concluding the Interview</p>	<ul style="list-style-type: none"> ▪ How dangerous do you think your partner is? What do you think your partner is capable of? What is the worst-case scenario? ▪ How do you think your partner will react when finding out we talked to you? ▪ How do you think your partner will react when finding out we talked to the children? 	<ul style="list-style-type: none"> ▪ How do you think your partner will react when receiving the notice of disposition? ▪ What do you think will happen when I leave? ▪ Consider saying 'Thank you for talking with me. I know this isn't easy. What is something you can do after I leave to take care of yourself?'

APPENDIX F: INTERVIEWING THE CHILDREN

Adapt your questioning to the developmental age of the child. Talk to the child about ways to stay safe as possible. As in any child interview, start with questions to develop rapport, and use the child's language.

General Questions	<ul style="list-style-type: none"> ▪ Who lives or stays in your home (including pets)? Who visits? ▪ What things do you do with your mom? What things do you do with your dad? ▪ What's your favorite thing about your mom? ▪ Is there anything about your mom that makes you sad, scared or worried? ▪ What's your favorite thing about your dad? ▪ Is there anything about your dad that makes you sad, scared or worried? ▪ What are the rules in your house? Any are any specific rules just for your mom or dad? What happens when kids break the rules? What happens when adults break the rules?
Clarifying Questions if Children Disclose Domestic Violence	<ul style="list-style-type: none"> ▪ Does anyone hit, shove, push, or throw things? Who does that? Tell me about the last time that happened. ▪ When this happened what did you do? What did other family members do (including pets)? ▪ Has anyone been hurt? Who was there? What happened next? (Follow-up with specifics about police, doctors, etc.) ▪ What do you do when mom and dad (or girlfriend or boyfriend) are fighting? ▪ If the child has difficulty responding to an open-ended question, the worker can ask if the child has: Stayed in the room, left or hidden, gone for help, gone to an older sibling, asked parents to stop, or tried to stop the fighting ▪ Tried to protect a sibling/pet ▪ What kinds of things do mom and dad (or girlfriend or boyfriend) fight about? ▪ Do they yell at each other or call each other bad names? ▪ Has anyone asked you not to talk about this? ▪ Are you worried or scared about anything?
Impact of Exposure to Domestic Violence	<ul style="list-style-type: none"> ▪ Do you think about mom and dad (or girlfriend or boyfriend) fighting a lot? ▪ Do you think about it when you are at school, while you're playing, when you're by yourself? ▪ How does the fighting make you feel? ▪ Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about? ▪ Why do you think they fight so much? ▪ What would you like them to do to make it better? ▪ Are you afraid to be at home? To leave home? ▪ What or who makes you afraid? ▪ Do you think it's okay to hit when you're angry? When is it okay to hit someone? ▪ What makes you feel better when you think about your parent's fighting? ▪ How would you describe your mom? How would you describe your dad?
Concluding the Interview With the Children	<ul style="list-style-type: none"> ▪ Do you have anyone you can talk to if you don't feel safe....when you are worried....when you are hurt? Who do you talk to when you don't feel safe....are worried....when hurt? ▪ What would you like to see happen? ▪ If you could have three wishes, what would they be? (You are looking for the child to have normal developmental wishes. Responses indicating concern may include: I wish my mom would not get hurt anymore or I want my family to stop fighting.) ▪ Talk to the child about what will happen next. Tell the child what information you will be sharing with the adults.

Adapted from Social Worker's Practice Guide to Domestic Violence – Children's Administration, Washington State Department of Social and Health Services, February 2010.

APPENDIX G: INTERVIEWING THE PERPETRATOR

The following are sample questions to ask the perpetrator about the situation and power and control tactics. You may want to reassure the perpetrator that the domestic violence questions are a routine part of any family assessment. These questions can also be used to screen for domestic violence when it was not part of the allegation.

