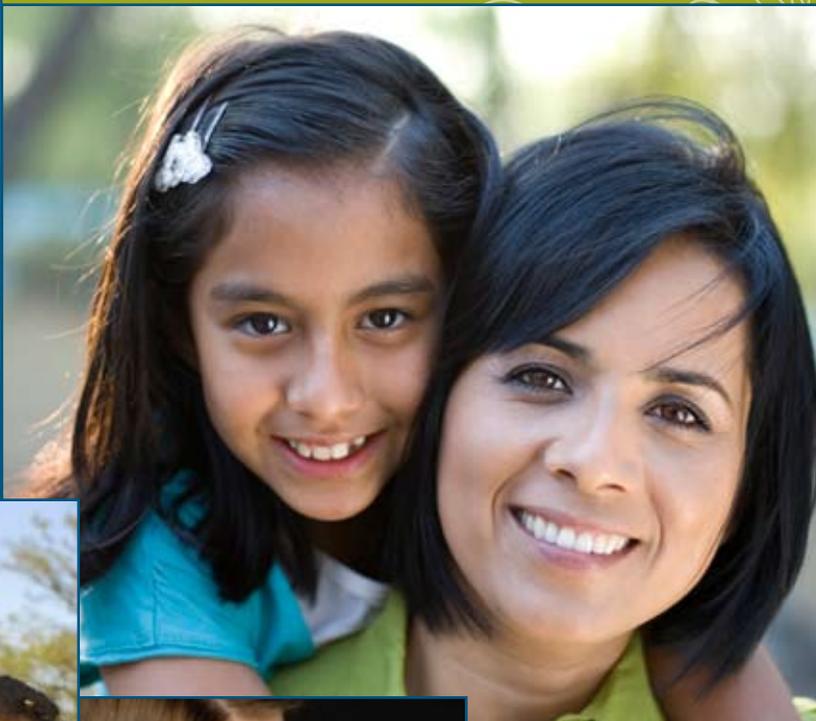


Child Welfare Practices for Cases with Domestic Violence



THE OREGON DEPARTMENT OF HUMAN SERVICES

CHILD WELFARE PRACTICES FOR CASES WITH DOMESTIC VIOLENCE

This is the fourth edition of the practice guidelines, developed as part of an overall effort to increase the safety of adults and children through collaboration of domestic violence services and the Oregon Department of Human Services Child Welfare (“the Department”).

Acknowledgements

The guidelines borrow ideas and work done by national experts. The first editions included the pioneering work by Susan Schechter and Anne Ganley in their *Domestic Violence Curriculum for Child Protection* for the Family Violence Prevention Fund and from the Massachusetts Department of Social Services. This edition’s material on working with the batterer draws heavily from Fernando Mederos in *Accountability and Connection with Abusive Men* for the Family Violence Prevention Fund (<http://www.endabuse.org>), David Mandel from the Non-Violence Alliance (www.endingviolence.com), and Lundy Bancroft (<http://www.lundybancroft.com>).

These guidelines also are based on work and ideas from Department staff in various roles and domestic violence advocates throughout the state.

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Section I. Introduction on Oregon Child Welfare’s response to cases of child abuse involving domestic violence

Consistent with the mission of the Department of Human Services, assisting victims of domestic violence can help people become independent, healthy and safe.

This document focuses on domestic violence cases where child protective services intervenes and specifically describes the Department’s best practice for working with domestic violence cases throughout the life of a case.

The primary responsibility of the Department is the safety of children and their permanent placement in a safe home (“permanency”). These guidelines are based on the belief that achieving safety for adult victims increases safety for children.

These guidelines provide information about working with children and families in the context of domestic violence. These guidelines do not replace existing administrative rules or procedures and are designed to be used in conjunction with Oregon Administrative Rules and the Department’s Procedure Manual.

One key to effective intervention in cases with domestic violence is forming collaborative relationships. Together, Department staff, domestic violence service providers, courts, law enforcement, parole/probation, and community partners can establish a coordinated response and effective services. Ongoing discussion and consultation on specific cases, protocol and practice issues is a valuable resource.

When working with families and reviewing these guidelines it is critical to remember that domestic violence is committed by batterers from every socio-economic status and gender and every racial, ethnic and cultural group. The underpinnings of the use of power and control are consistent across groups. Victims from diverse populations may face additional barriers accessing resources. Because the Department serves a wide and varied population it is necessary to adapt our responses and interventions to address those barriers in order to provide safety. These guidelines can also be adapted to meet those situations.

Basic policy and practice assumptions in domestic violence cases¹

1. Child Welfare needs domestic violence competencies
 - a. These competencies should be distinct from, but complement cross- system collaboration.

¹ “Safe & Together Model” by David Mandel at <http://www.endingviolence.com>

- b. Child Welfare benefits from cross-system collaboration and the expertise of domestic violence consultants and community partners.
2. Child Welfare has a distinct and unique role that is largely in alignment with the roles played by other public and private entities that address domestic violence.
3. Double standards around gender can benefit domestic violence perpetrators.
4. Batterers can harm children.
5. Child safety and risk assessment flows first and foremost from an understanding of the perpetrator's tactics, not from focusing on where people are living or the status of their relationship.
6. Better assessment is superior to empathy as a tool for intervening effectively in domestic violence situations.

Core principles of Child Welfare practice in domestic violence cases²

1. Children should be safe, and together with the non-offending parent. This is the strongest assurance of healing from trauma, nurturance and stability for the children.
2. Partnership with the non-offending parent should be the default position. This is usually the most efficient and effective strategy.
3. The partnership with the non-offending parent depends on a comprehensive assessment of their parenting strengths. It builds on those strengths, is less likely to increase danger, and more likely to lead to effective case plans.
4. Intervention with batterers will reduce the risk to children. Document the batterer's coercive behaviors, the adverse impact on the children of those coercive behaviors, and any actions taken by the batterer to harm the children. Engage batterers in making concrete change. Make them "visible" in the family dynamic and case plans.
5. Do not burden the non-offending parent with unnecessary services.

Section II. Use of language and definitions

Use of language

- The word "victim" is used. In the domestic violence field, both "victim" and "survivor" are used. While we use the term victim in these guidelines, it is important to ask each adult what term they are most comfortable with.

² "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

- The word “batterer” is used to describe the adult who commits domestic violence and exercises the power and control in the relationship. The word “perpetrator” is not used in these guidelines to refer to batterers. “Perpetrator,” however, is used by the Department and in these guidelines to refer to an individual who abused or neglected a child as determined by the Department and consistent with OAR.
- The language in these guidelines reflects both the batterer and adult victim as parents and/or caregivers of the children. There will be situations in which either the adult victim or batterer are not legal parents and will not have an on-going relationship with the child. These guidelines can be adapted to meet those situations.

Definitions

Department means the Department of Human Services Child Welfare.

Domestic violence is a course of conduct, not a single incident. It is a pattern of assaultive and/or coercive behaviors including physical, sexual and emotional abuses, as well as economic coercion that adults use against their intimate partners to gain power and control in that relationship.

Domestic violence is more than the physical assault. The controlling tactics batterers use are reinforced by societal and cultural stereotypes and institutions that overall give more status and power to men. Cultural norms stress the importance of women staying in the relationship regardless of the consequences.

Domestic violence is present in all cultures, socio-economic classes, communities of faith, etc. It is important to understand, however, how beliefs affect the perception and reaction to domestic violence and seeking of services.

Harm means any kind of impairment, damage, detriment, or injury to a child’s physical, sexual, emotional or mental development and/or functioning. Harm is the result of child abuse or neglect and may vary from mild to severe.

Ongoing safety plan means a documented set of actions or interventions that manage a child’s safety after the Department has identified one or more safety threats to which the child is vulnerable and determined that the parent or caregiver is unable or unwilling to protect the child. An ongoing safety plan can be in-home or out-of-home and is adjusted as necessary to provide the least intrusive interventions.

Please note: The definition of ongoing safety plan refers to the Department's safety planning for the child. Domestic violence safety planning is an interactive process that involves the adult survivor and domestic violence experts whenever possible. The focus of that planning is on the survivor and the survivor's children.

Out of control means family behaviors, conditions, or circumstances that can affect a child are unrestrained, unmanaged, without limits or monitoring, not subject to influence or manipulation within the control of the family, resulting in an unpredictable and chaotic family environment.

Please note: The definition of "out of control" used in the child protective services definitions does not mean that the batterer is personally out of control. Batterers use tactics of power and control over their partners. They choose to use violence as a way of enforcing that control. The use of "out of control" in the child protective services definition does mean that the batterer's behavior is not being controlled within the family or community to keep a child safe.

Protective action means an immediate, same day, short-term plan sufficient to protect a child from a safety threat in order to allow completion of the CPS assessment.

Protective Capacity means behavioral, cognitive and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

Safe means there is an absence of safety threats, the child is not vulnerable to identified safety threats, or there is sufficient parent or caregiver protective capacity to protect the vulnerable child from the identified safety threats.

Safety services mean the actions, assistance, and supervision provided by safety service providers to manage the identified safety threats to a child.

Safety service provider means a participant in a protective action or ongoing safety plan whose actions, assistance or supervision help a family in managing a child's safety.

Please note: This does not mean that the safety service provider is working to change the parent's ability or behavior, but is compensating for the inability or unwillingness to provide safety.

Safety threat means family behavior, conditions or circumstances that could result in harm to a child.

Severe harm means “substantial,” as used in ORS 419B.005; immobilizing impairment, life threatening damage, or significant or acute injury to a child’s physical, sexual, psychological or mental development or functioning.

Threat of harm means all activities, conditions or circumstances that place a child at threat of severe harm of physical abuse, sexual abuse, neglect, mental injury or other child abuse or neglect.

Vulnerable child means a child who is unable to protect him- or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless, exposed to behavior, conditions or circumstances that he or she is powerless to manage, and is susceptible and accessible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size and dependence.

Section III. Impact of trauma and how it effects people

Trauma responses are not symptoms but adaptive coping or survival skills, according to Bonnie Burstow in Toward a Radical Understanding of Trauma and Trauma Work. These responses are normal reactions to profound wounding.

Trauma can be experienced on several continuums:

A single incident to a pattern of oppression

An accident to a betrayal

Helped by culture/society to created by culture/society

Felt by one person to felt by all people

Unacknowledged by anyone to acknowledged by everyone

Trauma responses can occur soon after an incident, or can lay dormant for many months or even years. Trauma responses can fade and then return, even after many years, if the person’s fears are re-stimulated.

Both individuals and communities can experience trauma and will respond to trauma. As with all human experience, people have unique and deeply personal responses to traumatic events. And, there are many common elements in our response to trauma.

Trauma occurs within a cultural, social and political context. This context can be protective or can compound the trauma.

Trauma responses include:

- Hyper-vigilance,
- Startle-response,
- Intrusive thoughts or feelings,
- Numbing, constriction,
- Triggering,
- Sleep disorders, and
- Dissociation.

A traumatic experience can isolate an individual or community. Trauma can destroy the sense of being witnessed. It can even destroy the ability of the traumatized person to be a witness to their own experience (i.e., dissociation to the point of “forgetting” that anything happened.)

People and communities can become frozen in time, unable to integrate the reality of a new found safety or to stop re-experiencing the past. It is equally possible for trauma survivors to become distanced from the past, holding it at bay and trying to forget the trauma.

Trauma can cause a disconnection between thoughts and feelings. It can distance a person from their own body. And it can cause people to become distanced from one another.

