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DOMESTIC VIOLENCE IN CHILD WELFARE

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DOMESTIC VIOLENCE IN CHILD WELFARE

1.1 Introduction

1.1.1 Overview

Domestic violence (DV) is an issue affecting many families receiving services through local departments of social services (LDSS). To avoid repetition, this chapter presents an overview of DV and the related statutory requirements impacting LDSS and local DV programs. Information specific to Prevention, Child Protective Services (CPS) and Foster Care (FC) is contained herein. Much of the specific information is applicable across program areas. This chapter also connects to the existing chapters to ensure that specific DV information is readily available when needed.

Local domestic violence programs (DVP) provide services which focus on the safety of DV victims and their children. LDSS focus primarily on child safety. Both entities are focused on safety. LDSS and DVP work together, participate in multi-disciplinary teams together, occasionally are housed in the same buildings and often work with the same families.

Current data regarding the co-occurrence between DV and child maltreatment compel child welfare systems to re-evaluate existing philosophies, policies, and practice approaches towards families experiencing both forms of violence.

1.1.2 Guiding principles

The [VDSS Practice Model](#) states:

- All children, adults and communities deserve to be safe and stable.
- All individuals deserve a safe, stable and healthy family that supports them through their lifespan.
- Self-sufficiency and personal accountability are essential for individual and family well-being.
- All individuals know themselves best and should be treated with dignity and respect.
- When partnering with others to support individual and family success, we use an integrated service approach.

- How we do our work has a direct impact on the well-being of the individuals, families, and communities we serve.

In order to improve the local agency response to families experiencing DV, these additional guiding principles should be considered:

- **Victim Safety:** The safety and support of DV victims directly impacts the safety and well-being of the child/children.
- **Batterer Accountability:** Batterers or perpetrators of DV are solely responsible for their actions and should be held accountable by the LDSS and community.
- **Systems' Response:** System change, including universal screening for DV, partnerships and coordination of DV services, is the most effective way of identifying and responding to families experiencing DV.

1.1.3 Purpose of DV guidelines

The purposes of these guidelines are to:

- Improve safety, permanency and well-being outcomes for children and families where DV is occurring.
- Prevent children experiencing and/or witnessing DV from coming into foster care by addressing the DV in the family and improving the safety and well-being of both DV victims and their children.
- Improve CPS response to children experiencing abuse and neglect by addressing the issue of DV that is compounding, exacerbating, and/or causing the abuse and neglect.
- Improve foster care response to families experiencing DV to ensure DV victims have access to services that will address their safety needs and those children and youth will be returning to a healthy and safe environment.
- Improve child welfare practice to ensure that children and DV victims are given the opportunity to fully participate in family engagement opportunities without putting them in further jeopardy by requiring unsafe interactions with DV perpetrators.
- Improve collaborations and partnerships between DV service providers and LDSS which will lead to improved service delivery to families that are dealing with issues of DV and child maltreatment at the same time.
- Identify and respond to the presence of DV and reduce the risk posed to children and DV victims. The challenge in providing child welfare services in DV situations is to keep

children safe without penalizing DV victims and without escalating the violent behavior of DV perpetrators.

1.1.4 Additional training

LDSS may actively seek training on DV from experts in the field including local Domestic Violence Programs (DVP) and the [Virginia Sexual and Domestic Violence Action Alliance](#).

The following courses, which can be accessed through the [Knowledge Center](#), are required for all family services specialists (FSS) within the first 24 months of employment:

- DVS 1001- Understanding Domestic Violence.
- DVS 1031 –Domestic Violence and Its Impact on Children.

1.2 Legal authority and definitions

1.2.1 Virginia statutes

While the provision of DV services is not mandated, § [63.2-1613](#) of the Code of Virginia grants authority to LDSS to promote interagency cooperation at the local level for technical assistance, data collection and service delivery, as well as to provide services directly to victims of DV.

Child welfare services are provided by LDSS under the supervision of the VDSS as authorized by § [63.2-100](#) et seq. of the Code of Virginia. The following sections of the Code of Virginia pertain to DV:

- § [2.2-515.2](#). Address confidentiality program established; victims of domestic violence; application; disclosure of records.
- § [63.2-104.1](#). Confidentiality of records of persons receiving domestic and sexual violence services.
- § [63.2-1612](#). Responsibilities of Department; domestic violence prevention and services.
- § [63.2-1613](#). Responsibilities of local departments.

1.2.2 Mandated reporting of child maltreatment by DV advocates

Section [63.2-1509](#) of the Code of Virginia does not specifically include DV advocates in the list of mandated reporters of suspected child abuse and neglect. However, when a person is employed by a local DVP in a professional capacity as outlined in § [63.2-1509](#) or has received training on recognizing and reporting child abuse and neglect, they are mandated to report any suspected child abuse or neglect to CPS.

1.2.3 Confidentiality issues

1.2.3.1 Domestic Violence Programs (DVP)

DVP are required by state and federal law, to protect the confidentiality of persons accessing their services, including children. Section [63.2-104.1](#) of the Code of Virginia specifically provides for confidentiality of records for persons receiving DV services.

When communication is needed between a FSS and a DV advocate, a specific, time-limited consent form must be signed by the DV victim. See [Appendix A: Sample Consent Form for DV Victims](#).

1.2.3.2 Batterer Intervention Programs (BIP)

BIP may follow certain confidentiality restrictions according to the policies of the agency or based on the professional licensure of the program facilitator. Because most BIP participants are court ordered to attend the program, Consent for the Release of Confidential Information forms are routinely kept on file.

When communication is needed between a FSS and a BIP, a consent form should be signed by the batterer.

1.2.4 Definitions

<u>Term</u>	<u>Definition</u>
Assessment	A process in which more detailed or specific information is collected to determine the risk, safety and protective factors that are present. Assessments can serve as a way to monitor ongoing progress during and following interventions and services.
Abusive Behaviors	Statements, gestures and actions that have the intent of hurting, scaring and controlling another person, such as physical assaults, verbal assaults, threats, intimidation, use of weapons, destruction of property, violence toward other significant people or pets, sexual manipulation, and control over economic resources.
Batterer/ Perpetrator	A person whose behavior reflects an ongoing pattern of coercive control over their intimate partner. The behavior typically involves intimidation, psychological abuse, an inflated sense of self-entitlement and physical abuse.

**Batterer
Intervention
Programs (BIP)**

Programs for DV perpetrators that hold them accountable for their actions and identify alternate appropriate and non-violent behaviors. See [Appendix B: Batterer Intervention Programs \(BIP\)](#).

Virginia BIP standards and a complete list of all fully certified BIP can be found [here](#).

Coercion

The use of force or threats to make somebody do something against their will.

**CPS Safety
Assessment**

The CPS safety assessment is both a process and a document. The purpose of the safety assessment is to:

- Assess whether any children are currently in immediate danger of serious physical harm that may require a protecting intervention.
- Determine what interventions should be maintained or initiated to provide appropriate protection.

**Domestic
Violence (DV)**

A pattern of abusive behaviors used by one individual intended to exert power and control over another individual in the context of an intimate or family relationship.

For additional information, see [Appendix C: Power and Control Wheel](#).

**Domestic
Violence
Programs (DVP)**

Domestic violence programs (DVP) are federal and state-funded public or private, non-profit agencies that provide services to survivors of DV and their children. The primary focus of DVP is the safety of battered adults and their children through the provision of services such as a 24 hour hotline, crisis intervention, peer counseling, support groups, advocacy and information and referral as well as emergency housing and transportation. For additional information see [Appendix D: Domestic Violence Programs \(DVP\)](#).

DV Victim

The intimate partner at whom the DV perpetrator's pattern of abusive and coercive behavior is directed.

Family Abuse	An act involving violence, force, or threat including, but not limited to any forceful detention, which results in bodily injury or places one in reasonable apprehension of bodily injury which is committed by a person against such person's family or household member. This is defined in the Code of Virginia § 16.1-228 .
Family or Household Member	This includes the person's spouse, whether or not he or she resides in the same home with the person; the person's former spouse, whether or not he or she resides in the same home with the person; the person's parents, stepparents, children, step children, brothers, sisters, half-brothers, half-sisters, grandparents, and grandchildren, regardless of whether such persons reside in the same home with the person; the person's mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law who reside in the same home with the person; any individual who has a child in common with the person, whether or not the person and that individual have been married or have resided together at any time; or any individual who cohabits or who, within the previous 12 months, cohabited with the person, and any children of either of them then residing in the same home with the person. This is defined in the Code of Virginia § 16.1-228 .
Level of Lethality	The degree of risk of a batterer severely harming or killing the DV victim or the children, determined by assessing the number and types of indicators (i.e. use of weapons, stalking, threats of homicide, sexual abuse, mental illness).
Protective Factors	The strengths and resources that appear to mitigate risk factors that contributes to the vulnerability of the child due to child maltreatment or DV.
Protective Order	A civil court order intended to protect the health and safety of the petitioner and family or household members of the petitioner. See § 16.1-279.1 of the Code of Virginia for protective orders in cases of family abuse; § 16.1-253.4 for emergency protective orders; and § 16.1-253.1 for preliminary protective orders in cases of family abuse.