General Questions About Domestic Violence

- Tell me about your relationship.
- How do decisions get made?
- How do you divide household responsibilities?
- How do you make decisions about money? Whose name is on the accounts?
- What types of things are children disciplined for? What happens?
- What does your partner do during the day?
- Who are your partner's friends or family? How often does your partner see or talk with them?
- Have people told you that your temper is a problem? Who? And why did they tell you that?
- What situations with your partner cause you to feel jealous or possessive? How do you handle that?
- Under what circumstances do you listen in on your partner's phone calls?
- What names or insults have you called your partner?
- What is your typical tone of voice when engaged in disagreements with your partner?
- In what ways has your partner ever indicated that he/she was afraid of you?
- What do you and your partner typically disagree about?
- What happens when you and your partner disagree?
- Has anyone been hurt during an argument (including a pet)? What happened? Was anyone pushed, shoved, hit, strangled, etc.?
- If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen?
- Are there weapons (knife, guns, etc.) in the house? How are they used? Have you used them against your partner?
- Have the children ever been hurt? Where are they when this happens?
- When this happened what did you do? What did other family members do (including pets)?
- Has property been destroyed or damaged? Whose? By whom?
- Do you or your partner use alcohol or drugs? How often?
- Do you have recent military or law enforcement training?
- On a scale from 1-10, how safe do you feel in your family? How safe do you think your partner feels? Your children?
- What was the relationship like between your parents?

<p style="text-align: center;">Impact on the Children</p>	<ul style="list-style-type: none"> ▪ Have you noticed changes in your child’s behavior? ▪ Are you concerned about any of your child’s behavior? If your child visits you, how has that been going? How much time do you spend together? Who, if anyone, helps care for your child on visits? ▪ Does your child have trouble sleeping? ▪ Is your child getting sick more often? ▪ Describe any problems your child has in school or with friends. ▪ How often have you had to move or change your child’s school? ▪ Describe activities or groups your child is involved in. ▪ How do you think your children see you or feel about you? ▪ How do you think the children are affected when they see or hear you and your partner fighting? ▪ Have your children ever had to intervene during an argument with your partner? Why and what happened? ▪ How do fights or tensions interfere with the care of your child? ▪ Does your child cry when you are having a disagreement with your partner? ▪ Does your child cry when you are disciplining the pet? ▪ What does your partner do when you are disciplining the pet?
<p style="text-align: center;">Engagement Without Collusion</p>	<ul style="list-style-type: none"> ▪ How would you like your child to think of you? ▪ How would you like your child’s relationships to be in the future? ▪ What steps have you taken to change some of the more harmful aspects of your relationship with your family? ▪ Whom have you asked for help? ▪ What happened when you asked? ▪ Who are friends and family members you can talk to? ▪ Are there any services or information your children need?