Emotions associated with an experience of trauma can include:

- Terror,
- Horror,
- Hopelessness,
- Helplessness,
- Worthlessness,
- Despair,
- Doubt,
- Distrust,
- Rage,
- Guilt, and
- Shame.

Perhaps the most characteristic feature of trauma, according to Dr. Judith Herman in Trauma and Recovery, is the dialectic of trauma. The aftermath of terror sets up a seesaw of emotional and mental states, alternating from experiences of intrusion and flooding to those of numbing and constriction. This seesaw can prolong or even prevent the integration of a traumatic event.

While intrusion or flooding can dominate the early response to trauma, the long term effects can be numbing and constriction. This can appear to be “recovery” or the ability to go on with life, but in actuality is a response to the unresolved trauma. “In an attempt to create some sense of safety and to control their pervasive fear, traumatized people restrict their lives.”³

The impact of trauma can create long-term emotional and physical challenges for survivors:

- Depression
- PTSD
- Anxiety
- Suicidality
- Sexual dysfunction
- Substance abuse and addiction
- Psychosomatic disorders

Trauma can also have a trans-generational impact. Descendants can live in a world shaped by the historical trauma experienced by their family or community. This world can be physically, socially, politically, emotionally, psychologically, and spiritually shaped by the historical trauma.

Both the response to trauma and its impact can be exacerbated by a couple of significant factors. One is captivity associated with the trauma. Captivity creates a situation where there is prolonged and repeated trauma. It also includes some elements of coercive control. The survivor is subject to tyrannical tactics of control that are designed to destroy their sense of autonomy. The final tactic of enforcing submission is often sexual humiliation.

³ Judith Herman, *Trauma and Recovery*, (New York: Basic Books, 1992, 1997) 46

The long-term impact of prolonged trauma in captivity can be far more intense for survivors than the impact of a single trauma. It can result in not just the questioning of the person's self-efficacy, but the destruction of a sense of self. Hyper-vigilance and anxiety can be constant, and eventually the body can turn against itself, creating unrelenting somatic discomfort. Both intrusion and constriction can be more severe and longer lasting.

The second factor that can increase both the suffering and dissociation of trauma is betrayal. Like captivity, the experience of betrayal associated with trauma can increase symptoms of post traumatic stress, sexual dysfunction, self-mutilation, physical disorders and mental health concerns. Uniquely, betrayal also increases dissociation, apparently helping people to "forget" destabilizing information when their survival depends on the perpetrator.

Brain injury

Finally, it is important to remember that trauma may result in physical injury to the brain, which can manifest itself in many ways, including:

- Problems with cognition
- Problems with communication
- Difficulty tracking appointments and recalling important facts
- Difficulty with balance and physical functioning
- Emotional, behavioral & psychosocial issues
- Challenges with daily living such as dressing, bathing, shopping, paying bills, parenting, driving a car, cooking, eating, and job hunting

Helping a survivor get the appropriate diagnoses and treatment for a traumatic brain injury (TBI) begins with screening. The following HELPS Brain Injury Screening Tool is designed for use by non-medical personal. HELPS is an acronym for:

H have you ever Hit your Head or been Hit on the Head

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head?

L Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head?

P Do you experience any of these Problems in your daily life since you hit your head?
(See the list above)

S any Significant Sicknesses

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Freyd, J.J. (2009). *What is a Betrayal Trauma? What is Betrayal Trauma Theory?*

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Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

You can obtain additional information about TBI and domestic violence and the HELPS screen at New York State Office for the Prevention of Domestic Violence

<http://www.opdv.state.ny.us> and Brain Injury Association of New York State

<http://www.bianys.org>

Alcohol and other drugs

Child welfare caseworkers are likely to work with families with multiple issues.

Domestic violence often co-exists with alcohol and/or drug abuse in the cases we see.

However, these are separate issues, and both must be addressed. Getting treatment for both victim and batterer will increase positive outcomes for both them and their children.

For victims, some may have started using as a result of the domestic violence and/or other trauma, or may have been coerced by their batterer. Recent research on trauma recommends addressing the trauma during the treatment for substance abuse, rather than doing substance abuse treatment first, then dealing with the impact of the domestic violence. Consult with both domestic violence service providers and chemical dependency programs. Keep the victim's safety needs foremost, especially if the batterer is also the supplier.

Use substance abuse treatment programs that understand the dynamics of domestic violence and victimization. Many treatment and twelve-step programs offer women-only treatment and support groups. Do not have the victim attend the same program as the batterer. If this is not possible, work with the program to maximize safety and support. Look at varying attendance with different days or times, attending different groups, etc.

For the batterer who is using, refer to both batterer intervention programs and substance abuse treatment programs. Substance abuse does not cause a batterer to use power and control to batter. However, as a batterer's substance abuse increases, it may make it more visible as drug abuse makes it more difficult to cover violent and controlling behavior. They are still separate issues, and both need to be addressed. Use substance abuse treatment programs that understand the dynamics of power and control and that work cooperatively with batterer intervention and domestic violence service providers.

Section IV. Child Welfare practice applications

The Department's role in domestic violence cases

Domestic violence and child abuse frequently occur in the same families. This does not mean that all families experiencing domestic violence should be referred to child protective services nor does it mean child protective services will respond to all reports of domestic violence.

While domestic violence is always a risk factor for children, it is only when there is an allegation of child abuse or neglect that a child protective services intervention is warranted. In situations where there is an allegation of child abuse or neglect related to domestic violence, a thoughtful, comprehensive CPS assessment is necessary to determine if the domestic violence presents a safety threat to the child. The Department's focus is not just on whether the child witnessed an act of violence, but on how the child is affected by the batterer's behavior.

Appropriate ongoing safety plans and case plans rely on a careful assessment of domestic violence and its impact on children and non-offending parents. For example, a non-offending parent may appear uncooperative, but this may be a survival strategy to protect him- or herself and children from the batterer. A worker is more likely to successfully protect children if the worker is able to recognize these survival strategies and develop plans which both build on the strategies and that hold the batterer accountable for the violence.

Dr. Anne Ganley and Susan Schechter, in their introduction to *Domestic Violence: A National Curriculum for Children's Protective Services*, state that domestic violence endangers children in multiple ways:

- Domestic violence batterers not only harm their intimate partners but may also physically abuse their children. Their escalating violence against an intimate partner also physically endangers children.
- Domestic violence batterers may sexually abuse their children or the children of intimate partners.
- Domestic violence batterers may endanger children through neglect. Some domestic violence batterers focus so much attention on controlling and abusing their intimate partners that they neglect the needs of children.
- Sometimes a batterer's violence against the intimate partner prevents the adult victim from caring for the children. This can be mistakenly identified as intentional neglect on the part of the adult victim.
- Domestic violence batterers may harm children by coercing them to participate in the abuse of their other adult caretakers.

- Domestic violence batterers may harm or endanger children by creating an environment where the children witness domestic violence.
- Finally, domestic violence batterers may endanger children by undermining the ability of CPS and community agencies to intervene and protect children.

Research literature shows there is an increased impact for those children who both witness domestic violence and suffer physical abuse themselves.

One of the challenges of domestic violence within child abuse cases is how to keep children safe without penalizing the non-offending parent. The CPS worker conducting a comprehensive CPS assessment determines if the caregiver can or cannot or will or will not protect the child. Domestic violence victims use a variety of strategies, some that may seem from the outside to be counter-productive, to protect themselves and their children. Ask the adult victim about what they are currently doing to protect their children. Keep in mind that non-offending parents may be willing to protect their children, but may not be able to due to the batterer's behavior.

Although there are times when child protective services must file petitions in juvenile court or place children use language that focuses on the batterer's role in creating harm or risk to the children. For example:

- “Despite the mother’s efforts to protect the children, the perpetrator is creating conditions that are a safety threat to the children.”⁴
- The following are inappropriate and ineffective responses:
 - Labeling the adult victim as the perpetrator of neglect due to a “failure to protect”;
 - Telling the adult victim that the children will be removed if the violence happens again;
 - Placing children away from the non-offending parent;
 - Restricting visitation of the non-offending parent;
 - Mandating restraining orders; and/or
 - Mandating services that could be voluntary

The above actions can reinforce the batterer's message to the adult victim that the adult victim is at fault and a bad parent. The Department's message to adult victims should be that we can work together to help them protect themselves and their children.

⁴ “Safe & Together Model” by David Mandel at <http://www.endingviolence.com>

When working with children in the context of domestic violence it is important to:

- Assess and assure their safety and well being;
- Reassure children that they are not responsible for the violence;
- Reassure children that it's not their fault if they did not tell anyone;
- Assist children in identifying adults who are safe to tell about the violence;
- Discuss with children ways they can be safe;
- Maintain the children with the non-offending parent when possible;
- Establish ways to safely maintain the children's healthy attachments with the parents if placement is necessary;
- Establish ways to maintain or develop healthy bonds between children and their parents.

When working with the non-offending parent in the context of domestic violence it is important to document the full spectrum of the adult victim's efforts to promote the safety and well-being of the children.⁵

It is also optimal to:

- Reassure the non-offending parent that they are not responsible for the batterer's violence and it is not their responsibility to stop the batterer's violent behavior;
- Determine the non-offending parent's ability and willingness to protect the children;
- Complete a comprehensive analysis of all identified safety threats;
- Assist the non-offending parent to plan for their own safety and the safety of their children
- Refer the non-offending parent to a domestic violence advocate for domestic violence safety planning, (see section on domestic violence safety planning)
- Refer the non-offending parent to and help him or her access resources (domestic violence shelters and support services, Temporary Assistance for Needy Families, other DHS services, housing, financial assistance, drug and alcohol treatment, etc.).

When working with the batterer (who is a legal parent or will continue to impact the household) in the context of domestic violence it is important to document:

- the batterer's pattern of coercive control
- actions taken by the batterer to harm the children
- adverse impact of the batterer's behavior on the children⁶

⁵ Based on "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

⁶ Ibid

It is also optimal to:

- Assess the batterer's ability and willingness to protect the children
- Assess the batterer's active engagement as a parent; are they meeting the children's basic physical and emotional needs, participating in the children's education, ensuring that the children have a stable and predictable home life, etc.
- Assess the batterer's ability to remain safely involved in the family whether in the home or through visitation
- Look for strengths and commitment to family that support the batterer in being accountable
- Develop case plans that focus on stopping the batterer's use of power and control in ways that affect the children's safety.
- Develop case plans that involve specific steps and expectations for the batterer that address their pattern of coercive control
- Make sure that the batterer is being held equally accountable as a parent or parental figure for the safety and well-being of the children. This can include ensuring that the batterer makes adequate financial arrangements to support the family, so that the children have adequate food, housing, transportation and other basics
- Work with community partners to hold the batterer accountable, including supporting the application of legal sanctions.
- Communicate in a manner that makes clear that the batterer's violent and controlling behaviors are the batterer's choice and responsibility.
- Engage the batterer in the change process.
- Assess the batterer's ability to remain safely involved in the family, whether in the home or through supervised visitation.
- Make appropriate referrals for batterer intervention and follow up to monitor compliance

Another critical component is to document the role of substance abuse, mental health, culture and other socio-economic factors (in the pattern of coercive control.)