Psychological Abuse	The systematic perpetration of malicious, non-physical acts against an intimate partner, child or dependent adult. Also known as mental or emotional abuse, these acts may include threats, harassment, denying access to financial resources, depriving of food and/or medication, preventing the DV victim from leaving the home, or abusing the family pet.
Non-Offending Parent	The parent who is not responsible for the abuse or neglect of the child or children.
Safety Plan (DV)	A plan developed with DV victims to increase safety for both the individual and children. The safety plan addresses both immediate and long-term safety threats to both DV victims and their children and takes into consideration the specific pattern of abuse, DV perpetrators' tactics, and the protective factors of DV victims, children and community.
Screening	A brief, routine process designed to identify indicators, or "red flags," for the presence of DV issues that reflect an individual's need for safety planning and for alternative types of services that may include the involvement of a local DVP. Screening may include a brief interview or the use of self-report instruments.
Stalking	Stalking is repeated conduct which places a person, or their family, in reasonable fear of death, sexual assault, or bodily injury. See § 18.2-60.3 of the Code of Virginia.
Trauma	Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.
Victim Advocates	Individuals who act with and on behalf of DV victims and children to help them achieve certain changes, as identified by DV victims. DV advocates help victims explore safety options, identify and prioritize their needs and identify ways of meeting the needs.

1.3 Worker safety and DV

DV perpetrators who abuse their partners can pose a threat not only to their partners but also to LDSS staff. A FSS should be vigilant about their own safety when working with families where DV is present. They should utilize the following safety recommendations:

- Conduct meetings or interviews with DV perpetrators at the LDSS or in a public place. If possible, ask a co-worker/supervisor or law enforcement official to be present during any interaction with DV perpetrators.
- Be aware of the surroundings when leaving the office or home and park in a safe place.
- Notify co-workers/supervisor that a potentially dangerous person is coming to the LDSS. Provide the time and place of the interview. If possible, try to have a building security officer nearby.
- Notify co-workers/supervisor of the exact location and expected time frame when conducting a home visits with DV perpetrators.
- Ensure accessible exits when meeting face to face with DV perpetrators.
- Avoid verbal confrontations or debates with DV perpetrators as this may escalate the situation.
- Receive training on working with DV perpetrators and conducting non-confrontational interviews.
- Refrain from giving DV perpetrators the sense that one is afraid. The FSS who feels threatened should try to de-escalate the situation. If the situation escalates, the FSS should end the interview immediately.
- Inform the DV victim if the DV perpetrator's anger has escalated, posing a risk to the DV victim or the children.
- Engage in safety planning to address possible harm to DV victims, children, or FSS.

1.4 Screening for DV

Universal screening for DV is the routine process of asking families about their experiences with DV. The child welfare system has multiple opportunities to screen for DV. LDSS should screen:

- During every intake call.
- In a CPS Family Assessment or Investigation.

- Prior to conducting a Family Partnership Meeting (FPM).
- On a routine basis during an open Prevention, CPS or Foster Care case.
- When screening foster and adoptive families.
- During visitation.
- Prior to reunification.

Screening for DV is an ongoing process. Some DV victims or children may withhold information that confirms the existence of DV. As they grow to understand the involvement of the child welfare system, and begin to trust the FSS, information may be more freely shared. Additionally, abusive behaviors may, over time, escalate to a more harmful level, or there may be additional incidents of DV.

1.4.1 Screening tools

There are several evidence based tools that can be used to screen for DV depending on who is being interviewed. The "HITS" (Hurt, Insult, Threaten, Scream) screening tool may be used to screen for DV with collaterals such as family members, professionals, service providers, anonymous callers and mandated reporters. The Women's Experience with Battering Tool (WEB) is designed to be used with potential victims of DV. Both tools are located in [Appendix E: DV Screening Tools](#).

1.4.2 Follow up screening questions

When the results of either screening tool are positive for DV or DV has been identified, follow-up by obtaining the following information:

- What is the pattern of abuse? (How often does domestic abuse occur?)
- Where are the children during incidents of DV?
- Are there factors that put DV victims or their children at greater risk? (For example: a recent separation, increased substance use, weapons in the home, etc.)
- Have the children ever called 911 or intervened in a fight?
- Do the children express fear of the abuser, or fear for the caller's life?

When speaking to collaterals, also ask:

- What have they seen that makes them suspect, or know that DV has occurred?

If further DV information, safety planning, crisis intervention, shelter or services are needed, provide the caller the local hotline number for DV services, or the [Virginia Family Violence and Sexual Assault Hotline](#) number, **1-800-838-8238**.

Additional screening questions include, but are not limited to:

- Has anyone in the family been hurt or assaulted?
- Has anyone made threats to hurt or kill a family member, pet or himself?
- Have the police ever been called to the house? Have arrests been made?
- Has anyone threatened to run off with the children?
- Has any family member stalked another family member? Has anyone taken a family member hostage?
- Are the children in immediate danger?
- What violence, if any, has occurred?
- Are there any recent injuries?
- Are there weapons in the home?
- Are any family members using alcohol and/or drugs?
- Has there been a recent change in employment?
- What assistance has the DV victim sought?
- What assistance have other people or agencies provided?
- How has exposure to DV affected the children?

1.4.3 Prevention intake

Prevention services are services provided to children and families prior to, after, or in the absence of, a current valid CPS referral. They include public education and awareness activities to the general public, services directed to high risk groups and services to individual families at risk of maltreatment or out of home care.

Prevention services provided to a family that has been assessed by CPS to be at low risk of future maltreatment are voluntary. When the parent or caretaker is willing to participate in services, addressing DV in prevention cases is of critical importance to the long-term well-being of children in the home.

At intake, if there is any indication that DV is present, the family should be referred for a Comprehensive Family Assessment. Refer to the Child and Family Services Manual, Chapter B, section 4, [Early Prevention Services to at Risk Families](#) for guidance on Prevention intake and the preliminary assessment of trauma.

Protective factors should be considered in all aspects of work with families at each point in child welfare, including Prevention. Often, specific protective factors can mitigate the impact of DV on children. These protective factors may be found in the DV victims, children, the community, or the DV perpetrators. Assessing specific protective factors in the individual family can provide information for safety, strengths-based assessment, and service planning. Refer to the Child and Family Services Manual, Chapter B, section 4, [Early Prevention Services to at Risk Families](#) for guidance on the use of protective and risk factors as a framework for assessment.

1.4.4 CPS intake

When an LDSS receives a report of suspected abuse or neglect, the LDSS must determine whether the complaint or report is valid. Refer to the Child and Family Services Manual, Chapter C, section 3, [Complaints and Reports](#) for guidance/policy on CPS intake.

When there is reason to suspect that a child has been abused or neglected, or is subject to conditions that are likely to result in abuse or neglect as a result of DV occurring between the adults in the home, a report can be made to CPS.

1.4.4.1 Type of abuse/neglect decision

A CPS report in which the only allegation is DV does not in itself meet the statutory definition for child abuse and neglect. Reports of child maltreatment involving DV may be accepted and responded to when the information gathered is consistent with any of the following:

- The child has called 911, intervened or been physically harmed during violent incidents between adults; or
- The child is fearful for his safety or the DV victim's safety; or
- There has been repeated police involvement, and/or protective orders have been obtained; or
- There is a history of DV or the violence is increasing in frequency or intensity and occurs in the proximity of the child; or
- There are weapons involved in the DV incident or weapons have been used while the child is present.

1.4.4.2 Track decision

Differential response allows child welfare agencies to approach the issue of DV in a family-centered, non-threatening way to ensure the safety and well-being of the children as well as DV victims.

In making a track decision whether to accept the report as a Family Assessment or an Investigation, local agencies should consider an investigation response if one or more of the following are present:

- DV perpetrator's use of a weapon or firearm; or
- The need to involve law enforcement or the court to protect the child, the DV victim or CPS worker; or
- The infliction of a physical injury requiring medical treatment to the DV victim or the children; or
- The co-existence of DV and substance abuse or the manufacture of drugs.

1.4.5 Foster and adoptive family recruitment

When conducting a Mutual Family Assessment for prospective foster and adoptive families, it is important to also screen for DV within these families. The LDSS should conduct screening for DV and gather information relevant to any family history of DV in addition to any warning signs or risk of DV and include the screening results when documenting marriage and relationships.

When assessing foster and adoptive families, at least one face to face interview shall be conducted with all the members of the household, including children. Asking questions about how the family handles conflict when the children are present can provide insight into the relationships between family members.

If the screening for DV results in any concerns, the FSS should consult with the FSS supervisor. The severity of the issues reported, as well as how recently and how often they occurred should be taken into consideration when making the determination for approval. Family members may need to be referred for further assessment, DV services or BIP services before approving. If there are concerns that the child being placed in the home may witness DV, the family should not be approved.

Refer to the Child and Family Services Manual, Chapter D, section 1, [Resource Families](#) for additional guidance on the Mutual Family Assessment.

1.5 Assessing DV

Once it is determined that DV is indicated, a DV assessment should be done to assess the immediate danger to children and DV victims as well as determine necessary interventions and community supports to meet their needs. The DV assessment tools gather information to inform the Family Services Specialist's decisions regarding the following questions:

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

1.5.1 General guidelines for interviewing families

- Safety for children and DV victims is the priority when FSS conduct interviews.
- Separate interviews should be conducted with the DV victim and the DV perpetrator when both are in the home.
- If DV was revealed during intake, or when DV is revealed through subsequent screening, the worker should immediately work with DV victims to make a safety plan for them and their children.
- When DV is known or suspected, interview family members in the following order, if possible. First, interview DV victims (if the worker believes that this will cause risk to child victims, begin with the children). Next, interview the children. End by interviewing DV perpetrators.
- A CPS response involving DV does not warrant an automatic removal in order to ensure safety. The LDSS should continue to make reasonable efforts to protect children in their own home (or in a shelter or other safe housing if arranged by DV victims) and prevent removal.