APPENDIX H: SAMPLE DOMESTIC VIOLENCE DOCUMENTATION

Avoid Opinion	<ul style="list-style-type: none"> ▪ Say, “The perpetrator stood up and paced, waving his arms. When invited to sit down, he refused and became louder. He yelled that no one was listening to him and that I was ignorant. He came toward me and stopped three feet away.” ▪ Instead of, “The perpetrator intimidated this caseworker.”
Be Precise and Avoid Vague Terms	<ul style="list-style-type: none"> ▪ Say, “Mr. Smith grabbed Mrs. Smith by her arm, shook her, and then pushed her into the kitchen wall while their children were sitting about 8 feet away at the kitchen table.” ▪ Instead of, “The perpetrator put his hands on his partner in the presence of the child.” Or, “The perpetrator has engaged in acts of domestic violence against the children’s mother.” Avoid words like “argued” if someone actually “hit” another person.
Link the Perpetrator’s Actions to Harm Done to the Children	<ul style="list-style-type: none"> ▪ Say, “Neighbors reported to the police that Mr. Smith calls his partner a “bitch” and “slut” in front of the children, and he has told the children they are “worthless little shits. The neighbor reported that the children stopped playing, put their heads down, and began to cry despite efforts to hold back their tears.” ▪ Say, “After Mr. Smith physically assaulted Mrs. Smith by grabbing her arm, shaking her, and pushing her against the wall, the children showed immediate distress by crying and curling into a ball, and showed ongoing distress by reportedly being distracted and tearful at school for the duration of the following week.” ▪ Say, “When Mr. Smith drove recklessly by speeding and swerving, the child was not only at risk of a collision, but also was screaming, crying, and terrified for his own and the family’s safety.” ▪ Say, “By excluding Mrs. Smith from financial decisions and then not paying rent, Mr. Smith’s choices led to an eviction which resulted in the children’s homelessness and disruption in their school attendance. The children indicated anxiety and sadness related to leaving their former home, and the 8-year old’s teacher notes the child’s tearfulness and distraction in the classroom.”
Link the Perpetrator’s Abusive Behaviors (not the adult victim) as Source of Risk to the Children	<ul style="list-style-type: none"> ▪ Say, “The children reported to the worker that their mom was ‘stupid’ and a ‘liar’ because their friends from Vermont had not been able to attend their birthday parties. In fact, the father cancelled the mother’s cell phone, which was the only phone she had access to, and her primary way to communicate with the friends in Vermont. Also, when the mother had the friends to the house in July, the father told the friends that they were not welcome and to not come back. It was despite the mother’s best efforts to surmount the father’s control that the children were disappointed and feeling isolated. ▪ Say, “Despite Mrs. Smith’s best efforts to maintain the children’s routines, the injury to her shoulder, which Mr. Smith caused when he physically assaulted her on July 2nd, resulted in Mrs. Smith not being able to prepare the children’s lunches or drive them to school as she normally would.” ▪ Say, “Mr. Smith chose to engage in violence and property destruction including throwing a plate at the wall and pushing over three chairs. Mr. Smith also minimized responsibility for his behavior by claiming that Mrs. Smith ‘was pushing his buttons’ by leaving dirty dishes on the kitchen table.”
Identify the Adult Victim’s Protective Strategies (Even if They are Insufficient to Fully Protect the Children)	<ul style="list-style-type: none"> ▪ Say, “When tension was building and Mr. Smith raised his voice to a yell, Mrs. Smith sent the children to their room and instructed them to watch a video.” ▪ Say, “Mrs. Smith has two friends who would be willing to help with childcare or emergency housing if needed. Mrs. Smith will meet with the children’s school to discuss a new bus route for the children, and Mrs. Smith will continue to have daily phone contact with a supportive family member. Mrs. Smith has also created and practiced an age-appropriate safety plan with each child.”

APPENDIX I: SAMPLE ADULT VICTIM FAMILY SERVICE PLAN LANGUAGE

Remember, effective case planning needs to be conducted in partnership with the adult victim. The only objectives/action steps that should be included are those items that the adult victim needs to accomplish to address safety/risk.

Objective Example: ADULT VICTIM will provide a home environment that supports the safety and well-being of the CHILDREN.

Action Steps Examples – In partnership with the adult victim, list steps that are relevant and/or add others that have been identified by the adult victim:

- ADULT VICTIM will meet CHILDREN'S physical needs by providing the basic necessities of food, clothing, shelter, and age-appropriate supervision (state if services or an intervention is going to be offered to assist with this task.)
- ADULT VICTIM will meet CHILDREN'S medical/dental needs by scheduling appointments and coordinating transportation.
- ADULT VICTIM will participate in services (state specifically what these will be), which will help provide skills that will enable the adult victim to meet CHILDREN'S emotional and developmental needs by maintaining consistent rules and discipline, allowing CHILDREN to talk about their experiences of maltreatment, and coordinating therapeutic supports as needed.
- ADULT VICTIM will meet CHILDREN'S educational needs by supporting their attendance at school and participation in extracurricular activities as appropriate. (Note: only include a reference to extracurricular activities if the family can reasonably afford them and/or has the time to devote to allow their children to participate.)

Measurements of Success Examples (Note: there does not have to be a Measurement of Success for each action step. Measurements of Success should reflect the objective.):

- ADULT VICTIM, CHILDREN, and any other collaterals will articulate to the caseworker that CHILDREN have received adequate supervision, and basic needs for food, clothing and shelter have been met. Medical professionals and adult victim will report that the CHILDREN have received routine medical and dental care, providing documentation as needed for XX# of months.
- ADULT VICTIM will articulate to the caseworker information regarding CHILDREN's routines, likes and dislikes, fears and hopes, and provide documentation regarding therapeutic support as needed. Caseworker will observe positive interactions between the adult victim and children for a minimum of XX# of months.
- ADULT VICTIM will articulate to the caseworker that contact with teachers was made regarding CHILDREN'S academic progress and needs, and will report on information obtained through dialogue with the CHILDREN regarding educational activities and CHILDREN'S peer relationships of a minimum of XX# of months.
- ADULT VICTIM and CHILDREN will report that they feel safe in the home, doctor's appointments are being attended, parenting strategies have been enhanced, and service providers, and school and medical personnel will have report that there are no concerns and ADULT VICTIM is responsive to all needs for a minimum of XX# of months.