*Supervising case workers with domestic violence cases*⁷

Clear and thorough documentation is essential to strong casework and the ability to provide good supervision. Examples of documentation recommendations are:

- Do not lump batterer and victim together. Avoid phrases like:
 - “Couple engage in violence”
 - “Parents have a history of domestic violence”
 - “Parents both deny the violence”
- Be precise & descriptive:
 - Avoid euphemisms or vague terms like “argued” if what you mean is “hit”
 - Describe the pattern: “father has engaged in an escalating pattern of physical violence and intimidation that involved multiple incidents of physical assault, threats to kill the mother and her children.”
- Affirm the batterer’s role in harming the children through his actions:
 - “These behaviors have isolated the mother from her support system, the children from relatives, and led to them moving school systems and residences twice in the past year (as a result of evictions.)”
- Avoid blaming the victim for the batterer’s violence and abusive behavior.
- Avoid phrases like:
 - “Dysfunctional” family
 - Mother “allows” or “enables” the violence
 - Mother “failed to protect” the children
- Use language that focuses on the batterer’s role in creating harm or risk to the children:
 - “Despite the mother’s efforts to protect the children, the batterer is creating conditions injurious and harmful to the children.”

In the Resource Section at the end of this document, supervisors can find a domestic violence case work assessment tool. This tool will help them assess the efficacy of casework being performed by their employees or could be used as a self-assessment tool by caseworkers.

There is also a “Critical Components Evaluation Form” created by Kids First Child Abuse Intervention Center in Lane County, Oregon based on the work of David Mandel. It could be a useful training tool and help standardize the collection of essential information in domestic violence cases.

⁷ Based on “Safe & Together Model” by David Mandel at <http://www.endingviolence.com>

Case management of DV cases

CPS screening

In families where there is domestic violence, children may be harmed through:

- Physical assault even when they are not the intended target of the violence;
- Neglect when their basic needs are not being met; or
- Mental injury caused by controlling and abusive behavior.

Research reports that children exposed to domestic violence are at increased risk for behavioral and emotional problems. However, research also indicates that many children show no greater problems than children not exposed to domestic violence. There are a number of factors that mitigate a child's risk including the relationship with the non-offending parent, the child's resiliency, the presence of other protective adults in the child's environment, and the severity and proximity of the violence.

Not all reports of domestic violence will lead to a CPS assessment. When determining if the report of domestic violence meets the statutory definition of abuse or neglect consider whether:

- The children are intervening or are likely to intervene in the physical violence.
- The children are in close proximity to the physical violence.
- The alleged batterer is alleged to show disregard for the children's safety.
- The child exhibits impairment in his or her ability to function as a result of the domestic violence.

Gather and document CPS screening information

Screen for domestic violence in all reports of child abuse and neglect, not just those in which domestic violence is the presenting issue. Screen for issues of power and control, isolation, intimidation, threats of homicide or suicide, stalking, weapons, violence increasing in frequency or severity, as well as other types of abuse.

Use multiple sources of information on the alleged batterer's access to the child and alleged adult victim and for information on the impact to the child. Information to gather may include:

- Police reports;
- No contact orders;
- Restraining order and stalking order filings;
- Probation and/or parole involvement;
- Criminal records checks;
- TANF or other Self Sufficiency involvement.

Gathering information about child vulnerability

Children are vulnerable in domestic violence cases in a variety of ways including but not limited to:

- Being held;
- Being unable to leave the situation;
- Intervening to protect the alleged adult victim;
- Being threatened and terrorized; and
- Experiencing symptoms of trauma.

Determining the Department's response

CPS assessment required

In making a decision on whether or not to assign for assessment, the screener does not look just at whether or not the child “witnessed” or was in the same room as the domestic violence. The fact that the child was in the same room may increase the likelihood of negative consequences for the child, but a review of all the factors and the child’s overall exposure to the violence is necessary.

The screener also must consider the alleged perpetrator’s access to the alleged victim. Gather information about the alleged batterer’s whereabouts and his or her access to the child.

The alleged batterer may be in jail or may have a current no-contact order. That might provide immediate safety, but does not guarantee safety in the foreseeable future. No-contact orders may be lifted or short-term. Batterers frequently are released from jail after a short stay.

Questions to ask about access may include:

- Is the alleged batterer a legal parent?
- Will the alleged batterer have continued access to the child?
- What sanctions are in place to maintain no or limited contact?
- What safety plan does the non-offending parent have in place?

A report involving children who are exposed to domestic violence should be assigned for CPS assessment if the report alleges that the domestic violence is current or that the alleged batterer has a history of domestic violence AND it is also alleged that:

- The child has been injured or is likely to be injured during the violence (e.g., being held during violence, physically restrained from leaving, child is intervening, etc.);
or

- The alleged batterer does not allow the non-offending parent or children access to basic needs which affect their health or safety; or
- The alleged batterer has killed, severely harmed, or is making a believable threat to do so to anyone in the family, including extended family members and pets; or
- The child's ability to function on a daily basis is substantially impaired; or
- Weapons were used or threatened to be used; or
- The alleged batterer has made believable threats of kidnapping, hostage taking, suicide or homicide.
- The violence resulted in serious injury to the non-offending parent (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting, or severe malnourishment).

Other factors to consider in conjunction with the above include:

- Isolated victims with little support;
- Violence is increasing in either frequency or severity;
- Interaction with other risk factors including substance abuse or mental illness;
- Previous referrals to child protective services or LEA with the same or other child or adult victims;
- Previous convictions for crimes against persons or serious drug offenses;
- Stalking behaviors;
- Violations of restraining orders; and
- Lack of other community responses or resources.

If there are previous reports they should be considered in the screening decision; however, a first report can be assigned for CPS assessment. Similarly, while police reports and other official documents may support the need to assign, they are not necessary if the reported information meets the criteria for assigning outlined in Oregon Administrative Rule 413-015-0210.

CPS assessment response timeline

When an intentional delay to allow for a planned response would be less likely to compromise the safety of the child Oregon Administrative Rules and the procedure manual allow a response within five days response. This delay can be valuable in domestic violence referrals to allow for the initial contact to occur when the alleged batterer would be absent. For example, Self Sufficiency workers involved in with the family may know that the non-offending parent is in the process of leaving the household and a child protective services assessment could jeopardize safety planning.

Close at screening

The decision to close at screening is not intended to minimize the seriousness of domestic violence. The information may describe family conditions, behaviors, or circumstances that pose a risk to the child, but that do not constitute a report of child abuse or neglect as defined in ORS 419B.005.

When documenting a report that is to be closed at screening, include the alleged batterer's name. Depending on who the reporter is and the reported information, a referral to community partners may be appropriate. Some of these resources include:

- Domestic violence service providers;
- Family support and connections;
- Victims' advocates in police departments or district attorneys' offices;
- Voluntary DHS services including Temporary Assistance for Domestic Violence Survivors (TA-DVS);
- School counselors;
- Law enforcement;
- Probation or adult community justice programs; and
- Batterer intervention programs.

CPS assessment

The Oregon Safety Model requires a practice shift from incident-based assessments to comprehensive child protective service assessments. This includes assessing not only the allegation, but the whole complexity of family dynamics. **In conducting a comprehensive CPS assessment, the CPS worker assesses for domestic violence, whether or not it is part of the initial report** and further identifies other family issues and their interplay with domestic violence (e.g., substance abuse and domestic violence, which are often both present in the families assessed by Child Welfare).

Critical note:

The dynamics of domestic violence are based on the batterer's maintaining power and control over his or her partner. Challenges to that power and control, including a CPS assessment, may increase the likelihood of escalating violence. The risk of being seriously harmed or killed may increase when an adult victim leaves the batterer. ***Given this dynamic, plan your assessment carefully when domestic violence is known to be an issue and always consider that the assessment may increase the risk to the child and the adult victim.***

The Oregon Safety Model outlines 16 safety threats. The one most frequently associated with domestic violence is: "One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously."

As part of determining whether the violence meets the safety threshold, workers assess if the violence is out of control. The term “out of control” has a specific definition within the Oregon Safety Model. In this context, “out of control” does not mean that the batterer’s behavior is out of control. Batterers of domestic violence are exercising power and control over their partners. It means that the family or the systems around it do not have the resources to hold the batterer accountable for the violence and provide safety for the child.

A comprehensive assessment

To ensure safety for the children and adult victim an assessment should document⁸:

- The batterer’s pattern of coercive control over the adult victim and family;
- The specific actions the batterer has taken to harm the children;
- The full spectrum of efforts made by the non-offending parent to protect the child; and
- The adverse impact of the batterer’s behavior on the child.
- The role of substance abuse, mental health, culture, and other socio-economic factors

See the resource section for the ‘Five Critical Components’ form, Sample assessment questions follow in Section V.

The batterer’s pattern of coercive control

This pattern could include:

- Financial control or withholding;
- Isolation from family and friends;
- Humiliation;
- Forced or impelled sexual intercourse;
- Abusive sexual acts;
- Sabotage of work and/or education;
- Impeding access to medical and mental health providers;
- Intimidation;
- Threats; and
- Violence, including using physical force to damage property, harm pets and/or hurt people.

⁸ From a presentation by David Mandel of David Mandel and Associates at the National Conference on Child Abuse and Neglect in April 2007. and from his Connecticut Dept. of Children and Families Domestic Violence Consultant Initiative, March 2008.

Specific actions the batterer has taken to harm the children

The actions could include:

- Choosing to expose the children to domestic violence
- Using the children as a weapon against the non-offending parent
- Undermining the non-offending parent's efforts to protect and parent
- Accidentally causing physical harm to children as a result of the violence toward the non-offending parent
- Physical, sexual, or emotional abuse or neglect perpetrated directly against the children

The full spectrum of efforts made by the non-offending parent to protect the children

These efforts could include:

- Keeping some routine for the children in the chaos caused by the batterer's behaviors
- Redirecting the batterer's coercive behavior toward themselves and away from the children
- Providing opportunities for developmentally appropriate play and learning
- Enrolling the children in school and facilitating their participation in school activities
- Ensuring that the children's basic needs are met
- Removing the children from the vicinity of abusive behavior
- Acquiescing to the batterer's demands, in order to shield the children
- Safety planning with the children

It is important to remember that maintaining any semblance of normal homelife for a child, while being physically, emotionally and/or sexually abused, is a strength to be documented and built upon.

The adverse impact of the batterer's behavior on the children

This impact could include:

- Monopolizing the non-offending parent so that they cannot adequately tend to the needs of the children
- Interfering with the normal development of the children
- Ignoring the children's emotional needs
- Creating a tense atmosphere that inhibits normal homelife
- Interfering with the children's interactions with their extended family
- Isolating the children from the community and/or friends

- Disrupting the children's normal routines
- Keeping the children up late or waking them with yelling and/or other abuse
- Failing to meet the children's basic needs

In determining if the batterer's behavior makes the child unsafe, document⁹:

- The level of physical danger the batterer presents to the adult victim;
- The history of physical abuse to the children;
- The history of sexual abuse to the children;
- The level of psychological cruelty to adult victim and/or child;
- The level of coercive or manipulative control;
- Reasonableness of demands and expectations the batterer has of the child; and
- Indication the batterer views the adult victim and/or child as possessions.

When assessing for a safety threat to young, pre-verbal children it is especially important to document the overall pattern of coercive behaviors.

See Section V. for advice on interviewing the alleged batterer and sample questions for all parties.