- Interviews with DV victims should provide an understanding of the situation and the level of danger. If there is extreme danger for DV victims and their children, interviewing the children may be postponed until a safety plan can be developed. Postponing the interview with the children should be the exception and not the rule. Documentation in OASIS should reflect the reasons for the postponement. Once safety is assured, all required face to face contacts must be conducted.

1.5.2 Interviewing and assessing DV victims

To ensure child safety, as well as to enhance that of DV victims, and to promote candid disclosure about the violence occurring in the home, DV victims should be interviewed separate and apart from DV perpetrators.

DV victims may be reluctant to talk with the FSS because of fears of losing their children and of being punished by DV perpetrators. By focusing on the safety concerns, the FSS can build trust and an alliance with DV victims.

Explain that the local agency is required to protect children from harm and that any disclosures made will be used to plan for the children's safety.

If the DV victim is currently receiving services from a DVP, the advocate may be present for the interview, if the DV victim requests.

When interviewing DV victims, it is important to:

- Explain the CPS process and the role of the LDSS.
- Provide assurance that the children's safety as well as DV victims' safety is the goal of the assessment.
- Provide referral information about DVP.
- Assess power and control issues in the family including the economic situation of the family. See [Appendix C: Power and Control Wheel](#).

See [Appendix F: DV Assessment Tool: DV Victim](#) for an assessment tool that is recommended for use with DV victims.

1.5.3 Interviewing and assessing children exposed to DV

Interviews with children exposed to DV should be done privately and not in the presence of DV perpetrators.

Do not disclose any information obtained from DV victims with the children regardless of how inconsequential it may seem.

Every child reacts differently when exposed to DV. Some children develop debilitating conditions, while others show no negative effects from the exposure to violence. For additional information, see [Appendix G: Impact of DV on Children](#).

Questions for children should focus on their account of what they saw and how they understand the violence; the impact of witnessing the violence; their worries about safety; and evidence of protective factors.

Case specific circumstances may necessitate the completion of an additional Safety Assessment and the development of a safety plan after interviewing children.

See [Appendix H: DV Assessment Tool: Children](#) for an assessment tool that is recommended for use with children who have been exposed to DV.

1.5.4 Interviewing and assessing DV perpetrators

Interviews should be conducted in such a manner that allow for the assessment of the level of danger presented by DV perpetrators. Interviews afford the opportunity to observe and document behaviors relative to the allegations, both positive and concerning. The observation supplements information obtained from police reports, criminal records, hospital/medical reports, and from DV victims.

The DV perpetrator should be asked about their relationship with the DV victim, their own parenting style and the safety and well-being of the children.

Do not disclose any information obtained from DV victims or their children regardless of how inconsequential it may seem.

A structured, focused interview is important. The interview should convey that the alleged DV perpetrator will be required to take steps to stop the violence and ensure that the children are safe. DV perpetrators may:

- Attempt to present themselves as the “victim”; or
- Charm or manipulate the FSS; or
- Gain control of the interview; or
- Deny DV; or
- Insist that the relationship is fine or that the other parent is the perpetrator.

The Family Services Specialist’s focus is to discuss how to ensure child safety, not get DV perpetrators to admit DV.

A separate Safety Assessment and safety plan, if needed, should be completed with DV victims after interviews with alleged DV perpetrators.

When assessing the dangerousness of DV perpetrators, collaboration with a certified BIP is helpful. Some programs exist in Virginia that address female DV perpetrators, but most focus specifically on male DV perpetrators. To find a listing of certified BIP in Virginia, click [here](#).

DV perpetrators often deny, minimize or give misleading information about their violent behavior. When accessible, multiple sources should be consulted when assessing for dangerousness, including but not limited to:

- Police arrest reports and records of “domestic disturbances”.
- Criminal records.
- DV victim affidavits from past protective orders (if available).
- Prior child abuse and neglect reports found in OASIS.
- [Family Advocacy Programs](#) of the U.S. Armed Forces.

1.6 Safety and DV

1.6.1 Safety planning with DV victims and children

Safety planning is an important step in assuring the safety of DV victims and their children. The safety of children is closely linked to the safety of DV victims; and therefore its purposes are to:

- Achieve immediate and long-term safety for children and DV victims.
- Provide safety options for DV victims and their children.
- Hold DV perpetrators accountable for their abusive behavior and responsible for stopping the violence.

In working towards these goals, it is important to explore all possible safety options with DV victims without forcing any one option or attempting to develop a safety response without their input. All possible safety options should be explored prior to considering separating children from DV victims.

Safety planning for DV victims differs from the child-focus safety planning conducted in CPS referrals. It is important to remember that DV victims are best able to predict DV perpetrators' reactions. Planning for the children's safety should include a discussion with DV victims about what they think they are capable and willing to do to ensure safety for not only their children but themselves. DV victims may consider using the following strategies as a safety response:

- Dialing 911 for immediate law enforcement assistance; or
- Finding immediate shelter or safe refuge; or
- Removing weapons from the home; or
- Utilizing domestic violence program's services for advocacy and safety planning; or
- Petitioning for a protective order from the court.

Planning for the children's safety is a continuous process based on the circumstances throughout the life of the case. The CPS Safety Assessment is required at any point safety issues are revealed. After the initial interview with DV victims, the Safety Assessment and a safety plan, if needed, should be completed. A separate Safety Assessment and safety plan, if needed, should be completed after DV perpetrators are interviewed.

See [Appendix I: DV Safety Planning](#) for the recommended safety planning tool for DV victims and their children.

1.6.2 Safety planning with DV perpetrators

DV perpetrators should take responsibility for decreasing the threats they pose to DV victims and children. A safety plan with DV perpetrators may include:

- Moving out of the house.
- Sharing resources with DV victims (such as use of the family vehicle).
- Providing financial support for DV victims and their children.
- Job hunting.

The safety plan should be included in the service plan.

1.7 Service planning and DV

A service plan is a plan of action to address the service needs of a child and the family in order to protect a child and their siblings, to prevent future abuse and neglect, and to preserve the family life of the parents and child whenever possible. A service plan is not the same as a safety plan. A safety plan addresses immediate threats to safety while a service plan addresses underlying needs. It is possible to have both a service plan and a safety plan in place with a family.

Based on previous screenings and assessments for DV, the FSS should work with families to develop service plans that:

- Maintain on-going contact with DV perpetrators which increases accountability and increases the safety of DV victims and their children.
- Make a referral to a BIP which can help reduce DV perpetrators' use of abusive or controlling tactics.
- Utilize direct services or referrals to a DVP which will help increase the safety of DV victims and their children and promote resiliency.
- Support and build bonds between DV victims and their children as well as between siblings.
- Are culturally appropriate.

1.7.1 Service plan options

In some cases, separate service plans should be developed with DV victims and DV perpetrators. This practice achieves two goals:

- Enhances DV victims' safety and child safety.
- Holds DV perpetrators accountable by focusing on their abusive behaviors and the interventions required to address them.

Additionally, individual service plans vs. family plans, should be developed when service recommendations include:

- DV victims' plan to leave the home and coordinating with service providers or other support systems (family members, friends, faith community, etc.).
- DV victims' plan to obtain a protective order against DV perpetrators.
- DV victims' plan to call the police as a safety option.
- DV victims' plan to contact the probation or parole officer regarding violations of the DV perpetrators' probation or parole terms.

None of the above should be arbitrarily suggested or recommended to DV victims without discussing the risks associated with each. A local DVP or the statewide DV hotline can be helpful in this process.

1.7.2 Suggested services for DV victims

- Safety planning with CPS and DVP service providers.
- Individual or group counseling with a DVP.

- Specialized assessment services or crisis counseling with a DV advocate.
- Legal advocacy, housing, medical, economic and daycare services.
- Shelter or transitional living services.
- Visitation or supervised exchange services.
- Mental health or substance abuse referrals, if applicable.

1.7.3 Suggested services for children exposed to DV

- Safety planning with DV victims, or DV service providers for return home.
- Safety skills development.
- Specialized individual or group counseling for children exposed to DV.
- Mentoring and after-school program referrals.
- Daycare or [Head Start](#) referrals.
- Safe visitation and exchange services.
- Community-based enrichment programs.

Having a plan and following it successfully can help children feel competent and less powerless when DV occurs. Age-appropriate DV safety plans for children can increase their safety and support their resilience.

1.7.4 Suggested services for DV perpetrators

- BIP referrals, to include safety planning.
- Safe visitation and supervised exchange services.
- Compliance with probation or parole, protective orders, and custody orders.
- Payment of child support.
- Parenting programs that include a focus on DV issues.
- Substance abuse and mental health referrals, if applicable.
- Fatherhood or parenting programs, when appropriate.

- Support, allow and facilitate child's access to therapy or support groups.