Objective: ADULT VICTIM will utilize knowledge of domestic violence victimization and safety strategies to enhance the safety and well-being of the CHILDREN.

Action Step Examples:

- ADULT VICTIM will contact/meet with a community-based confidential domestic violence advocate to learn about the scope of services available.
- ADULT VICTIM will create a safety plan regarding how to respond if the perpetrator engages in further abuse.
- ADULT VICTIM will learn about the array of ways children may be impacted and how an adult victim's parenting is commonly undermined by a domestic violence perpetrator.

Measurements of Success Examples:

- ADULT VICTIM would have reported back to the caseworker that he/she met with an advocate and are aware of the scope of services available.
- ADULT VICTIM would have discussed with the caseworker elements of his/her safety plan addressing the possibility of the perpetrator engaging in further abuse.
- ADULT VICTIM would have articulated to the caseworker information learned regarding behaviors that are indicators that the children have been impacted and strategies to overcome perpetrator's interference with adult victim's parenting.

Assign a timeline as appropriate.

APPENDIX J: SAMPLE PERPETRATOR FAMILY SERVICE PLAN LANGUAGE

Remember, effective case planning needs to be conducted in partnership with the perpetrator, while at the same time, holding the perpetrator accountable. The only objectives/action steps that should be included are those items that the perpetrator needs to accomplish to address safety/risk.

Objective Example: PERPETRATOR will understand and demonstrate clear boundaries around violence. Interactions with all members of the household will be free from physical and emotional harm so that CHILDREN can be safe in their home.

Action Step Examples:

- PERPETRATOR will meet with caseworker to discuss problematic physically violent behaviors he/she has used previously, as well as boundaries and requirements around ending his/her use of physical violence.
- PERPETRATOR will reiterate to caseworker the boundaries of his/her behavior which he/she agrees to follow, and such boundaries will include that all of his/her household interactions will be free from physical violence.
- PERPETRATOR will refrain from further physical violence towards any member of the household (including pets).

Measurement of Success Examples:

- PERPETRATOR will attest to the caseworker that he/she has not engaged in any physical violence. There will be no reported violence by any member of household, extended family members or other witnesses, and no observed indication of violence, i.e. bruises or renewed anxiety in children. No new arrests. These changes in behavior will be demonstrated for a XX#-month period.

Assign timeline as appropriate.

Objective Example: PERPETRATOR will demonstrate behaviors which eliminate fear in the household, and allow CHILDREN to live with emotional safety in their home environment. This includes verbal threats, defined or undefined, derogatory name calling, intimidating body language (state here what those behaviors are for the perpetrator such as balled fists, blocking doorways, etc.), and destruction of property (again, be specific to the perpetrator; such as throwing objects, punching walls, etc.), as well as other behaviors he/she is known to have used.

Action Step Examples (Note: these may be adjusted depending on the perpetrator's involvement with an approved offender treatment provider):

- PERPETRATOR will meet with caseworker to discuss problematic coercive and dominating behaviors he/she has used previously, as well as boundaries and requirements around his/her use of coercion and domination.
- PERPETRATOR will reiterate to caseworker the boundaries of his/her behavior which he/she is agreeing to follow, and such boundaries will include that all of his/her household interactions will be free from coercion and domination.
- PERPETRATOR will refrain from further coercive and dominating behavior towards any member of household.

- PERPETRATOR will remove all weapons from the premises including guns, bows and arrows, shotguns, hunting rifles, hunting knives, or other weapons by either selling them or giving them to law enforcement to store for the duration of the case as prescribed by State and/or Federal law.