CPS assessment activities

Before initial contact

Steps to take when preparing for initial contact:

- If immediately available, gather collateral information to help determine the history of assault and pattern of power and control.
- Determine if the alleged batterer is in jail and if so, for how long.
- Determine if there is a no-contact order or restraining order against the alleged batterer.
- Explore how to do the assessment when the alleged batterer is not home. If possible, call first to determine who is at home and how safe it is go out.
- Find out the alleged batterer's work schedule. Consider meeting at a DHS Self Sufficiency office, school or other neutral setting.
- Develop an alternate plan in the event you are unable to interview the adults separately.
- If you believe that an interview with the alleged batterer (or another family member) at initial contact will compromise safety of any family member, consult with a supervisor to request an exception to interviewing the alleged perpetrator at initial contact in order to allow for safety planning before the interview.

⁹ "Assessing Risk to Children from Contact with Batterers" by Lundy Bancroft in the April/May 2002 edition of the Domestic Violence Report.

- If you have to make contact when the alleged batterer is or may be present, take two workers, a police officer or parole/probation worker if assigned. Responding with assistance promotes worker safety and can assist in conducting separate interviews.
- Have information readily accessible on available domestic violence services and other emergency resources.

If possible, consult with domestic violence programs or batterer intervention specialists before responding. Advocates can offer in-depth domestic violence safety planning, information about resources and information about domestic violence dynamics. Please refer to the Resource section for domestic violence safety planning and for information on batterer intervention programs.

People facing additional barriers

Parents may face additional barriers to accessing services if they are members of a group typically underserved by traditional agencies. Social service organizations and civil and legal systems have not been as responsive to people whose primary language is not English, people with disabilities, lesbians, gays, bisexuals, transsexual and transgender persons, and people from diverse cultural and/or faith groups. Identifying culturally appropriate services and accessible services are key parts of planning.

When interpretation services are necessary use professional interpreters who have an understanding of domestic violence and will not blame an alleged adult victim. If the interpreter is known to the alleged adult victim, ask the alleged adult victim if that interpreter is acceptable.

Making the initial contact

Observations

Observe the home environment and family members for physical signs of domestic violence. Also inquire during interviews about observations others have made. Physical signs may include:

- Visible injuries or injuries that are hidden or attempted to be hidden;
- Flinching or signs of anxiety;
- Use of dominating or intimidating body language;
- Weapons;
- Holes in walls, broken furniture, broken doors and windows;
- Locks on the outsides of doors;
- Telephone is broken, disconnected, or missing;
- Home not adequately accessible for family member's disabilities;
- Guard animals, especially if family members exhibit fear of the animals;
- Home is in isolated location.

Interviews

- Interview the alleged adult victim first without the alleged batterer present and without the alleged batterer's knowledge whenever possible.
- If the alleged batterer is present, do separate interviews out of earshot of the alleged batterer.
- If you cannot separate the partners, focus on issues other than the domestic violence. Resistance to separate interviews with adults may be an indication of domestic violence and a batterer's control.
- If you believe that an interview with the alleged batterer (or another family member) at initial contact will compromise safety of any family member, consult with a supervisor to request an exception to interviewing the alleged perpetrator at initial contact in order to allow for safety planning before the interview.
- If it becomes apparent before or during the initial contact that an interview with the alleged batterer (or another family member) will compromise safety of any family member, consult with a supervisor to request an exception to interviewing the alleged perpetrator at initial contact in order to allow for safety planning.
- When interviewing the alleged adult victim, child and alleged batterer ask questions that will get to the duration, frequency, predictability and influencing factors in order to determine how domestic violence is uniquely occurring in this family.

Interviewing

Interviewing the alleged adult victim

- Immediately ask the alleged adult victim if it is safe to conduct an interview and what might be a safe way.
- Never ask the alleged adult victim about domestic violence in front of the alleged batterer. Disclosures may make the alleged adult victim unsafe if the alleged batterer is in the vicinity.
- Use strategies to build rapport, encourage conversation and support the alleged adult victim.
- Ask about other issues first before asking about domestic violence. Ask about their relationship, including positive aspects. Begin with more general questions then follow up with more specific and detailed ones.
- Ask open-ended questions about well-being to start the conversation. However, express concerns and ask questions about bruises or other injuries.
- Ask questions to determine the severity and potential lethality of the alleged batterer's behavior. These include questions on any threats of homicide or suicide, access to weapons, strangulation, harm to animals, and terrorizing family members.

- Ask questions on the coercive tactics the alleged batterer may use. These tactics range from very overt — such as physically preventing someone from leaving the house — to subtle ones, such as isolating an adult victim from the family by complaining about the adult victim’s treatment of the alleged batterer.
- The alleged adult and child victims may express positive feelings toward the alleged batterer. When asking questions about the abuse, focus on the alleged batterer’s violence and controlling behaviors, not personality.
- Affirm to the alleged adult victim that the abuse is not deserved and not the fault of the alleged adult victim.
- Express concerns for the safety of the alleged adult victim and the safety of the children. Explain that domestic violence may increase in frequency and/or severity.
- Identify what the alleged adult victim has done to stay safe and keep the children safe, and how well those actions have worked.
- Consider that the adult victim’s actions have been survival strategies. For example, staying with the alleged batterer may be safer than leaving.
- Recognize that because many adult victims lack access to financial resources or other housing options, the alleged adult victim may believe that it is better, including for the children, to stay with the alleged batterer.
- If there are allegations that the violence is mutual, look at the context and intent of the violence. Determine which partner is afraid of the other, which partner is effectively exerting control and whether injuries are defensive wounds.
- Give the alleged adult victim information about domestic violence. If you know the alleged batterer has previous convictions, share that information with the alleged adult victim.
- Discuss with the alleged adult victim what will happen with the information gathered. This includes what information will be disclosed to the alleged batterer.
- Offer information and referrals to address other immediate needs of adult and child victims, including financial assistance, health care, safety planning, etc.
- When ending the interview, ask the alleged adult victim about safe times and ways to make contact in the future.

Interviewing children

- Ask children questions about what happens during the violence or about the violence.
- Ask children what they do during the violence, including if they have tried to intervene.
- Ask children how they feel about the violence and their home.
- Ask children what they do to take care of themselves and/or their siblings.

- Support the ways in which the child stays safe.
- Ask children who they talk to about their home.
- Be aware a child may take responsibility for the abuse or side with the alleged batterer. Assure the children that the violence is not their fault or the fault of the adult victim.
- Acknowledge the alleged batterer's positive traits as well as asking about abusive behavior.
- Tell the child what information you will be sharing with either parent.

Interviewing the alleged batterer

- Batterers are not reliable sources of information about their own violent behavior or use of power and control tactics. Better sources of information include the alleged adult and child victims, police reports, parole and probation, court documents, and other persons or agencies known to the family.
- Do not ask the alleged batterer about domestic violence in front of the alleged victim.
- Don't tell the alleged batterer information given by the alleged adult victim or child if other sources are available or until a safety plan is in place. Use corroborating reports such as police, neighbors, parole or probation, courts, medical.
- Ask about other issues first before asking about domestic violence. Ask about their relationship, including positive aspects. Begin with more general questions then follow up with more specific and detailed ones. Delay asking specific questions if it will put the alleged adult victim or child in danger.
- Ask questions to assess for power and control tactics (See Resource Section).
- Ask questions about steps the batterer has taken or will take to accept responsibility for the violence and stop those behaviors,
- Assess what steps the alleged batterer will take to create safety.
- Ask about other issues including use of drugs or alcohol.

When assessing the alleged batterer's answers, be aware of tactics commonly used by batterers to deflect attention away from themselves. Batterers will try to enlist you to collude with them against the adult victim. Tactics include the batterer:

- Presenting as the victim;
- Using statements of remorse as a way to avoiding consequences;
- Describing protective actions the alleged adult victim has taken (leaving or calling police) as ways to be hurtful to the alleged batterer;
- Presenting as the more stable and calm partner and better parent;

- Denying or minimizing abuse (it is not my fault if someone bruises easily, I just pushed a little);
- Blaming the alleged adult victim for the abuse (one should know not to do that);
- Avoiding responsibility by blaming alcohol or other substances, stress, etc.;
- Alleging drug or alcohol abuse by partner;
- Alleging the partner has mental illness and/or is off medication; or
- Presenting the alleged adult victim's behavior in a negative way to get you to side with the alleged batterer.

Identifying the predominant domestic violence batterer

There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the dynamics in the family and to determine which party is the predominant aggressor.

Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where the adult victim has been arrested. Specifically look for the following:

- Are injuries defensive wounds (bite marks, scratches etc.)?
- Who is afraid of the other?
- What was the intent and level of the violence (was it self-defense or to punish/retaliate)?
- Who is effectively exerting control over the other?
- What is the impact of the violence? and
- Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the adult victim to claim responsibility for the violence.

Determining if there is a safety threat

It may be difficult to determine when or whether the batterer's behavior makes a child unsafe. The batterer's behavior may not be directly aimed at the child, but the child may still be negatively affected. Conversely, the presence of domestic violence may present a risk to the child, but the child can still be safe.

Application of the safety threshold criteria

There may be other safety threats present, but Safety Threat #2 is used to identify domestic violence: “One or both parents’ or caregivers’ behavior is violent and/or they are acting (behaving) dangerously. Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active.”

To meet the safety threshold, it is not enough to state that there is domestic violence. Document the specific behaviors of the batterer that harm or could reasonably harm the child and how those behaviors affect the child.

First the violence has to be out of control, meaning there are no outside or familial resources to adequately maintain the child’s safety. The child could be harmed by the batterer’s behavior, either through physical harm or emotional harm. The threat of harm to the child has to be imminent, which means within a couple of days to a few weeks. The behaviors and impact have to be specific and observable. The severity and frequency of the violence and the intensity of the control tactics also influence the impact on the child. Finally, the child has to be vulnerable to the safety threat.

Possible examples include:

- *A parent uses violence when the baby is in extremely close physical proximity, causing a high likelihood of injury. In the last instance, one parent was holding the baby and almost dropped the baby when the other parent was hit. The baby could have been injured by being struck or by being dropped due to the violence.*
- *One parent has threatened to kill family members and has injured the other parent in front of the child. The child is extremely fearful and has regressed at school. The child’s grades have significantly dropped due to inability to concentrate.*
- *Through threats of violence, the family is isolated to the extent that basic needs are not met. Family members are not allowed to leave the house without the threatening parent.*

If the domestic violence does not meet the criteria for a safety threat, explore safe options with the non-offending parent. Make referrals to domestic violence service providers and other resources, and provide information about domestic violence, when appropriate.

Determining child vulnerability

Domestic violence is a risk factor for children, both for potential physical abuse either directly by the parent or indirectly by being caught in the violence, and for emotional abuse caused by witnessing the batterer's violent and controlling behavior directed most often at their primary caretaker. However, research documents factors that mitigate the risk, including the child's resiliency, the child's relationship with the non-offending parent, and the presence of other supportive adults. A child may have a plan, created with a safe caretaker, and the ability to carry it out to avoid any physical harm. A child's resiliency and support network also may mitigate the threat of emotional harm or mental injury.

Conversely, a child may be vulnerable if he or she is:

- Intervening or likely to intervene;
- Unable to physically escape from the violence;
- Isolated from other family members, friends or other social supports;
- Fearful for him- or herself or the victimized parent;
- Blaming him- or herself for the violence; or
- Does not have a good relationship with the non-offending parent.

Regardless of age, children who want to intervene to protect their parent are vulnerable to the safety threat.

Domestic violence co-exists in families whose children experience physical, sexual and/or emotional abuse. Children who experience multiple types of abuse are at higher risk.

Determining if the parent or caregiver can or cannot or will or will not protect

Domestic violence victims use a variety of strategies to protect themselves and their children. Ask what they currently are doing to promote the safety and well-being of the children and how those actions are working. Document the full spectrum of those behaviors.