1.7.5 Services to avoid

In most cases, the following activities are **not** recommended for families experiencing DV as they can increase risk to DV victims and their children:

- Couples or family counseling.
- Court or divorce mediation.
- Visitation arrangements that endanger DV victims and their children or are in conflict with a protective or custody order.
- Anger management programs.

1.7.6 Monitor service plan progress and compliance

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

- Make a distinction between compliance with the service plan and appropriate parenting. DV victims may be unable to comply with a service plan because of sabotage by DV perpetrators or other reasons.
- Evaluate whether the service plan compromises DV victims' safety. DV victims may resist service requirements that make them vulnerable to DV perpetrators (e.g., DV victims may not want to attend Alcoholics Anonymous sessions known to DV perpetrators or to exchange custody of children at an unsafe location).
- Accurately document how the DV perpetrators' actions have interfered with compliance if they have sabotaged DV victims' attempts to comply with service plans. Also, document the effects on children and DV victims.
- Carefully explore what barriers DV victims have encountered and whether or not they relate to the effects of the abuse. For example, barriers may include lack of transportation or lack of resources for childcare.

1.8 Visitation protocols

Visitation plans need to be carefully structured and monitored when DV is an issue for families.

The visitation plans must take the DV into consideration when recommending:

- Who supervises the visits?

- How exchanges of the children for visitation purposes are carried out.
- Visitation plans of foster children with DV perpetrators.

In abusive relationships where DV is present and/or when a protective order is in place, parents should have no contact with each other, so exchanges must be made through neutral third parties (schools, religious institutions, etc.). Grandparents, particularly the parents of DV perpetrators, may not be appropriate third parties unless they have the capacity to interrupt DV perpetrators' dangerous or abusive behaviors and to be supportive of DV victims.

Visitation centers, where they exist, and local agency staff with training in DV issues are often the most appropriate visitation supervisors.

If the FSS and DV victims agree that filing for a protective order is the best course of action for increasing safety, and there are concerns about child safety in the context of visitation and exchange, the FSS should document these concerns and submit them to the court.

1.9 Family Partnership Meetings (FPM) and DV

A Family Partnership Meeting (FPM) may increase the risk of violence towards DV victims and/or children when DV is present. The FSS should understand and be informed by DV victims' perceptions of safety before, during, and after the meeting. By working together, the FSS, FPM facilitator and DV advocate can ensure a safe and productive meeting. Local agency referral forms for Family Partnership meetings should include any DV information known.

1.9.1 Preparing for a FPM

As a routine practice, the FSS and/or the FPM facilitator should look for indications of violence, controlling behaviors, or an instance of one partner creating fear in the other partner before scheduling a FPM. Indicators may come from written case notes, observations and direct screenings and assessments. If there are indications that a person is violent or controlling, the FSS and/or FPM facilitator should speak privately with DV victims. Before a FPM:

- Ask all parents or caretakers about behaviors which are indicative of DV.
- Each member of the family should be screened for DV when deciding to hold a FPM.
- Assess DV victims' relationships with DV perpetrators. Prior to actively seeking to involve DV perpetrators who have been absent and/or no longer have a relationship with DV victims; it is critical that DV victims are asked specifically about signs and indicators of DV.
- Discuss the limits of confidentiality with DV victims. Even if DV perpetrators are not present during the FPM, the FSS may have to share information from the FPM with DV perpetrators. Additionally, information from the FPM may have to be shared during court

hearings where DV perpetrators are likely to be present. The FSS should not share confidential information that would increase the risk to DV victims such as their address, job location and work schedule.

- Ask DV victims for permission to talk to the children privately.
- Ask DV victims and DV perpetrators (separately) what steps have been taken to protect the children from exposure to DV. It is important not to place the sole responsibility of keeping the children safe on DV victims, but these acts of protection must be acknowledged and built upon in order to keep the children safe in the future.
- Be prepared to talk about the potential impact of DV on children. For additional information see [Appendix G: Impact of DV on Children](#).

1.9.1.1 Questions to ask DV victims prior to FPM

The following questions can be discussed between the FPM facilitator, the FSS and the DV victim to assess the safety of having the DV perpetrator participate in the FPM:

- Is a protective order in place?
- Does the DV perpetrator's criminal record show multiple protective orders and/or arrests and convictions for family abuse?
- Does the DV perpetrator live in the same home as the DV victim? If no, is the separation recent? Has any type of abuse continued since the separation?
- Has the topic of DV been discussed with the DV perpetrator? How did the DV perpetrator react?
- Does the DV perpetrator own a weapon? Has the weapon ever been used against or to threaten the DV victim?
- What are the DV victim's goals for having the DV perpetrator attend the FPM?
- What are the FPM facilitator's goals for having the DV perpetrator attend the FPM?
- What are the fears if the DV perpetrator participates?
- Is the DV perpetrator currently receiving any services? By whom and for how long?
- Are there any indicators that the DV perpetrator may act more violently now than in the recent past?

1.9.1.2 DV identified while planning FPM

If DV is identified for the first time while planning for a FPM, the following steps should be taken:

- The planning process should be slowed down to allow time to assess the potential impact of the FPM on the safety of DV victims and their children.
- DV victims should be asked directly if it will be safe to conduct the FPM with DV perpetrators present. If DV victims do not think the meeting can be conducted safely, alternatives should be explored.
- If DV victims think a meeting will be safe, the FSS and FPM facilitator should plan what can be discussed when DV perpetrators are present.
- The FSS and FPM facilitator should explore with DV victims whether the FPM can result in a realistic plan if there is a risk of further DV after the meeting.
- If plans for the meeting need to be altered, or the meeting needs to be canceled due to safety concerns, it is critical that this decision be made at this point and documented.

1.9.2 FPM when DV victims and DV perpetrators are both present

An FPM with both DV victims and DV perpetrators may be appropriate when:

- DV victims indicate that the FPM is not likely to create immediate or impending danger of serious harm.
- The FPM does not violate a protective order or other written/verbal court orders that prohibit contact between the parties.
- DV victims have no concerns about the FSS talking to DV perpetrators about holding a FPM, and behave in ways that indicates no fear of DV perpetrators.
- The children do not express fear of DV perpetrators.
- DV perpetrators have been engaged with no escalation of abuse.
- DV victims have provided input about how to approach DV perpetrators during the FPM.
- DV perpetrators don't have a criminal record involving violence.
- There is no indication of current substance abuse on the part of DV perpetrators.

1.9.3 FPM Alternatives

If it has been determined to be unsafe to hold a FPM with the participation of both DV victims and DV perpetrators present, the FPM facilitator and FSS should discuss other options for the FPM with DV victims to include:

- Separate FPM. (One FPM with DV perpetrators and collateral supports participating and another with DV victims and collateral supports); or
- One FPM with DV perpetrators participating for one part of the meeting or entire meeting by phone or other electronic means such as [Skype™](#); or
- A FPM that excludes DV perpetrators. This may, but not necessarily, exclude all members of DV perpetrators' families.

When an alternative FPM is recommended, the FSS should develop a plan with DV victims for how this will be explained to DV perpetrators in a way that does not escalate danger or jeopardize safety for DV victims or the children.

The FSS supervisor should be consulted when making the final determination about how to proceed and the basis for the decision should be documented in OASIS.

1.9.3.1 Separate FPM with DV perpetrators

Effective work in DV cases require that DV perpetrators are both engaged and held accountable in order to motivate changes in behaviors. If this option is used, this meeting would be to provide an opportunity for engagement and for the provision of information to help motivate change and participation in services, rather than as a means for creating an alternative plan for the family or children.

1.9.3.2 When DV perpetrators do not attend the FPM

If DV perpetrators do not attend the FPM, the FSS should set up a time and meet with the DV perpetrators about the outcome of the FPM and offer to connect them to services. The FSS may plan this conversation with DV victims, but it is the Family Services Specialist's responsibility to communicate with DV perpetrators. The FSS should not ask DV victims to relay information to DV perpetrators as it may increase danger to DV victims and their children.

1.9.4 Discuss the presence of DV with the FPM facilitator

Ideally, the FPM facilitator would be involved in the process of determining the most appropriate way to proceed with a FPM. In the event that the FSS (in consultation with the supervisor) makes a decision to proceed, the specifics of any safety plan that has been developed should be shared with the facilitator prior to the meeting. As needed, additional plans with the facilitator and other professionals can be made to promote safety.

The facilitator may want to speak directly with DV victims prior to the FPM to insure that the facilitator can respond appropriately to safety concerns. A distress signal and a safety plan for the meeting may need to be developed.

1.9.5 Logistical planning of the FPM

1.9.5.1 Identify supportive Individuals

The FSS should explore with DV victims how specific individuals have been supportive, or whether they have aligned themselves with DV perpetrators. If they will not be supportive of the DV victims' or children's safety, it may be more appropriate to invite them to a separate meeting with DV perpetrators only.

It may be helpful to include service providers (formal and informal) and a DV service provider if all parties agree.

1.9.5.2 Available resources and supports

Based on individual needs and community resources, the FSS and/or FPM facilitator should be prepared to describe a range of services, such as local DVP, BIP, fatherhood programs, parenting programs, and trauma-informed services.