Measurement of Success Examples:

- PERPETRATOR will attest to the caseworker that he/she has not engaged in any intimidating behavior. There will be no reported intimidating or threatening behavior, and no reported or observed damage to household. Worker will observe no unexplained missing or broken objects. Household members will be interviewed for presence of threats or intimidating behavior. The approved offender treatment provider will report that the perpetrator is engaged in treatment, has successfully completed treatment, and is seeing no concerning behaviors or hearing any concerning language. This will be sustained for a period of XX# months.
- PERPETRATOR will provide the caseworker with a bill of sale or receipt from a law enforcement agency. All household members/other collaterals will report that the weapons have been removed from the home.

Objective Example: PERPETRATOR will use discipline techniques that are effective, and do not cause physical or emotional harm to the children.

Action Step Examples:

- PERPETRATOR will meet with caseworker/service provider to discuss problematic child discipline behaviors he/she has used previously, as well as boundaries and requirements around his/her use of child discipline.
- PERPETRATOR will enroll in and regularly attend a parenting program designed to address the specific parenting needs of domestic violence perpetrators, such as Caring Dads.
- PERPETRATOR will practice the skills learned in the parenting program in supervised visitation/ visitation/ home life with the child(ren).
- PERPETRATOR will meet with the caseworker to review his/her learning and practice.

Measurements of Success Examples:

- PERPETRATOR will complete the parenting program, and the program staff will attest that PERPETRATOR attended regularly and participated actively.
- PERPETRATOR, visitation supervisor, or other relevant parties, including the children will report the use of alternative discipline techniques being used on a consistent basis. This has been observed for no fewer than XX# of months.

Objective Example: CHILDREN will experience a safe and stable home environment free from coercive control and physical violence.

Action Step Examples:

- PERPETRATOR will seek out an evaluation and comply with requirements of an approved domestic violence offender treatment provider to address issues of control and abuse. Anger management or couples' counseling will not be accepted as a substitute for domestic violence offender treatment. The treatment will have as its goals:
 - a. The cessation of violent, abusive and controlling behaviors towards the adult partner and children.

- b. Education about the effects of violence, abuse and controlling behaviors on family members.
 - c. Collateral contact with the adult victim and the referring agencies for exchange of information about the purpose and limitations of the counseling; the perpetrator's pattern of abuse and violence and other relevant information about the perpetrator. All releases of information will be signed to facilitate exchange of information.
- PERPETRATOR will complete required evaluation and (when recommended) counseling sessions.
 - PERPETRATOR will address power, control and dominance issues which contribute to making choices to be physically or verbally violent toward their partner.
 - PERPETRATOR will address belief systems and thought processes which contribute to the parent's choice to be violent such as entitlement and misogyny.
 - PERPETRATOR will identify escalation within him/herself and incorporate techniques, such as Time Outs, to remove him/herself when feeling escalated.
 - PERPETRATOR will learn about healthy relationships, incorporate this information into interactions with his/her partner, and demonstrate the behaviors.
 - PERPETRATOR will take responsibility for his/her violence and the damage it causes.
 - PERPETRATOR will incorporate new coping skills to handle conflict without being physically or verbally violent and demonstrate uses.
 - PERPETRATOR will be able to identify how his/her choice to be violent toward his/her partner negatively impacts his/her child(ren).

Measurements of Success Examples:

- PERPETRATOR will meet with the caseworker to discuss the domestic violence offender treatment and what he/she has learned, including his/her thoughts about how domestic violence affects children and ways he/she will incorporate domestic violence treatment lessons into their home life.
- The treatment provider will report progress in these areas of measurement and the Department as well as other professionals involved in the case will be able to identify these changes in PERPETRATOR as evidenced by his/her ability to demonstrate them for XX# of months.
- In DVOMB competencies and group notes PERPETRATOR will earn satisfactory scores/rates.
- There will be no reports from anyone in the family of further abusive or domineering behavior by PERPETRATOR. Victim reports greatly improved safety and freedom for XX# of months.

NOTE for Caseworkers: Obtain from the domestic violence offender treatment provider the perpetrator evaluation summary including the Domestic Violence Risk and Needs Assessment (DVRNA) results. Get involved in Multidisciplinary Treatment Team process (i.e. LINKS, emails, phone calls) to promote ongoing communication about client progress in treatment and expectations. Provide Court reports to perpetrator's provider(s). The commonly recommended lengths of counseling range from six months to one year. Actual length of counseling is determined on an individual basis.