When documenting the non-offending parent's strengths and potential actions:¹⁰

- Do not rely on law enforcement, restraining orders, or forcing the batterer to leave the home/family

¹⁰ Based on "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

- Avoid the double standard around mothers and fathers. Mothering behaviors that we, as a culture, often take for granted are examples of the non-offending parent's promotion of the children's safety and well-being
- Identify prior traditional and non-traditional safety planning
- Identify day-to-day care of the children as part of promoting safety & well-being
- Document the positive impact this day-to-day care has had on the children
- Identify any additional efforts being made to mitigate the physical and/or emotional impact of the batterer's coercive control on the children
- Identify strategies which can be supported and enhanced

The challenge with domestic violence is that the adult victim may be doing everything possible to protect the children, but may not have the ability to protect due to the lack of family or community resources and sanctions to hold the batterer's behavior in check. It is critical to discuss how the caregiver is unable to protect, not unwilling or failing to protect, and to enter into an alliance when taking protective actions.

Establish a protective action

A protective action is a short-term plan to manage the child's safety until a comprehensive assessment can be completed. A protective action can include all parties remaining in the home or one or more parties leaving.

In-home plans would include safety planning for the children and may include additional safety services providing the necessary support. It can include relatives maintaining frequent contact to monitor the situation while the assessment proceeds.

The protective action can be the batterer leaving the home. Any plan for the batterer being out of the home must be monitored by someone other than the adult victim. Check for involvement of law enforcement, probation and parole, and supportive family members who will monitor the batterer's whereabouts and notify authorities may also be appropriate resources.

If the adult victim wants to separate from the batterer, discuss options for separation including financial assistance. It is imperative, however, that these options are fully explored, because leaving may increase the risk of lethality for the adult victim and the children. Offer the assistance of a domestic violence advocate for safety planning.

Do not mandate obtaining a restraining order. While a restraining order can be a useful tool, it may not be appropriate or may not lead to greater safety in some situations. Restraining orders may only escalate the situation. Also, they are only effective if the batterer is likely to comply. If the adult victim believes it is not safe to get a restraining order, this may be a protective behavior and does not necessarily indicate an adult victim's inability to protect.

A protective action may include the child being placed with relatives, shelter care or a family friend. Remember, a protective action is designed to be a short term intervention to ensure the immediate safety of a child. If the protective action includes restricting the access of one or both parents from their child for an extended period of time, a petition must be discussed with the District Attorney's Office (Due Process).

Domestic violence shelters are good referrals for an adult victim needing emergency shelter. However, domestic violence shelters cannot force someone to stay in shelter and can only release information with the consent of the adult victim. In those situations where there are concerns about the child's safety with the adult victim and a more structured setting is needed, a shelter may not be appropriate.

Determine the disposition of the CPS assessment

Threat of harm: domestic violence

Consider threat of harm: domestic violence (refer to "threat of harm" guidelines) as the type of abuse that occurred when a child has been exposed to domestic violence and there is reasonable cause to believe that:

- The child was present and in direct proximity to the violence (including but not limited to being held while partner is being assaulted, or being physically restrained from leaving); or
- The child was actively intervening or threatening to actively intervene in a violent act; or
- A child has been exposed to the battering behaviors of a parent/caregiver such as:
 - violence increasing in severity or frequency, and/or
 - repeated serious incidents of domestic violence, and/or
 - use of weapons, and/or
 - believable threats of suicide or homicide; or
 - a single act of extreme violence.

AND it is reasonable to believe that the battering behavior could result in severe harm to the child.

Also consider founded for threat of harm if the parent/caregiver has caused the death of the child's other parent/caregiver and the behaviors, conditions, or circumstances that caused that death have not ameliorated.

Physical abuse

Consider physical abuse as the type of abuse that occurred when a child was injured during domestic violence.

Generally the batterer, not the adult victim, is identified as the perpetrator of child abuse in the context of domestic violence. There are situations, however, in which the adult victim of domestic violence may perpetrate another form of child abuse or neglect not connected to the batterer's pattern of coercive control.

Safety analysis

The safety analysis determines if the child is safe or unsafe by analyzing the safety threats, the child's vulnerabilities and whether or not the caregiver is willing and able to protect. Understanding how the safety threats are occurring within the family is a critical component of the analysis. Consider the length of time, frequency, and predictability of the safety threats as well as the specific times that may require special attention, identified individual or family behaviors, and conditions or circumstances that prevent a parent from adequately functioning in a parenting role. When looking at those behaviors, conditions or circumstances focus on the batterer's behaviors and how they present a safety threat to the child. The batterer, not the adult victim, is responsible for those behaviors.

Factors that may indicate a child is safe include:

- On-going supervised access or no access by the batterer to the children (if the batterer is a legal parent, a civil court order is in place to enforce restriction on access);
- Active involvement with the batterer by the criminal justice system and an appropriate intervention program with clear monitoring; or
- Support services in place for the adult victim and children that help the adult victim provide safety and mitigate the impact of the batterer's behavior.

The above factors need to be sustained over time, as opposed to a short term situation.

If you determine that a child is safe and the case is closed, consider referrals to the local domestic violence service providers and other community resources for services. Talk to the adult victim and the children about domestic violence safety planning.

Developing an on-going safety plan

If it is determined that a child is unsafe, an ongoing safety plan must be developed.

Efficient, Effective Safety Planning¹¹

- Requires knowledge about batterer's pattern of coercive control
- Builds on victim's efforts to promote the safety and well-being of the children
- Is developed in collaboration with the victim
- May include a domestic violence shelter, police or protective order, but does not mandate or rely on these interventions
- Includes informal resources (friends, family, employer)
- Attempts to account for other critical needs of the children, like stability
- Is well documented

Whenever possible, develop in-home safety plans for keeping the non-offending parent and children together. One of the key resiliency factors for children is their bond to the non-offending parent. Nurturing that bond by keeping them together may help mitigate the impact of the batterer's behavior. Additionally, national experts caution that for those children in homes where there is domestic violence, disruption of that bond may be even more traumatic than in situations where there is no domestic violence.¹²

A juvenile court petition must be filed or a civil court order must be in place in order for either parent's access to the children to be limited. A juvenile court order can limit a legal parent's contact. A juvenile court restraining order can limit or prohibit the batterer's contact with children if they have been physically or sexually abused and a petition has been filed.

When child protective services must file petitions in juvenile court or place children use language that focuses on the batterer's role in creating harm or risk to the children. For example:

- "Despite the mother's efforts to protect the children, the perpetrator is creating conditions that are a safety threat to the children."¹³

¹¹ "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

¹² Summary of Expert Testimony on the Impact of Children Witnessing Domestic Violence from **the Decision of U.S. District Judge Jack Weinstein in *Nicholson v. Williams*, Case #00-CV2229, U.S. District Court, Eastern District of New York**

¹³ "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

Factors that might determine whether child safety can be provided only through out-of-home placement:

- No other workable plan can be put in place;
- Other types of child abuse create additional safety threats that cannot be managed;
- The batterer continues to expose children to serious violence despite intervention;
- The child has reduced ability to manage circumstances or has conditions that increase vulnerability; or
- Adult abuse of alcohol or other drugs presents safety threats.

The ongoing safety plan may include placement with the non-custodial parent or another relative. When considering these placements, assess for domestic violence in their relationships. The placement may be suitable if you determine that:

- There is no history of a pattern of power and control by any person in the household;
- The relatives understand and acknowledge the risks presented by the batterer;
- The relatives do not blame the adult victim or children for the violence;
- The relatives understand or are willing to learn the effects of domestic violence on the children;
- The relatives can work with child protective services to provide continued safety; and
- Additional services and supports are needed.

Child Safety Meeting

Be thoughtful and plan Child Safety Meetings carefully. Ask the adult victim what will create a safe environment to allow for full participation. Put safety measures in place for before, during and after the meetings.

If the batterer is a legal parent, begin with the assumption that separate meetings will be held with the non-offending parent and the batterer.

If the adult victim wants the batterer present, ensure that there are people present (i.e., batterer intervention specialists, parole and probation, or law enforcement) who will clearly hold the batterer responsible and interrupt any intimidating behavior. Make sure there aren't restraining orders or no contact orders that would prohibit joint meetings.

Condition for return home

The conditions for return of children home from substitute care are those conditions necessary to have an in-home safety plan. The parent in the home must be willing and able to participate in an on-going safety plan and continue to work with DHS on the expected outcomes. The home situation has to be calm, safe and stable enough that it can be supported and monitored by the safety service providers.

Indian Child Welfare Act

In addition to administering ICWA policies, tribal courts can issue tribal restraining orders and prosecute misdemeanor assaults committed on tribal lands while federal courts can prosecute the felony assaults. Tribes may have domestic violence specialists in their courts or social services. Check with the ICWA contact or the local domestic violence service provider.

Identifying and notifying legal parents of Department involvement

When searching for absent parents in all cases, ask about domestic violence history in that relationship. Check police records, restraining order information and other sources. If the case involves an adult victim concealing his or her own whereabouts for safety reasons, discuss safety planning and take necessary precautions when preparing written information and court documents.

There is no exception to notifying a legal parent if the child is placed in custody.

If you have concerns or questions about pursuing child support, contact the Children's Benefits Unit at 503-945-5720.

Visitation

The batterer's relationship as a parent presents complex issues. The batterer may not have been physically abusive to the children. However, the climate of domestic violence is traumatic for both the adult victim and the children. In addition, the tactics of manipulation and control may be present in the batterer's relationship with the children.

- Start with the assumption that visits between the batterer and the children, if they occur, should be supervised.
- Check on possible restraining orders, no-contact orders or conditions of probation or parole that would affect visitation.
- Arrange visits carefully to ensure the safety of the children and the adult victim. Schedule separate visits when possible to increase safety and to allow the non-offending parent uninterrupted parenting time with the children.
- Give the visit supervisor adequate information on domestic violence and tactics of the specific batterer.

- Talk to the child and non-offending parent to identify any of the batterer's behaviors that cause discomfort or fear.
- Ask the non-offending parent and the child (if old enough) to identify subtle tactics the batterer uses to manipulate or threaten the child and watch for those in the visitation.
- Have a child use a code word if feeling unsafe.
- Reassure the child that it is the responsibility of the visit supervisor to intervene in the visit.
- Set limits on behaviors and conversation allowed in the visits.
- Do not allow the child to be used to exchange information, gifts or other property or tell the batterer about the non-offending parent.

Notifications

Department policy requires that perpetrators of child abuse or neglect receive written notification of their right to contest the finding. In domestic violence situations, the method of delivering the notice should maximize safety of all involved: the child, adult victim and case worker. Safety may be affected whether the batterer is in the home or living elsewhere. If notification may make a child or adult unsafe, a CPS supervisor may authorize an exception to the requirement to provide notification based on documentation supporting that conclusion.

Safety should be a primary consideration in choosing whether to hand deliver or mail the notice. Inform the adult victim of our requirement to deliver the notice and engage the adult victim in safety planning. Law enforcement assistance may be helpful.

Hand delivery directly to the batterer or other methods that do not place the adult victim in the position of delivering the notice is recommended. If mailing the notice is necessary;

- Inform the adult victim of the need to deliver the notice;
- Engage the adult victim in planning a safe delivery;
- Encourage the adult victim to not accept delivery for the batterer;
- Explain the notice to the batterer; and
- Inform the batterer that the notice will be sent and that it is appropriate for him or her to sign for it.