1.9.5.3 Logistical considerations

When the decision is made to hold a FPM, the FPM facilitator should ensure that the family and all participants are adequately prepared for the meeting, including that they understand the purpose of the meeting and who will be in attendance. For FPMs when both DV victims and DV perpetrators are present, the FSS and FPM facilitator should ensure that there is a plan for safety for all participants before, during and after the meeting. Examples of safety preparations include, but are not limited to:

- Choose a safe location.
- Have community supports attend the meeting and plan for how they can help to de-escalate conflict and/or maintain safe conditions, if necessary.
- Use a co-facilitator.
- Create specific ground rules ahead of time along with consequences for violating the ground rules.
- Arrange for DV victims and their collateral supports to arrive and leave the meeting at a different time than DV perpetrators and their supportive individuals.
- Arrange for security/law enforcement to be available/assist in the event that conflict escalates.

- Plan for a safe way to stop the FPM immediately should conflict escalate to a point that participants feel unsafe.

1.9.6 Safety and DV during the FPM

Whether or not DV was identified prior to the meeting, the FPM facilitator should do a brief and private check-in with each adult prior to the meeting. The FPM facilitator should ask: “Are there any court orders prohibiting contact between any of the potential participants? And “Do you have any concerns regarding your personal safety in the meeting or as a result of the meeting?”

1.9.6.1 Develop a distress signal for DV victims

If DV has been identified and both parties are to participate, (or someone aligned with DV perpetrators are present) DV victims should have a code word or phrase to signal the worker or facilitator to stop the meeting.

1.9.6.2 If DV is disclosed during the FPM

If a FPM participant discloses that DV is occurring in the family during the FPM, the FPM facilitator should immediately assess whether to end and reschedule or continue the FPM.

If the meeting must end or be re-scheduled, a short term plan for child safety should be developed.

1.9.7 After the FPM

It is critical that the FSS talk with DV victims after the FPM to ask about the impact of the meeting on the family’s safety. If there are new or heightened fears about safety of DV victims or children, safety plans should be updated accordingly.

The FSS should maintain close contact with DV victims and DV perpetrators as action plans developed in the FPM are implemented.

1.10 CPS decisions and DV

1.10.1 Family assessment

After completing a comprehensive assessment of the nature and severity of the DV and its impact on child safety, the FSS may choose to refer a family to community-based services. This response to DV and child maltreatment may prove to be a more manageable and effective approach in assisting DV victims who have not maltreated their children. Both the children and DV victims are often better served by voluntary community-based services.

1.10.2 Investigation

The decision to make a founded disposition for abuse or neglect should be based on the actions of DV perpetrators and the capacity and willingness of DV victims to take appropriate actions to protect the children. Only when DV victims are given the necessary offer of help and the system support to protect themselves and the child, then acts contrary to that help and support, should they be substantiated for failing to protect the child.

The following should be considered when making a decision to hold DV victims responsible in DV related CPS investigations for neglect (failure to protect):

- Has the DV victim taken advantage of available DV shelters, DV programs or other legal alternatives?
- Is there history of the DV victim calling law enforcement or utilizing court services for DV protection orders?
- Does the DV victim have a history of making, or attempting to make, other arrangements to protect the child such as taking the child to a relative or friend's home?
- Does the DV victim have a history and level of cooperation with past CPS services to protect the child?
- What other actions have been taken by the DV victim to protect the child?

Every effort should be made to hold DV perpetrators accountable for the violence, and to only hold DV victims accountable for steps that they did or did not take to protect the child.

1.10.3 Opening a case for services

The decision to open a case for services should be based upon the Family Risk Assessment which is documented in OASIS. In making the decision to open a case, it is important to consider what the current safety issues are and the assessed risk of future harm to the children. The FSS should also consider the following risk related questions specifically for families experiencing DV:

- Has the child intervened in the DV? (whether the child was injured or not, their direct involvement presents extreme risk)
- Is there an established pattern of DV that is chronic or severe?
- Has the child been traumatized? See [Appendix J: Tips for supporting children and youth exposed to DV](#) for additional information about assessing trauma in children.

- Has the child exhibited extreme emotional, behavioral, or been diagnosed with a mental health condition such as PTSD, depression, anxiety or fear as a result of living with DV?
- Has there been a co-existence of DV and substance abuse that impedes the DV victim's ability to assess the level of danger in the home?
- Has the DV victim been threatened or injured in the presence of the child?
- Has the DV victim been hospitalized for injuries resulting from DV?
- Has the DV victim's behaviors helped the child or lessened the impact of the DV perpetrator's behaviors?

1.11 Case documentation and DV

The goals of documenting DV in cases are to:

- Minimize abuser-generated risks to DV victims and their children.
- Avoid language that blames DV victims for the violence.
- Hold DV perpetrators accountable for their abusive behavior.

Specifically, all child welfare case records and forms should:

- Accurately identify DV victims and DV perpetrators.
- Document the effects of DV on DV victims and their children.
- Delineate the specific DV tactics that are posing a safety threat to family members.

1.11.1 Guidelines for documentation

Since documentation and disclosure can increase the threat of harm to DV victims and children, the following guidelines can help the FSS reduce these risks when information must be documented and/or shared:

- Any information in the case record or public documents (e.g., court records) pertaining to a confidential address of the victims (e.g., shelter location or relocation to new housing) should be flagged and not shared with DV perpetrators.
- Disclosures made by DV victims and children regarding their safety plan or their accounts of the violence should not be shared with DV perpetrators.

- When information must be shared in court proceedings, DV victims should be notified in advance of the court date so they may plan for their safety.
- To protect DV victims' and children's confidentiality (e.g., new address), the case record should be flagged so that the transferring FSS will receive this information.
- For DV victims who have moved to a new address and are concerned that their abusers may locate them, a referral may be made to the [Address Confidentiality Program \(ACP\)](#). The ACP, administered through the Office of the Attorney General, provides an acceptable, anonymous address for mail and other public records.
- All documentation of DV (case dictation, affidavits, court petitions, court reports) should be written in a manner that holds DV perpetrators responsible and avoids blaming DV victims.

1.12 Reunification/ case closure

Determining when reunification should occur in a family where DV is known requires ongoing risk assessment for DV victims and the children.

Do not assume that if DV victims leave an abusive relationship or if DV perpetrators are removed from the home, complete a BIP or stop physically assaultive behaviors, it is sufficient evidence to reunify the child. The FSS should be vigilant in using risk assessments; these indicate that DV victims and children are at lower risk for harm when DV perpetrators express remorse for their violent behaviors, are vehement in their claims that they will not engage in violent behavior, or have completed a perpetrator intervention program.

In addition to conducting the final safety assessment for reunification, other criteria should be considered in determining whether DV victims' and children's safety has been reasonably assured and include:

- There have been no reports of DV or concerns that DV has occurred for a minimum of six months.
- DV victims and children, when interviewed separately, report feeling safer.
 - If DV Perpetrators remain in the home, children most likely had contact with them through visitation. Ensure that children feel safer in the presence of DV perpetrators, as opposed to feeling safer because they have been living apart from them.
- DV victims have knowledge of and access to relevant support services, information, and safety options.
- DV victims and the DV perpetrators understand the effects of DV on their children.

- DV victims have a primary connection to a community service provider who will have ongoing contact with them and the children.
- The children and DV victims have safety plans.
- DV victims can demonstrate what they will do should DV resume.
- Service providers are in agreement with assessments that the threat of harm has been reduced for DV victims and children.
- DV intervention programs, criminal and civil courts, probation and parole and other community service providers will continue to monitor and respond with immediate sanctions to any new violent behavior by DV perpetrators.
- DV perpetrators have access to intervention programs and support services.

1.13 Appendix A: Sample Consent Form for DV Victims

Consent for the Release of Confidential Information For Victims of Domestic Violence

When a Family Services Specialist needs to obtain information from, or exchange information with, local domestic violence programs (DVP) regarding a family who has experienced domestic violence, a specific, time-limited consent form is required by the DVP.

The following template meets all of the required elements set forth in the Violence Against Women Act and should be accepted by any local domestic violence program.

Confidentiality Statement:

Local domestic violence programs will not disclose any personal information without your written consent. They may have some exceptions such as having a mandated reporter is on staff, or being court ordered to release information.

If you choose to have the local DVP release some of your information, you can use this form to choose what is shared, how it is shared, with whom it is shared and for how long.

I understand that _____ (name of DVP) has an obligation to my personal information, identifying information and my records confidential. I also understand that I can choose to allow _____ (name of DVP) to release some of my personal information to certain individuals or agencies.

I _____, authorize _____ (name of DVP) to share the following information with:

Who I want to have my information:	Name: _____ Department of Social Services Phone Number: _____
This information may be shared <input type="radio"/> in person <input type="radio"/> by phone <input type="radio"/> by fax <input type="radio"/> by mail <input type="radio"/> by email <input type="radio"/> I understand that email, fax and other electronic means may not be confidential forms of communication and could be intercepted and read by other people.	
What info about me will be shared:	(list as specifically as possible, for example: name, dates of service, any documents, etc)
Why I want my information shared: (purpose)	(list as specifically as possible, for example: to receive benefits, to get services for child, etc)

Please note that there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by _____ (name of DVP).

I understand:

I do not have to sign a release form. I do not have to allow _____(local DVP) to share my information. Signing a release form is completely voluntary. This release is limited to what I write above. If I would like _____(local DVP) to release information about me in the future, I will need to sign another written, time-limited release.

Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from a domestic violence program.