Objective Example: PERPETRATOR consistently demonstrates to others, including the caseworker and family members, non-abusive behavior and a sense of responsibility for his/her abusive behavior.

Action Step Examples:

- PERPETRATOR will attend approved domestic violence offender treatment.
- PERPETRATOR will learn to be able to acknowledge a majority of past abusive and violent behavior towards partner and children, which will include:
 - a. Detailing the abusive nature of specific actions, physical and nonphysical
 - b. Display an understanding of the impact of these behaviors on his/her partner, children and him/herself
 - c. Display an ability to discuss his/her abusive actions without blaming others or outside circumstances for his/her behavior
 - d. Be able to demonstrate non-abusive, non-violent behavior when in prior similar circumstances he/she would have become violent or abusive.

Measurements of Success Examples:

- PERPETRATOR will meet with the caseworker to discuss the abusive nature of specific violent and/or coercive behaviors he/she has previously used, his/her understanding of how such behaviors have impacted family members, and will give examples of changed behavior choices.
- PERPETRATOR's ability to do the above things will be evidenced by reports from self, family members, and other collaterals (i.e. at 3 month, 6 month, and case close intervals).

Objective Example: PERPETRATOR will promote the children's and partner's contact with support people and services by allowing access to friends, family, service providers, and employment.

Action Step Examples:

- PERPETRATOR will support all reasonable efforts to provide his/her child(ren) with appropriate services including childcare, healthcare (e.g. well-baby visits). The perpetrator will not interfere with the other parent's efforts to seek out services for themselves and the children.
- PERPETRATOR will not deny partner access to phone, vehicle or other forms of communication and transportation.
- PERPETRATOR will sign consent forms for children to enroll in services recommended by the caseworker.
- PERPETRATOR will allow children to attend family birthday parties and holiday gatherings.

Measurements of Success Examples:

- PERPETRATOR will attest to the caseworker that they have supported the adult victim/children's contact with support people and services.
- The victim/children report access to existing communication and transportation resources. Social worker observes access to existing communication and transportation resources for XX# of months.

Objective Example: Information regarding the household finances will be shared by PERPETRATOR with the adult victim.

Action Step Examples:

- PERPETRATOR will share with partner all relevant information to income and family financial circumstances.
- PERPETRATOR provides the victim with pay stubs, information on bank accounts and other assets, and debts/bills in either of their names or the children's names.

Measurements of Success Examples:

- PERPETRATOR will attest to the caseworker that he/she has provided relevant information including income, debt, and asset paperwork to their partner.
- The victim reports finances are being shared and no control is being experienced around finances for XX# amount of time.

Objective Example: PERPETRATOR will share information about his/her prior criminal history, current criminal justice involvement, and/or domestic violence and child abuse offense history in order to equip the partner with information relevant for his/her risk analysis and safety planning.

Action Step Example:

- PERPETRATOR will disclose to partner all information relevant to child abuse and domestic violence, including prior arrests, open cases with other children with Child Welfare, probation, etc.

Measurements of Success Examples:

- PERPETRATOR will attest to the caseworker that he/she has shared all pertinent information with his/her partner.
- The partner reports that the perpetrator has shared with him/her information about his/her prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history.

Objective Example: PERPETRATOR will respect the adult victim's decisions to limit or end their relationship by not pressuring or coercing him/her to return to the relationship.

Action Step Examples:

- If separated, PERPETRATOR will not engage in unwanted or unexpected visits to partner's home or office (can include adult victim's family or other identified relatives).
- PERPETRATOR will not talk with the children about whether the adult victim is dating someone new.
- PERPETRATOR will not send threatening or monitoring emails or text messages, nor excessive numbers of emails or text messages.

Measurements of Success Examples:

- PERPETRATOR will attest to the caseworker that they are not engaging in unwanted visits or inappropriate/ excessive emails or texts.
- No reports from the adult victim of threatening or harassing behaviors from the PERPETRATOR.

Objective Example: PERPETRATOR will respect all existing court orders.

Action Step Example:

- PERPETRATOR will respect all existing court orders, including protective, restraining, custody and visitation and child support orders.