Permanency

Protective Capacity Assessment (PCA)

The CPS Assessment and Safety Analysis determine if a child is safe or unsafe. When it is determined the child is unsafe at the conclusion of the assessment, an ongoing safety plan is developed and the case is opened for services. The next phase is assessing the protective capacity of the parents or legal guardians. The PCA is intended to be a process of mutual discovery between the parent(s) and the case worker. It should reveal the cognitive, behavioral and emotional characteristics that are present (i.e., enhanced, strengths) and helpful in safely parenting, or not present (i.e., diminished, needs). The cognitive, behavioral and emotional characteristics should directly relate to the identified safety threats.

When the case worker understands which protective capacities must be increased to regain child safety, the case worker can develop expected outcomes that are measurable and clearly focused on child safety. The focus is not on the services a parent must complete, but rather on the changes that need to happen for the parent(s) to safely parent in a sustainable way.

The PCA looks at the impact of the batterer's pattern of coercive control, the parents' perspective on or awareness of the safety threats and the parents' motivation to make needed changes. Then, determines whether the parents and the Department can agree on what change is needed.

Domestic violence may not have been initially identified as a safety threat in the assessment process when other abuse and neglect issues were present. Building rapport with the adult victim during the PCA can facilitate the sharing of information about domestic violence. This discovery can lead to a change in the on-going safety plan and in the conditions for return.

The following material relates to families for which domestic violence has specifically been identified as a safety threat; in other words, "one or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously." Other safety threats and diminished protective capacities may also exist in families where domestic violence is present.

There are four stages in the initial PCA: preparation, introduction, exploration, and change strategy and case planning. The first stage is undertaken by the case worker to thoughtfully prepare to engage the parents in the process. The second stage is intended to introduce the concepts of the PCA to the parents and to request their willingness to engage in the process. In the final two stages you discover what needs to change and develop a case plan to bring about those changes. (The final two stages are combined for this discussion.)

We need to engage with both parents to determine what they are already doing to protect the child and how we can build on that, both in terms of enhancing physical safety for the child as well as emotional safety and well-being for the child.

It is important to continue interviewing and asking about domestic violence in ways that promote the adult victim's safety. Separate interviews and plans should be considered.

PCA with the batterer

It is the batterer's violence and controlling behaviors that are making the child unsafe. Identify specific behaviors and document how those behaviors are affecting the child. Types of behaviors can include using the children as weapons against the other parent by controlling access; having the children tell the batterer what the other parent is doing; repeatedly reporting the non-offending parent to the Department; undermining the non-offending parent's parenting; and undermining the normalcy and stability that children need¹⁴. Examples include:

- The batterer has no history of protecting the children.
- The batterer uses violence when the child is in extremely close physical proximity, causing a high likelihood of injury.
- The batterer does not view violent and controlling behaviors as in direct conflict with his or her responsibilities as a parent. The children are at high risk of physical injury.
- The batterer does not display concern for the children and their experience.
- The batterer is not intent on emotionally protecting the children.
- The batterer denies violent behavior toward the adult victim and in the presence of the children.
- The batterer does not believe the behaviors are causing the child to be fearful and regress in school.
- The batterer continuously undermines the adult victim's relationship with the child.

¹⁴ Connecticut Domestic Violence Consultant Initiative

- The batterer has an inaccurate perception of reality. This does not mean that there is a psychiatric disorder. This means the batterer is using criminal thinking and has a sense of entitlement that the behavior is normal and acceptable.
- The batterer feels entitled to use controlling tactics over the adult victim and children.
- The batterer's self perception is as the victim — blaming the adult victim, the children and the system for the need for intervention.

Don't use diminished protective capacities that focus on being self aware or on meeting emotional needs. That may lead to action plans and services that emphasize mental health that will not address the battering behaviors. Similarly, psychological assessments will not identify whether someone is a batterer. Domestic violence is a behavioral problem based on the use of power and control, not a mental health issue. Use Batterer Intervention Programs for assessment.

It is very important to clearly document and discuss the batterer's pattern of coercive behavior, actions taken by the batterer to harm the children, and the adverse impact of the batterer's behavior on the children. Understanding these patterns and their impact will help to set child centered expectations for batterers.¹⁵

- Examine how the batterer interferes with the normal development of the children
- Focus on the specific actions that affect the children
- Avoid double standards around mothers and fathers. As a culture, we often normalize the lack of nurturing and child care performed by fathers. It is important that expectations around promoting the well-being of children be equitable
- Connect the batterer's pattern of coercive behavior to the children's needs: either how the behavior has created needs or how the behavior has ignored or denied needs
- The batterer may lack knowledge about domestic violence and its impact on children.
- The batterer may be facilitating the addictive behaviors of the non-offending parent

Psychological and substance abuse assessments will identify if batterers have co-existing issues that also need to be addressed.

¹⁵ Based on "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

For the batterer who is a substance abuser, refer to both batterer intervention programs and chemical dependency programs. Substance abuse does not cause a batterer to exert power and control by battering. However, increasing substance abuse may make the battering more visible as the batterer may be less competent in covering the battering up. They still are separate issues, and both need to be addressed. Use chemical dependency programs that understand the dynamics of power and control and work cooperatively with batterer intervention and domestic violence service providers.

Do not have the batterer go to the same program as the non-offending parent. If this is not possible, make it clear to the batterer that they are responsible for avoiding contact with the non-offending parent.

Also identify the batterer's positive protective capacities. The batterer may take action and provide for the child's basic needs, including paying child support. The batterer may express love and concern for the child. Appropriate concern for the child may be determined by compliance with the safety plan and appropriate visitation. The batterer may support the non-offending parent's ability to parent and encourage their relationship with the child. These strengths can be built upon and used to engage the batterer in the change process.

An excellent resource on how to work with batterers is [Accountability and Connection with Abusive Men](#) by Fernando Mederos. It can be downloaded from the Green book Web site at www.thegreenbook.info/documents/Accountability.pdf. Strategies from that document include:

- Treating the batterer with respect but setting firm limits on behaviors in the interviews;
- Keeping the focus on the impact on the children.

PCA with the adult victim

The requirement for a protective capacity assessment with the victim does not mean that we are blaming the adult victim for the situation. The children's safety is the focus. Whenever a parent cannot protect the children from a safety threat, the Department must be involved until (1) the child is no longer vulnerable to the safety threat, or (2) the safety threat is no longer unmanaged; for example, there is a parent or legal caregiver who can and will protect the child from the safety threat. The focus isn't on blaming the non-offending parent for not being protective; the focus is on identifying what can be done to increase the parental capacity to safely parent the child.

These capacities, once identified, are the basis of the protective capacities that will be used to effect change. In other words, we could document the full spectrum of the non-offending parent's efforts to promote the safety and well-being of the children. Document those as protective capacities and build on those actions. We can also identify and document what the batterer has done to interfere with the non-offending parent's ability to safely parent, and what needs to happen to remediate that interference and regain child safety.

When identifying the non-offending parent's strengths and potential actions:¹⁶

- Do not rely on law enforcement, restraining orders, or forcing the batterer to leave the home/family
- Avoid the double standard around mothers and fathers. Mothering behaviors that we, as a culture, often take for granted are examples of the non-offending parent's promotion of the children's safety and well-being
- Identify prior traditional and non-traditional safety planning
- Identify day to day care of the children
- Document the positive impact this day to day care has had on the children

It is very important to be specific about what is contributing to the adult victim's inability to adequately protect the child. It may be a lack of knowledge about domestic violence, the violence's impact on the children, or available resources. The adult victim may have co-existing issues of substance abuse or mental health which could be due to the trauma experienced. It also may be that after repeatedly taking action and using available resources without success, the adult victim needs help overcoming the barriers that have prevented success in the past.

Some adult victims may have started abusing substances as a result of the domestic violence and/or other trauma, or may have been coerced by their batterer. Recent research on trauma recommends addressing the trauma during the treatment for substance abuse, rather than doing substance abuse treatment first, then dealing with the impact of the domestic violence. Consult with both domestic violence service providers and chemical dependency programs. Address additional safety needs when the batterer is also the adult victim's supplier.

Use chemical dependency programs that understand the dynamics of domestic violence and victimization. Many treatment and 12-step programs offer gender-specific treatment and support groups. Do not have the adult victim go to the same program as the batterer. If this is not possible, work with the program to maximize safety and support. Look at scheduling attendance on different days or times, attending different groups, etc.

¹⁶ Based on "Safe & Together Model" by David Mandel at <http://www.endingviolence.com>

Resist referring adult victims for mental health assessments. The effects of trauma do not constitute mental illness. General understanding of the effects of trauma is just beginning. If a mental health assessment is deemed necessary, carefully choose evaluators who have a good understanding of domestic violence, trauma, and its effects on victims.

Expected outcomes

Use what you learn about the safety threats and diminished protective capacities to determine the expected outcomes. Clearly identify the behavioral, emotional and/or knowledge changes that are necessary in order for the children to be safe and for the Department to close the case.

For the batterer, the expected outcome can be that the batterer takes responsibility for the violence and ceases to expose the children to controlling and violent behavior. Examples of behaviors that support accountability, responsibility and safety include:

- Ceasing to use tactics of coercive control, including violence if that is part of the pattern;
- Accepting responsibility for the choice to use tactics of coercive control and/or to be violent and saying that clearly to the adult victim and children;
- Accepting the responsibility for choosing to expose the children to domestic violence;
- Agreeing to and following through with safe levels of contact;
- Supporting the non-offending parent's parenting and relationship with the child;
- Demonstrating an understanding of the effect the domestic violence has on the children by supporting their participation in counseling;
- Demonstrating equal responsibility for the children's safety and well-being;
- Meeting the children's basic needs, such as financial and emotional support, without manipulating them or using them as bargaining tools.

For the adult victim, determine expected outcomes that are realistic. For example, an expected outcome that the adult victim will live free of violence is not realistic as an outcome. The adult victim has no control over whether the batterer is violent.

We cannot limit contact between adults. Therefore, an outcome that requires the adult victim to have no contact with the batterer is not appropriate.

An outcome requiring that the non-offending parent not allow the batterer to have contact with the children also is not appropriate. The adult victim may not have any control over whether or not the batterer makes contact. Additionally, there may be civil court orders that give the batterer access to the children. The responsibility for safe and appropriate contact with the children lies with the batterer.

Appropriate outcomes for the non-offending parent are those that demonstrate adequate skill in fulfilling caregiver responsibilities. Examples include that the non-offending parent will:

- Have an appropriate plan and arrangements for child safety if there is contact from the batterer;
- Access civil court resources that restrict contact; or
- Mitigate the impact of the batterer’s violence on the child by involving the child in counseling.

Action agreements

Action agreements outline the actions, services and support needed to improve the behaviors, conditions or circumstances to increase child safety and enhance a parent’s protective capacity.

Action agreements for the batterer

For batterers, it is important for them first to stop being violent, begin taking responsibility for the violence, and reduce their use of power and control tactics. Only then may it be possible for the other parent or the children to safely participate in other services with them. Unless these criteria are met, family or couples counseling or other services with joint contact are not appropriate.