The _____(name of DVP) and I may not be able to control what happens to my information once it has been released to above listed person/agency, and that the person/agency getting my information may be required by law or practice to share it with others.

This release expires on _____(date) _____(time)

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Expiration should meet the needs of the victim, which is typically no more than 15 – 30 days, but may be shorter or longer.

Signed: _____ Date: _____ Witness: _____

1.14 Appendix B: Batterer Intervention Programs (BIP)

A BIP is most often a court-ordered sanction and often an alternative to incarceration. Some participants attend these programs voluntarily or prior to going to court. The programs are conducted in a group format and the treatment is focused on intervention and behavioral change while promoting safety and justice for victims of DV. Per the standards, a fee is charged for this program.

1.14.1 Certification standards

The Virginia Certification Standards for a BIP are intended to:

- Maximize the safety of DV victims and their children.
- Assure that batterers will receive services that hold them accountable for their behavior.
- Aid in the reduction and elimination of DV by providing standards for effective and accountable intervention programs to change the behavior of batterers, while protecting their victims.
- Establish program elements for the approach to batterer intervention that will be made uniform throughout the state.
- Provide criteria against which the performance and efficacy of a program can be measured and the need for programmatic changes assessed.
- Promote inter-agency communication and collaboration regarding batterer intervention and victim safety.
- Provide stimulation for data collection and research, the results of which may be used to improve intervention methods.
- Inform the public about the nature of intervention programs.
- Provide support for batterer intervention service providers to collaborate with victim advocates, share expertise, and seek common ground.

1.14.2 Batterer accountability

The optimal outcome of programs is for batterers who complete the program to comply with the following:

- Stop all forms of abusive behavior.
- Hold themselves accountable for abusive behaviors.

- Recognize that DV and all forms of coercive behaviors are wrong.
- Recognize that they are solely responsible for their abusive and violent behavior.
- Understand that abusive behavior has negative effects and consequences.
- Cease any denial or minimization of their abusive behaviors or blaming the victim.

To find a Certified BIP in your area, click [here](#).

1.15 Appendix C: Power and Control Wheel

Battering is one form of domestic or intimate partner violence. It is characterized by the pattern of actions that an individual uses to intentionally control or dominate his intimate partner. That is why the words "power and control" are in the center of the wheel. A batterer systematically uses threats, intimidation, and coercion to instill fear in his partner. These behaviors are the spokes of the wheel. Physical and sexual violence holds it all together—this violence is the rim of the wheel.

1.15.1 Using the power and control wheel

The wheel is used in many settings and can be found in manuals, books, articles, and on the walls of agencies that seek to prevent domestic violence.

Many women's groups use the Power and Control Wheel. Battered women can point to each of the tactics on the wheel and clearly explain how these behaviors were used against them. They are able to see that they are not alone in their experience and more fully understand how their batterer could exert such control over them.

The wheel is also used in counseling and education groups for men who batter to help group participants identify the tactics they use. By seeing that their behavior is not atypical for men who batter, there is an impetus (for those who are motivated to change) to explore the beliefs that contribute to their behavior. The Power and Control Wheel is used in concert with the Equality Wheel to help group participants see alternate ways of being in a relationship with a woman, free of violence and controlling behavior. The wheel makes the pattern, intent and impact of violence visible.

For more information contact the [Domestic Abuse Intervention Programs](#) of Duluth, Minnesota.



DOMESTIC ABUSE INTERVENTION PROJECT

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

1.16 Appendix D: Domestic Violence Programs

Local domestic violence programs (DVP) are federal and state-funded public or private, non-profit agencies that provide services to survivors of DV and their children. The primary focus of a DVP is the safety of battered adults and their children through the provision of services such as a 24 hour hotline, crisis intervention, peer counseling, support groups, advocacy and information and referral as well as emergency housing and transportation. Their grant funding also supports public awareness initiatives.

A grant funded DVP is encouraged to gain and maintain accreditation through the Virginia Sexual and DV Action Alliance (Action Alliance). Accredited programs, at a minimum, provide a standard level of services. Accreditation also addresses training, administration and confidentiality standards. The basic services provided by an accredited DVP are:

- Hotline
 - A 24-hour hotline for all persons, including victims of DV, children, youth victims as well as friends, family members and allied professionals.
- Information and Referral
 - A resource and referral list with information on local resources and services.
- Crisis Intervention
 - Crisis intervention is a time-sensitive assessment of and response to the immediate needs of persons experiencing DV.
- Safety Planning
 - An assessment of the immediate physical and emotional safety needs of persons who have experienced DV, including children and others directly affected by the violence, and if needed, assistance for them to develop individualized safety plans.
- Emergency Companion Services
 - DVP respond to emergencies and requests for an advocate's presence in emergency medical situations and other situations for persons who have experienced a DV emergency.
- Emergency Transportation
 - All DVP have a written protocol for the provision of emergency transportation for persons who have experienced DV and their children to an appropriate location. Some DVP provide transportation, while others arrange and/or pay for the service.

- Individual Support Services
 - Individual advocacy, as requested and appropriate, on behalf of persons who have experienced DV.
 - Individual counseling/support to persons who have experienced DV. This may occur one-time or on an on-going basis.
 - Education for individuals about the dynamics and impact of DV and the options available to address individual needs, including, but not limited to, legal, therapeutic, relationship, spiritual and life issue needs (e.g. housing, mental and physical health, finances, employment, child care, basic needs, etc.).
 - Assistance for persons who have experienced DV in identifying and working on goals through regular communication to review services, progress and needs.
- Legal Advocacy
 - Assistance for persons who have experienced DV in exploring legal options and provide oral explanation and/or written materials about the civil and criminal justice and immigration systems processes.
 - The provision of and/or coordination of civil and criminal justice and immigration systems advocacy, in relation to DV, including but not limited to accompaniment to court, intake office, legal aid, magistrate, etc. upon the request of a person who has experienced DV.
 - DVP are informed about providing services to persons with limited English proficiency and/or immigrants who are crime victims or witnesses who may need specialized legal services.
- Support Groups
 - DVP offer peer support and education groups to persons who have experienced DV.
- Children's Services
 - DVP provide a time-sensitive and age-appropriate crisis response to children and youth who have themselves experienced 1) sexual violence, 2) physical violence as a result of DV directed toward a parent, or 3) have been exposed to the violence perpetrated against a parent.
 - DVP provide crisis intervention, support services, education and/or referrals to children and youth who are primary or secondary victims of sexual and/or DV, including children who have been exposed to the violence perpetrated against a parent.

- DVP operating residential shelters that house children and youth provide age-appropriate shelter orientation and safety planning services to all children and youth who reside in the shelter for more than 24 hours.
- Community Coordination and Systems Advocacy
 - DVP initiate contact with multi disciplinary agencies in each jurisdiction of the service area.
 - DVP maintain contacts and demonstrate systems advocacy efforts with the organizations listed above and others as needed and appropriate in the service area.
 - DVP must demonstrate leadership or participation in local multidisciplinary efforts to create an environment that is sensitive and responsive to the needs of people who have experienced sexual violence and/or DV.
- Community Education
 - DVP produce and distribute printed materials that describe the services provided by the DVP.
- Emergency Housing Services
 - DVP provide and/or coordinate access to emergency housing (such as a DV Program residential shelter, safe home, hotel or other shelter) for all people, who have experienced DV and their minor children (regardless of gender) and, who are in imminent danger AND in the service area AND requesting emergency housing.
 - Agencies assess parents and children for urgent health, emotional, educational, legal, and safety needs and provide referrals as appropriate
 - DVP collaborate across agencies to offer and/or provide on-going services as needed and appropriate.

1.16.1 Community collaboration

LDSS and local DV programs have worked together for years. They sit together on multi-disciplinary teams, occasionally are co-located in LDSS offices, and they work with many of the same families. The differences of perspective of the two entities are well known. DSS focuses primarily on the safety of the children and DVP focus primarily on the safety of DV victims. Upon closer examination, however, the two fields drift closer and closer together. The child welfare system is fully aware that the safety of children is enhanced with the increased safety of the DV victim. Likewise, DV advocates consider the impact of DV on children to be equally important as victim safety. Limited resources and population specific funding are the primary barriers to comprehensive family services.

To fully address the needs of families experiencing DV, DVP are a natural referral and resource choice and may assist local agencies by:

- Helping the FSS think creatively about safety plans for adult victims and children.
- Helping the FSS think through information they have gathered and how it may or may not relate to any identified DV. In addition, they can help them think through how the identified DV may affect case plans and services that the FSS is developing with the families.
- Providing information about community resources that increase safety and provide services for DV victims and their families such as a BIP, Juvenile and Domestic Relations (J&DR) Court intake office, Victim Witness and/or Child Advocacy Centers (CAC).

Other options for collaborative partners may include a BIP, J&DR intake office, Victim Witness and/or CACs.

Collaborations can:

- Open lines of communication between agencies.
- Improve relationships.
- Increase trust, knowledge and resources.
- Break down barriers between individuals and systems resulting in better support for families.

Collaborations may improve outcomes by:

- Ending violence against adults and children.
- Ensuring children's safety.
- Protecting DV victims so their children are not harmed by the violence.
- Promoting parents' strengths.
- Deferring child protective services intervention and/or entry into foster care by referring DV victims and children to community-based services.