Measurements of Success Example:

- PERPETRATOR will attest to the caseworker that they have respected all court orders he/she is subject to.
- All reports (partner, other courts) indicate that the perpetrator is complying with all existing court orders.

Objective Example: PERPETRATOR will demonstrate the ability, via a legal income, to financially provide for his/her children.

Action Step Examples:

- PERPETRATOR will meet with the Child Support division to establish an action and set up payment. PERPETRATOR will sign a release for Child Support to share status information with Child Welfare.
- PERPETRATOR will maintain financial support for the children regardless of whether he/she resides with them or not.

Measurements of Success Examples:

- PERPETRATOR will attest to the caseworker that he/she has legal means to provide financially to meet the basic needs of the children.
- Caseworker verifies that the perpetrator is maintaining his/her financial support of the children through communications with the Child Support division.
- The adult victim reports that financial contributions from PERPETRATOR are being received.
- All of the above are occurring consistently for XX# of months.

A note on co-occurring issues:

While substance abuse does not cause domestic violence, it co-occurs with domestic violence in many perpetrators. Substance abuse, when suspected, must be addressed through a separate evaluation and counseling process from the domestic violence. Active substance abuse may increase the perpetrator's dangerousness and/or inhibit his/her ability to benefit from domestic violence counseling.

While mental health issues (e.g. depression) do not cause domestic violence, they can co-occur with domestic violence in perpetrators. Untreated mental health issues may increase the dangerousness of the perpetrator and/or hinder his/her ability to engage in domestic violence counseling.

Such family service plan elements will need to be determined based on the particulars of each individual and his/her needs in order to adequately care for his/her children.

APPENDIX K: CIVIL ORDERS OF PROTECTION

In Colorado, violations of civil and criminal protection orders can result in criminal charges, fines up to \$5,000 and up to 18 months in jail, if found guilty of the charged offense. Colorado also recognizes civil orders of protection from other states.

Victims may seek a civil protection order, designed to stop abusers' violent, harassing and intimidating behaviors towards victims and their children. Protection orders prohibit abusers from contacting their victims through any means, and may restrain an abuser from certain locations. A civil protection order can be made permanent in Colorado (meaning there is no expiration date). Contact your local domestic violence program or county court clerk's office for filing instructions, as well as parameters and variations such as extending the temporary protection order up to 120 days (without it becoming permanent), care and control of children as a result of the order, or assistance for either party to remove personal belongings from the other's residence .

Under the federal Violence Against Women Act (VAWA), all jurisdictions must give "full faith and credit" to valid protection orders issued by others. "Full faith and credit" is a legal concept, meaning jurisdictions must honor and enforce orders issued by the courts of other states. Thus, if persons named in a valid protection order travel to another state and the abuser violates the terms of that order, that state must enforce Colorado's order.*

APPENDIX L: RESOURCES

Colorado Resources

Address Confidentiality Program:

www.acp.colorado.gov/

(303) 866-2208

1 (888) 341-0002

Colorado Coalition Against Domestic Violence

www.ccadv.org

(303) 831-9632

1 (888) 778-7091

Colorado Department of Human
Services – Domestic Violence Program

www.colorado.gov/cdhs/dvp

(303) 866-3150

Colorado Organization for Victim Assistance

www.coloradocrimevictims.org

(303) 861-1160

1 (800) 261-2682

Colorado Coalition Against Sexual
Assault

www.ccasa.org

(303) 861-7033

Domestic Violence Offender Management Board

www.dcj.state.co.us/odvsom/Domestic_Violence/

(303) 239-4442

National Resources

National Domestic Violence Hotline

www.ndvh.org

1 (800) 799-7233

1 (800) 787-3224 (TTY)

National Teen Dating Abuse Hotline

www.loveisrespect.org

1 (866) 331-9474

1 (866) 331-8453 (TTY)

National Latino Alliance for the
Elimination of Domestic Violence

www.dvalianza.org

National Network to End Domestic Violence

www.nnedv.org

National Coalition Against Domestic
Violence

www.ncadv.org

Futures Without Violence

www.futureswithoutviolence.org

National Online Resource Center on
Violence Against Women

www.vawnet.org

Minnesota Center Against Violence and Abuse

www.mincava.umn.edu