- Explore ways the batterer can meet the expected outcomes.
- Refer the batterer to a batterer intervention program that is in compliance with the state administrative rules creating batterer intervention standards. These can be accessed at: http://arcweb.sos.state.or.us/rules/OARS_100/OAR_137/137_087.html
- Do not refer batterers using a pattern of coercive control to an “anger management” program. (Refer to the following section on batterer intervention).
- Coordinate with the criminal courts, batterer intervention programs, parole and probation, civil courts and other systems holding the batterer accountable.
- Sequence action agreements and services to focus first on “barrier” issues that must be dealt with before family members can benefit from other services. For example, batterers with co-existing substance abuse problems may need to establish initial recovery; those with an acute and untreated mental illness may need to be stabilized on medication. However, it may be more effective to treat these issues concurrently. Consult with the batterer intervention program.
- Refer to culturally competent or culture-specific programs.

Action agreements for the adult victim

Schedule individual meeting(s) with the adult victim without the batterer present to develop the case plan.

Don't mandate a specific service or option; instead, explore choices with the adult victim to meet the expected outcomes.

- As with any Department case, develop action agreements that are realistic and focus on the most immediate issues first. The case plan can include multiple action agreements. Talk with the adult victim about other issues such as housing, court involvement or employment and coordinate planning so as to not overwhelm.
- For non-offending parents who also have substance abuse and/or mental illness, recent research stresses the importance of dealing with trauma in conjunction with dealing with the substance abuse/mental illness as opposed to dealing with one first.
- Focus on the concrete supports victims need (housing, financial assistance, legal protection) as well as support that counteracts coercive tactics used by the batterer.
- Continue to document the pattern of coercive control used by the batterer, including tactics such as: isolation, taking away the adult victim's power to make decisions or humiliation. This will help to identify the support services needed. Empower the adult victim by building strengths and supporting decision-making.
- Refer to culturally competent or culture-specific programs.

Services for children

Include the children's unique needs and strengths in service planning.

Your community may lack services for child witnesses of domestic violence. If a child is living with the non-offending parent in a shelter, there will be individual support for the child, and there may be a children's group. Some domestic violence service providers, other community agencies and private therapists also offer voluntary groups for children in the community.

The immediate goals with children are to:

- Assess safety threats to them and develop ways for them to be safer.
- Assure the children that the violence and intervention are not their fault.
- Identify and work toward healing the effects of the violence.
- Maintain the children's bond with their parents, as appropriate.

Longer-term goals are to assess the trauma to the child and determine if mental health and other support services are needed. Children may access mental health services through the Oregon Health Plan. In addition, children who witness domestic violence may be eligible to have counseling paid for by Crime Victims Compensation. To do that, the adult victim must be eligible and file a claim. Prosecution of a case is not necessary in order to qualify for crime victim compensation or mental health services. The child's counseling can be paid as a benefit on the adult victim's claim. Check with your local crime victim assistance or crime victim compensation program for details.

If the children are living with ongoing domestic violence, they should have a plan to stay safe. The plan should include a "safety net" of supportive adults outside the home.

Family meetings

When using a family meeting:

- **Begin with the assumption that the batterer will be excluded from the meeting. The batterer can be represented through a letter or at a separate meeting.**
- Plan family meetings carefully. Develop safety plans for before, during and after the meetings.
- Arrange for support people for both adult and child victims.
- Ask a domestic violence service provider to give information about domestic violence to the participants, if it is safe to do so.
- If the adult victim wants the batterer present, ensure that there are people present who will clearly hold the batterer responsible and interrupt any intimidating behavior (for example, Parole and Probation, law enforcement, or a domestic violence point person from the Department).

The following link identifies the current DV point person for each district:

<http://www.oregon.gov/DHS/abuse/domestic/consumers.shtml>.

On-going safety monitoring

As in any case, continue to monitor for safety as the case progresses. As the adult victim and children feel safer, they may make more disclosures about domestic violence.

The batterer may still be exercising power and control even if out of the home. The batterer may use visitation or court procedures to continue to intimidate the victims. Asking about safety throughout the case can help identify these tactics.

On an ongoing basis:

- Conduct individual interviews with parents and children to assess safety.
- Maintain regular contact with family members, safety service providers and support people identified by the parents.
- Maintain regular contact with parole and probation, batterer intervention programs, domestic violence programs and other service providers to assess safety and progress.

Case closure

As with any case, the case is closed when the expected outcomes are met and the child is safe.

Confidentiality and information sharing

Child Protective Services:

Consider safety concerns for both child and adult victims throughout the case when documenting and releasing information.

Department cases with domestic violence follow standard confidentiality policy requirements. In Department cases, case information is confidential and has some protections, including prohibition of release of personal information to another person such as the domestic violence batterer. DHS may release information necessary to complete the child abuse assessment, but only the minimum necessary information to accomplish the intended purpose should be disclosed. Consider the potential impact on safety for both the child and adult victim.

Written information

Consider using sensitive case designation when necessary to protect the safety of both adult and child victims, especially if the batterer is an employee of DHS, law enforcement or a community partner.

Inform adult victims what pieces of their information will be included in the case file and what will be part of the court record that the batterer may access. Remember, the case plan form (333) allows for keeping addresses confidential.

Court information

Information provided to the court can be viewed by the other party in a case, including the batterer. Do not include addresses in the court report if there is a safety concern. Service and safety plans can be described in general terms so as to not disclose specific information to the batterer. If the situation requires sharing sensitive information which may affect safety, request in chambers meeting with the juvenile court judge to disclose that.

Domestic violence shelters:

State and federal funding statutes and regulations for domestic violence shelters and related services require funded agencies to keep client information confidential. Information can be released only with consent of the client. Domestic violence programs are not cited in the statute as mandatory reporters, although they may have staff or volunteers who fall under the mandatory reporting requirements. When they make a report of child abuse or neglect, they can release only the information necessary for that report. Domestic violence programs must obtain consent from clients to release further information.

Practice principles: cooperation, confidentiality and safety concerns

For both Department staff and domestic violence advocates, maintaining confidentiality is an essential part of building trust with our clients. However, too often, domestic violence and child abuse are hidden secrets within families. Breaking that isolation and secrecy may assist victims in achieving safety.

Staff in both agencies should obtain signed consent forms for release of information. The release should specify to whom the information will be released and the type of information. Before obtaining signed consent, discuss with the adult victim what information may be shared and what might happen with that information, including what could be included in a court document that the batterer may access. Explain the victim's confidentiality rights as well as the limits to those rights. Safety concerns may take precedence over confidentiality.

Family Support and Connections program

Family Support and Connections is available for TANF and Child Welfare clients. Staff provide families with advocacy for services in the community, supports to strengthen parenting, coping skills and other necessary skills to support the healthy development of their children.

Services include: home visits, strengths/needs-based family assessments, advocacy, individualized family plans, outcome-based case planning and emergency services. They are designed to increase the parental protective factors of nurturing and attachment, knowledge of parenting and child development, parental resilience, social connections and concrete supports for parents.

Section V. Tools and specific considerations

CPS screening: strategies & sample questions

The following questions can be adapted to fit your interviewing style. Start with open-ended questions first and then ask follow-up questions.

Screening any report of child abuse or neglect for domestic violence

Sample questions to ask a reporter of child abuse or neglect include the following.

1. Who is in the household? How are they related to each other?
2. Tell me about the relationship between the adults.
3. Is anyone in the family afraid of or intimidated by other family members?
4. Tell me if anyone else in the family has been hurt.
5. Have the police ever been called to the house? If yes, tell me about that. How many times? Was anyone arrested?

If the reporter reveals information about domestic violence, move into the more specific questions in the next section.

Screening questions when there are domestic violence allegations

Sample questions include:

1. Describe what makes you concerned about the situation. Has the violence changed or increased over time? How often does it happen?
2. Tell me about any recent injuries or accidents.
3. If the police are or were involved, what happened?
4. Where were the children during the abuse? Describe what the children do during the abuse.
5. Tell me about any threats to hurt or kill family members or pets.
6. Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, tell me about that. Describe what, if any, weapons are in the house.

7. Has any family member stalked (harassed, followed, tracked, menaced) another family member? Has anyone taken a family member as a hostage? If yes, tell me about that.
8. Has the alleged batterer threatened to leave with the children? If so, tell me about that.
9. Tell me about any family members using drugs or alcohol.
10. Describe any effects of the domestic violence on the children.
11. Who is protecting the children now?
12. Describe any contacts the alleged adult victim has with family members or community members.
13. Tell me about any assistance the alleged adult victim has tried to access.
14. Describe any assistance that has been given by people or agencies (e.g., family members, friends, churches or social service agencies).
15. Tell me what you think will happen if we contact the family. Do you think the family will be safe if we contact the family? Will the worker be safe?
16. Where is the alleged batterer? Is there a time the batterer is not at home?

CPS assessment strategies and questions

Assessment questions for the alleged adult victim

General questions about domestic violence:

The following are sample questions to ask the alleged adult victim. They ask about the situation and the power and control tactics. Adapt these to your style, the language the alleged adult victim uses and the situation. Many adult victims may not identify what is happening as domestic violence. Calling it “violence” during the assessment questioning may inhibit the conversation. It is important, though, to label it as domestic violence and provide information on domestic violence toward the conclusion of the interview.

1. Are you safe right now to talk?
2. Tell me about your relationship.
3. How do decisions get made?
4. How do you and your partner divide household responsibilities?
5. How do you and your partner make decisions about money? Can you spend money when you want to? Whose name is on the accounts?
6. What happens when you and your partner disagree?
7. What do you do during the day? Has your partner prevented you from going to work/school/church? Tell me about that.
8. Does your partner harass you or make it difficult for you to work?

9. Who are your friends and family? How much contact do you have with them? Is your partner usually there? Has your partner prevented you from seeing friends or family?
10. Does your partner listen in on your phone calls or otherwise monitor your communication? Tell me about that.
11. What happens when your partner feels jealous or possessive?
12. Does your partner call you names, insult you or scream at you?
13. Have you ever felt afraid of your partner? Tell me about that.
14. Has your partner ever threatened you, your children or your family? Tell me about that.
15. Does your partner threaten to take your children?
16. Does your partner threaten to take you away from your family?
17. Does your partner ever threaten you with deportation? Is your partner making it difficult for you to get legal status?
18. Does your partner do reckless things that scare you, such as driving too fast with the children in the car? Tell me about that.
19. Has your partner ever used force against you? Pushed? Shoved? Hit? Strangled?
20. If your partner has used force against you, tell me about the worst episode. What was the most recent episode?
21. How frequently does this happen?
22. How often do you get hurt by accident?
23. Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, tell me about that.
24. How does your partner treat your pets? Your property?
25. How often does your partner drink or use drugs? What happens then?
26. Does your partner have recent military or law enforcement training?
27. Have you left before? What happened when you did?
28. Has your partner threatened suicide?
29. What was/is the relationship between your parents? Your partner's parents?
30. Have you ever been forced into doing something that makes you uncomfortable?
31. Has your partner pressured you or forced you to have sex? Tell me about that.
32. On a scale from 1-10, how safe do you feel?
33. If you could change one thing about your partner, what would it be?

Impact on the children

Additional questions to ask the non-offending parent to assess the impact of the violence on the children include the following:

1. Describe how your partner disciplines the child, and what for.
2. Does your partner call your children names, insult them, or yell at them?
3. Is your partner able to take care of the child and keep the child safe? Does your partner make decisions that are best for the child?
4. Describe how your partner supports your parenting and how your partner interferes with your parenting.
5. Where are the children when the fighting happens?
6. Describe how the children respond to the abuse. Have they ever tried to stop the abuse?
7. Have the children ever been hurt, either accidentally or on purpose? Tell me about this.
8. Have you noticed any effects on your children?
9. Are you concerned about any of your child's behavior?
10. Have you noticed changes in your child's behavior?
11. Does your child have trouble sleeping?
12. Is your child getting sick more often?
13. Describe any problems your child has in school or with friends.
14. How often have you had to move or change the child's school?
15. Describe activities or groups your child is involved with.
16. Have you ever suspected that your partner may have been sexually inappropriate with your child?
17. If your child has visits with your partner, how has that been going? What does the child say about the visits? What happens at drop-off and pick-up times?
18. Does your partner ask the child to pass messages to you or ask the child to report what you do during the day?
19. How do all the things we've talked about today affect the way you can care for your child?
20. On a scale from 1-10, how safe are your children? How safe do they feel? How safe do they think you are?