1.16.2 Joint goals for DVP and LDSS intervening with children

It is recommended that LDSS and DV agencies enter into a Memorandum of Understanding (MOU) so that roles and responsibilities pertaining to service provision to DV victims and their children are clear and in the best interest for all. An MOU should also provide policies and

procedures that local DVP may have regarding confidentiality, retention of records, the kind of information each agency may share as well as when and how the sharing of information will take place.

Some DVP offer a BIP to DV perpetrators. An MOU should be developed with any BIP provider, as well.

Many DVP provide comprehensive services to children, most will provide the basic services as discussed earlier, but all those working with child victims should at the very least provide strategies to enhance the child's:

- Safety- advocates routinely talk with children about:
 - Their experiences about keeping themselves safe when a situation felt dangerous.
 - Safety planning for the future, on an age appropriate basis. (DV victims are often part of the child safety planning process.)
 - Who to call in an emergency, including instructions on how to call 911.
 - Identifying safe adults with whom they can talk or visit.
- Emotional support- advocates are trained to:
 - Listen to children and make them feel heard and supported.
 - Be present for children to talk about the situation.
 - Offer separate space so children do not have to be re-exposed to the details of the DV victims' stories of abuse.

Working with a local DVP improves child outcomes by:

- Providing services to DV victims. A child being served by a LDSS may avoid coming in to foster care.
- Providing services to DV victims. A child in foster care may be able to return home and lessen the child's time in care.
- Involving a DV advocate in a FPM. DV victims may feel more supported to discuss the decision point of the meeting.

To find a local DV program in your area click [here](#).

1.17 Appendix E: DV Screening Tools

1.17.1 "HITS" tool (Hurt, Insult, Threaten, Scream)

Read each of the following and score accordingly.

Over the last 12 months, how often did the alleged batterer:	Never (1)	Rarely (2)	Sometimes (3)	Fairly Often (4)	Frequently (5)
Physically hurt the victim?					
Insult or talk down to the victim?					
Threaten the victim with harm?					
Scream or curse at the victim?					
Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.					

(Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. Fam Med 1998;30(7):508-12.)

[Click here](#) for more information on the HITS tool.

1.17.2 Women's Experiences with Battering (WEB)

The Women’s Experiences with Battering Scale (WEB) is a screening tool for intimate partner violence (IPV). Recently it has also been referred to as the Relationship Assessment Tool (RAT). The WEB is unique in that it measures the experiences of women in abusive relationships rather than the behaviors of their abusive partners. Instead of focusing on physical abuse, the WEB assesses for emotional abuse by measuring a woman’s perceptions of her vulnerability to physical danger and her sense of loss of power and control in her relationship. Research has shown that the WEB is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault. Evaluation studies of the WEB have demonstrated its effectiveness in identifying IPV among African-American and Caucasian women. The WEB has not been validated with same sex partners; it can be adapted for use with same sex couples by changing “he” to “my partner” in the screening tool.

The following are a number of statements that women have used to describe their relationships with their “male partners”. Please read each statement and then check the box that best describes how much you agree or disagree in general with each one as a description of your relationship with your partner. If you do not now have a partner, think about your last one. There are no right or wrong answers; just check the box which seems to best describe how much you agree or disagree with it.

	Agree Strongly	Agree Somewhat	Agree Slightly	Disagree Slightly	Disagree Somewhat	Disagree Strongly
1. He makes me feel unsafe even in my own home						
2. I feel ashamed of the things he does to me						
3. I try not to rock the boat because I am afraid of what he might do						
4. I feel like I am programmed to react in a certain way to him						
5. I feel like he keeps me prisoner						
6. He makes me feel like I have no control over my life, no power, no protection						
7. I hide the truth from others because I'm afraid not to						
8. I feel owned and controlled by him						
9. He can scare me without laying a hand on me						
10. He has a look that goes straight through me and terrifies me						

The WEB can be self-administered or used during face-to-face assessment by a provider. A series of 10 statements ask a woman how safe she feels, physically and emotionally, in her relationship. The respondent is asked to rate how much she agrees or disagrees with each of the statements on a scale of 1 to 6 ranging from disagree strongly (1) to agree strongly (6). The numbers associated with her responses to the 10 statements are summed to create a score for the WEB.

A score of 20 points or higher on the WEB is considered positive for IPV.

1.18 Appendix F : DV Assessment Tool- DV victims

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. The FSS should talk with DV victims about their situation, which helps engage DV victims in the process. It is important to ask specific questions, however, to determine the level of DV affecting victims.

1.18.1.1 Types and patterns of abusive tactics

Controlling, coercive, and threatening tactics

- Does your partner prevent you from visiting friends and family?
- Does your partner prevent you from going to school or work?
- Does your partner tell you what to wear, what to do, where you can go, or whom you can talk to?
- Does your partner control the household income?
- Does your partner follow you to "checkup" on you or check the mileage on your car?
- Does your partner telephone you constantly while you are at work or home?
- Does your partner give you threatening looks or stares when he does not agree with something you said or did?

Verbal, emotional, sexual, or physical abuse

- Does your partner call you degrading names, put you down, or humiliate you in public or in front of friends or family?
- Does your partner blame you or tell you that you are at "fault" for the abuse or any problems you are having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions? Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?

- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

1.18.1.2 Risks and impact on the DV victims

- How has your partner's abusive behavior affected you?
- Do you have difficulty sleeping, eating or concentrating?
- 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 violence?
- Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
- Have you ever thought about or tried to hurt yourself?

1.18.1.3 Risks and impact on children

- Has your partner called your children degrading names or verbally threatened them?
- Has your partner ever threatened to make a report to CPS, take custody of the children, or kidnap the children?
- Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
- Has your partner ever asked the children to report your daily activities or to "spy" on you?
- Has your partner ever forced your children to watch or participate in his abuse of you?
- Has your partner physically hurt you in front of the children?

- How do you think the violence at home affects your children?
- Do your children exhibit problems at school or at home? (e.g., sleeping and eating difficulties, difficulty concentrating in school, aggressive behaviors)
- Have your children ever intervened in a physical or verbal assault to protect you or to stop the violence?
- Do your children behave in ways that remind you of your partner?
- Has a school or daycare center ever contacted you regarding behavioral problems of your children?

1.18.1.4 Help seeking and protective strategies

- Have you told anyone about the abuse? What happened?
- Have you ever left home because of the abuse? Where did you go and what happened?
- Have you ever called the police or 911? What was their response?
- Have you ever filed a restraining or protective order or criminal charges? What was your partner's response?
- Have you ever used a DV shelter or services? Was it helpful?
- Have you fought back? What happened?
- How do you survive the abuse?
- What have you tried to keep you and your children safe from your partner?
- What has made it difficult for you to keep you and your children safe?
- How will your partner react if he finds out you talked with me?

Ganley, A. L., & Schechter, S. (1996). Domestic violence: A national curriculum for child protective services. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg, L. (1998). Domestic violence protocol for child protective services intervention. Charlotte, NC: Mecklenburg County Department of Social Services.

1.19 Appendix G: Impact of DV on Children

A growing body of literature shows that children who have been exposed to DV are more likely than their peers to experience a wide range of difficulties. These difficulties fall into three main categories:

1.19.1 Behavioral, social, and emotional problems

Children in families experiencing DV are more likely than other children to exhibit aggressive and antisocial behavior or to be depressed and anxious (Brown & Bzostek, 2003). Other researchers have found higher levels of anger, hostility, oppositional behavior, and disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem.

1.19.2 Cognitive and attitudinal problems

Children exposed to DV are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills. Slower cognitive development, lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege are other issues identified in the research (Brown & Bzostek, 2003; Edleson, 2006).

1.19.3 Long-term problems

Research indicates that males exposed to DV as children are more likely to engage in DV as adults; similarly, females are more likely to be victims (Brown & Bzostek, 2003). Higher levels of adult depression and trauma symptoms also have been found (Silvern et al., 1995). Exposure to DV is also one of several adverse childhood experiences (ACEs) that have been shown to contribute to premature death, as well as risk factors for many of the most common causes of death in the United States. For more information, visit the [Adverse Childhood Experiences Study](#) website.

1.19.4 Other factors that influence the impact of DV

Not all children exposed to DV will experience such negative effects. Children's risk levels and reactions to DV exist on a continuum; some children demonstrate enormous resiliency, while others show signs of significant maladaptive adjustment. Protective factors such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult (especially a non-abusive parent) can help protect children from the adverse effects of exposure to DV (Edleson, 2004; Hughes, Graham-Bermann, & Gruber, 2001; Carlson, 2000).

Additional factors that influence the impact of DV on children include:

- **Nature of the violence.** Children who witness frequent and severe forms of violence or fail to observe their caretakers resolving conflict may undergo more distress than children who witness fewer incidences of physical violence and experience positive interactions between their caregivers.
- **Age of the child.** Younger children appear to exhibit higher levels of emotional and psychological distress than older children. Age-related differences might result from older children's more fully developed cognitive abilities to understand the violence and select various coping strategies to alleviate upsetting symptoms.
- **Elapsed time since exposure.** Children often have heightened levels of anxiety and fear immediately after a violent event. Fewer observable effects are seen in children as time passes after the violent event.
- **Gender.** In general, boys exhibit more externalized behaviors (e.g., aggression and acting out) while girls exhibit more internalized behaviors (e.g., withdrawal and depression).
- **Presence of child physical or sexual abuse.** Children who witness DV and are physically or sexually abused are at higher risk for emotional and psychological maladjustment than children who witness violence and are not abused (Rosewater & Goodmark, 2007; Edleson, 2004).

Comprehensive assessment regarding children's experiences and trauma symptoms, as well as the protective factors present, should inform decision-making regarding the types of services and interventions needed for individual children and families living with violence.

1.20 Appendix H: DV Assessment Tool- Children

(Adapted from the Child Welfare Information Gateway and NC Division of Social Services)

Case Name: _____ Case #: _____ Date: _____

The purpose of this tool is to help further identify the impact of DV on the child. It may be used to assist in decision making and service planning during any stage of a case (assessment through case planning and case management) in conjunction with the Safety and Risk Assessment Tools. The tool is designed for use with children in cases involving DV.

- **Assessing the children’s exposure to violence:**

According to the children, how often:	Often	Sometimes	Rarely	Never
Does violence occur in their family?				
Have they been hit or hurt when there is violence in the family?				

- **Follow up questions concerning the children’s exposure to violence**

- What happens when there is violence in their family?
- If there is yelling during violent incidents, who does it?
- If there is hitting during violent incidents, who does it?
- What usually happens before the hitting starts?
- Where are the children when there is violence at home?

- **Assessing the impact of the violence on the children:**

According to the children, how often:	Often	Sometimes	Rarely	Never
Do they think about the violence in the family?				
Do they think about the violence while at school or playing?				
Do they have trouble sleeping at night?				

Are they afraid to be at home?				
Are they afraid to leave the home?				

- **Follow up questions concerning the impact of violence on the children**
 - What do they think causes them to be afraid?
 - What do they think is the cause of the violence?
 - How do they say the violence makes them feel?
 - What would they like to see happen to make their family better?
- **Identifying protective factors that address DV**

What do the children do when there is fighting between mom and dad (or other partner)? <input type="checkbox"/> Stay in the room <input type="checkbox"/> Leave room or hide <input type="checkbox"/> Ask parents to stop <input type="checkbox"/> Try to stop the fight <input type="checkbox"/> Find an older sibling <input type="checkbox"/> Call for help (neighbor or 911)		
	Yes	No
Do the children have someone to whom they have talked about the violence? Who?		
Does one parent protect the children and/or provide comfort to them during or after an incident?		
What makes the children feel better when they think about the fights?		
Are the children involved with any clubs, groups or activities in or outside of school?		
Have the children received any counseling or attended a support group?		

1.21 Appendix I: DV Safety Planning

When DV has been identified through screening, it is important to follow-up with DV victims to assess the ongoing risks and plan for improved safety. A local DV program may provide assistance with both of these steps. Because the safety of children is enhanced when the safety of DV victims is improved, the following check list will help you initiate an important discussion about safety.

If the DV victim is planning to leave:

	Is there a friend or supportive family member that lives nearby with whom the client/family can stay?
	Does the client/family have a friend that will stay with them to minimize the violence?
	Does the client/family want to go to a battered woman's shelter, homeless shelter, or use other housing assistance services such as hotel vouchers from social services or advocacy programs?
	Does the client want to call the police, or request an emergency protective order?
	If future violence is not imminent; can the client plan to leave at a time when the perpetrator is not at home?

If the DV victim is NOT planning to leave:

	Would the client call the police if the perpetrator becomes violent?
	Teach the children to never get in the middle of a fight, even if they want to protect a parent.
	Teach the children to find a safe place and to call 911 for help when they are scared.
	Are there strategies that have worked in the past to minimize injuries or risks? Does the client think these strategies could continue to work?
	Can the client anticipate an escalation of violence and take any precautions?
	Does the client have a support network or friends or family that live nearby who could help when she or he needs assistance?
	Are there weapons in the home? Can they be removed or placed in a safer area separate from the ammunition?

If the perpetrator has been removed from the home:

	Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and a fire extinguisher, if affordable. (Criminal Injuries Compensation Fund (CICF) may reimburse these expenses)
	Teach the children to call 911 and make collect calls in case they are in danger or the perpetrator kidnaps them.
	Give copies of court orders to schools and daycare centers to insure that children are released to designated persons only.
	Encourage the client to tell her or his neighbors, family, and friends that the perpetrator has left and to call 911 if they are seen around the home.

Being prepared to get away:

Discuss the following components of a safety plan with your client:	
	<p>Encourage the client to keep in a safe place:</p> <ul style="list-style-type: none"> • keys (house and car) • important papers: social security cards, birth certificates, drivers license, etc. • cash, EBT card, credit cards, etc. • medication for parent and children, children’s immunization records • cell phone and charger • change of clothes and personal care items
	Have the client plan for the safety and needs of the children
	Contact local DV program to find out about laws and community resources before they are needed. Call 1-800-838-8238 to reach the Virginia Family Violence and Sexual Assault Hotline

1.22 Appendix J: Tips for Supporting Children and Youth Exposed to DV

Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do*

As advocates, our initial primary focus may be on supporting the adult survivors who come into our programs for services, and we may feel less equipped to work with their children or may feel unsure of how to be helpful. This tip sheet is a starting place for understanding how we can better support children who have been exposed to violence in their homes and how we can support parents to help their children cope more adaptively with trauma-related responses.

Many factors influence our developmental journey through infancy, childhood, and adolescence: our biology, our relationships with care giving adults, our experiences, our environment, and the interaction between all of these. Painful, scary, and overwhelming experiences, such as community violence and domestic violence, can profoundly impact that developmental journey. Although there are common trauma responses across childhood, understanding the specific needs and experiences of children at each developmental stage will help you best support them in their ongoing development while increasing healthy coping skills in the wake of violence. The following pages give a brief overview of what you may observe and what you can do at each developmental stage.

INFANTS, TODDLERS, & PRESCHOOLERS	
What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> ◆ Sleep disturbances ◆ Disturbances in feeding ◆ Feelings of helplessness and passivity ◆ Generalized fearfulness ◆ Specific new fears ◆ Loss of recently acquired developmental skills (e.g., walking or talking) ◆ Clinginess and separation anxiety ◆ Inhibited play and exploration ◆ Thinking and talking about the 	<ul style="list-style-type: none"> ◆ Support parents in keeping their children close to them. ◆ Help the child anticipate what will happen. ◆ Give choices. ◆ Provide reassurance when the child needs it. ◆ Name the child's feelings. ◆ Expect to need to do these over and over again. It is normal for children to need repeated reassurance.

*Adapted from the Domestic Violence and Mental Health Policy Initiative's 2008 *Children Exposed to Domestic Violence: A Curriculum for DV Advocates* (written by Patricia Van Horn, JD, PhD). Chicago, IL: DVMHPI.

traumatic event ◆ Being upset at reminders and doing their best to avoid reminders ◆ Irritability ◆ Aggressiveness ◆ Scanning for danger/expecting danger ◆ Easily startled	
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SCHOOL-AGE CHILDREN

What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> ◆ Posttraumatic play* ◆ Thinking and talking about the trauma outside play ◆ Being upset at reminders of the trauma and doing their best to avoid reminders ◆ Specific fears, often triggered by traumatic reminders ◆ Feeling guilty about the trauma and responsible for what happened ◆ Fantasies of revenge ◆ Fear of being overwhelmed by their feelings ◆ Impaired concentration and difficulty learning ◆ Sleep disturbances ◆ Headaches, stomach aches, or other physical symptoms ◆ Concerns about their own safety and the safety of others ◆ Aggressive behavior ◆ Anxiety ◆ Withdrawn behavior <p>*Posttraumatic play is a kind of play that some children engage in who have been exposed to trauma. Posttraumatic play is a repetitive reenactment of a traumatic experience or event.</p>	<ul style="list-style-type: none"> ◆ Listen to the child’s concerns. ◆ Answer questions truthfully and simply. ◆ Support the parent in letting the child stay close to her. ◆ Offer reassurance that you and the parent are working together to keep the family safe. ◆ Name the child’s feelings and encourage the child to find ways to express them through language, play, or drawing. ◆ Help the child anticipate what will happen next. ◆ Give choices. ◆ Expect to have to do these things again and again.

ADOLESCENTS

What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> ◆ Detachment, shame, and guilt ◆ Self-consciousness about their fears and intense feelings ◆ “Acting out” and sensation-seeking behaviors that may include life-threatening reenactments ◆ Abrupt shifts in relationships ◆ Desire for and plans to take revenge ◆ Radical changes in attitude and changes in self-identity ◆ Premature entrance into adulthood or reluctance to leave home ◆ Being upset at reminders of the trauma and doing their best to avoid reminders ◆ Coping behaviors that may include self-endangering behaviors such as substance abuse and/or cutting 	<ul style="list-style-type: none"> ◆ Provide an environment in which the teen can talk about concerns. ◆ Give choices. ◆ Support parents in letting their teens stay close to them even relatively independent teens may need extra support after a traumatic event. ◆ Help teens anticipate what will happen next. ◆ Answer questions honestly. ◆ Help teens find ways to express their strong feelings: journaling, writing stories or poems, art. ◆ Expect to have to do these things again and again.

For more information or for technical assistance, please contact the National Center on Domestic Violence, Trauma & Mental Health at info@nationalcenterdvtraumamh.org or 312-726-7020(P) or 312-726-4110(TTY).

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