Full spectrum of efforts to protect

It is also important to assess strengths and protective factors in the family and the strategies the alleged adult victim has used to stay safe and keep their children safe. Ask things like:

1. How are you managing day to day?
2. How are you maintaining a regular schedule for the children?
3. Are the children in school?
4. Do the children get regular meals and a routine at bedtime?
5. Are the children getting regular medical and dental care?
6. Describe what you do to keep yourself and your children safe.
7. Who are friends and family members you can talk to?
8. Has anyone been able to help you?
9. What has worked for you in the past?
10. Have you ever left the situation? Where did you go? What happened?
11. How are you talking to your children about the situation?
12. What has your partner done to stop being abusive?
13. What do you think needs to happen for you and your children to be safe?

Concluding the interview with the alleged adult victim

1. How dangerous do you think your partner is? What do you think your partner is capable of? What is the worst-case scenario?
2. How do you think your partner will react when finding out we talked to you?
3. How do you think your partner will react when finding out we talked to the children?
4. How do you think your partner will react when receiving the notice of disposition?
5. What do you think will happen when I leave?

Assessment questions for the alleged batterer

General questions about domestic violence

The following are sample questions to ask the alleged batterer. You may want to reassure the alleged batterer that the domestic violence questions are a routine part of any family assessment. These questions can also be used to screen for domestic violence when it was not part of the allegation. The questions ask about the situation and the power and control tactics. Adapt these to your style and the situation. Many alleged batterers will not identify what is happening as domestic violence. Calling it “violence” during the assessment questions may inhibit the conversation. It is important, though, to label domestic violence behavior as domestic violence and provide information on domestic violence toward the conclusion of the interview.

1. Tell me about your relationship.
2. How do decisions get made?
3. How do you divide household responsibilities?
4. How do you make decisions about money? Whose name is on the accounts?
5. What types of things are children disciplined for? What happens?
6. What does your partner do during the day?
7. Who are your partner’s friends or family? How often does your partner see or talk with them?
8. Do you ever feel jealous or possessive and if so, what do you do?
9. Do you listen in on your partner’s phone calls?
10. What happens when you and your partner disagree?
11. Do you call your partner names, insult or scream at your partner?
12. Does your partner ever seem afraid of you?
13. Has anyone been hurt during an argument? What happened? Was anyone pushed, shoved, hit, strangled, etc.?
14. If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen?
15. Do you have weapons (knife, guns, etc.) in the house? Have you used them against your partner?
16. Have the children ever been hurt? Where are they when this happens?
17. When this happened what did you do? What did other family members do (including pets)?
18. Has property been destroyed or damaged?
19. Do you or your partner use alcohol or drugs? How often?

20. Do you have recent military or law enforcement training?
21. On a scale from 1-10, how safe do you feel in your family? How safe do you think your partner feels? Your children?
22. What was the relationship like between your parents?

Impact on the children

Additional questions to ask the batterer to assess the impact of their violence on the children include:

1. Have you noticed changes in your child's behavior?
2. Are you concerned about any of your child's behavior? If your child visits you, how has that been going? How much time do you spend together? Who, if anyone, helps care for your child on visits?
3. Does your child have trouble sleeping?
4. Is your child getting sick more often?
5. Describe any problems your child has in school or with friends.
6. How often have you had to move or change your child's school?
7. Describe activities or groups your child is involved in.
8. How do you think your children see you or feel about you?
9. How does the abuse interfere with the care of your child?

Engagement without collusion

It is also important to assess opportunities for change and intervention. Ask:

1. How would you like your child to think of you?
2. How would you like your child's relationships to be in the future?
3. What have you done to stop the violence?
4. Whom have you asked for help?
5. What happened when you asked?
6. Who are friends and family members you can talk to?

If a batterer tends to identify his or her partner or children as the problem instead of his or her own behavior, the batterer might be open to services for the partner or children. The worker can then use this as an opportunity to work with the adult victim and children. However, be careful as this can be seen as colluding with the batterer and reinforcing the batterer's control.

1. If you could change one thing about your partner, what would it be?
2. Are there any services or information you or your partner might want to help strengthen your family or to improve parenting skills?
3. Are there any services or information your children need?

Assessment questions for the children

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

Ask general questions first.

1. Who lives or stays in your home (including pets)? Who visits?
2. What things do you do with your mom? What things do you do with your dad?
3. What's your favorite thing about your mom?
4. Is there anything about your mom that makes you sad, scared or worried?
5. What's your favorite thing about your dad?
6. Is there anything about your dad that makes you sad, scared or worried?
7. What are the rules in your house? Any are any specific rules just for your mom or dad?

If the child discloses violence, follow-up with clarifying questions to define terms and determine what happened.

1. Does anyone hit, shove, push, or throw things? Who does that?
2. Tell me about the last time that happened.
3. When this happened what did you do? What did other family members do (including pets)?
4. Has anyone been hurt? Who was there? What happened next? (Follow-up with specifics about police, doctors, etc.)
5. How does it make you feel?
6. Has anyone asked you not to talk about this?
7. Are you worried or scared about anything?

When ending the interview

- Do you have anyone you can talk to if you don't feel safe....when you are worried....when you are hurt? Who do you talk to when you don't feel safe....are worried....when hurt?
- What would you like to see happen?
- If you could have three wishes, what would they be? (You are looking for the child to have normal developmental wishes. Responses indicating concern may include: I wish my mom would not get hurt anymore or I want my family to stop fighting.

Talk to the child about what will happen next. Tell the child what information you will be sharing with the adults.

Teen parent cases with domestic violence

Introduction

There is growing evidence that pregnant adolescents are at increased risk for domestic violence. One study revealed that 26% of mothers age 17 or younger, and 23% of 18- and 19-year-old mothers, experience violence before, during or after their pregnancies.¹⁷ In a study of 192 pregnant teens, over 33% reported multiple incidents of violence during pregnancy... While the majority of teens reported being battered by a current or former partner, about 25% reported a relative, including mother (9.6%), father (6.5%), and brother (6.5%).¹⁸ In a study of 379 pregnant or parenting teens and 95 teenage girls without children, 62% of the girls aged 11-15 years and 56% of the girls aged 16-19 years reported experiencing domestic violence at the hands of their partners.¹⁹

While these are recommendations for working with teen parents where domestic violence is a factor, it is important to remember that teens are not a mono-cultural group. Each teen is a unique individual, and their worldview may be impacted by many competing factors. For example, teens come from rural areas, face sexual identity issues, may be immigrants or members of immigrant families, may be tribal members, may be differently abled, or impacted by their race, religion and/or ethnicity. Street and/or gang culture can be a very strong influence in a teen's life. Always keep in mind historical issues when working with teens, i.e. Native American teens may have a very well-founded fear of government.

¹⁷ Gesner, B.D., & Perham-Hester, K.A. (1998). Experience of violence among teenage mothers in Alaska. *Journal of Adolescent Health*, 22, 383-388

¹⁸ Covington, D.L., Justason, B. J., and Wright L.N. (2001). Severity, manifestations, and consequences of violence among pregnant adolescents. *Journal of Adolescent Health* 28, 55-61

¹⁹ Center for Impact Research (2000, February). Domestic Violence and birth control sabotage: A report from the teen parent project. Chicago, IL: Author.

Teen parents & CPS screening

The screener must determine whether the report is an allegation of abuse and neglect as defined in statute. When screening, keep in mind that school personnel can be very useful sources for collateral information on teens. If it is learned during the screening process that a teen survivor is pregnant, keep in mind that this is the most dangerous time for a survivor involved in a DV relationship.

Should the report not constitute an allegation of abuse or neglect, it is strongly suggested that referrals for teen services be made at this time.

This is a link to the screening policy:

http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab2.pdf

Teen parents & assessing threat of harm

Always consider placing the teen survivor and her child/ren together.

The parent or caregiver of either teen parent may or may not be a support or safe placement. It is important to discover whether or not either teen parent was or is exposed to domestic violence in their family of origin. It is also important to know if either teen parent has been a victim of child abuse or neglect by their parent or caregiver.

If during the course of the assessment it is determined that either teen parent is the victim of abuse or neglect, a new report must be made to the child abuse hotline. When a new report is made to the child abuse hotline and meets the criteria for a CPS assessment, whenever possible, the assessment will be conducted by a different CPS worker.

Remember, the perpetrator of the new report of abuse could be the parent or caregiver of either teen parent. They could also be the teen survivor's abusive partner. The fact that the teen survivor has been a victim of domestic violence may, in and of itself, be reportable.

Teen parents - When working with either the batterer or the non-offending parent

Keep in mind that teens may rely more heavily on non-traditional support people – even peers or teen leaders in the community – who may be able to influence the batterer's behavior or support the non-offending parent. Self-identified “family” and friends may be the most effective resources, especially for teens. It may be important to pay particular attention to transportation needs when setting appointment times and places. If appropriate, have a peer support person present at the interviews.

When interviewing the teen survivor and/or batterer it's important to ask about alcohol and drug use. Both batterers and survivors are often drawn to substance abuse, though for different reasons. Many of these teens will come from families with histories of addiction and addressing the violence will be made easier if substance abuse issues are assessed.

Especially with teens, it may be helpful to share information about what domestic violence is and how it can impact their children. Teens are often actively learning and exploring the world around them. It is vital to share this information in a relaxed and non-judgmental way.

Teen parents - Assessing a batterer's pattern of coercive control

Many of the same patterns will be present for teens as for adults: isolating victims, controlling communication, constant criticism & putdowns, withdrawal, jealousy, making demands, providing occasional rewards, temper tantrums, verbal assaults, threats, physical constraint, sexual harassment, sexual manipulation, sexual assault, and physical assault.

Additionally, there may be an increased use of public humiliation and technology used for coercive control. Technologically adept batterers may utilize phone and internet strategies for controlling survivors by tracking their whereabouts, as well as, manipulating the teen's peers. In addition, if there is gang involvement, this may further influence isolation and increase safety risks to the teen. Knowledge of these types of controlling behaviors should be considered when a protective action is necessary. It is essential to identify specific actions the batterer has taken to harm the child/ren and the adverse impact of the batterer's behavior. As in all CPS assessments, it's important to apply the safety threshold criteria when you are determining if you have a safety threat.

Teen parents - Assessing the survivor's efforts to promote the safety of the children

It is important during the interviews and comprehensive assessment process that the worker be non-judgmental and able to normalize the teen survivor's experience as much as possible. Teen survivors often face heightened challenges when working with systems and when reporting their own victimization. Their challenges can be heightened in the following areas:

- Lack of understanding that what they experienced was a crime
- Fear that no one will believe them
- Fear of being blamed or punished
- Feelings of guilt, shame, and self-blame
- Fear of retaliation

- Mistrust of adults and in particular government agencies
- Belief that nothing will be done
- Lack of knowledge about available services
- Lack of access to services
- Perceived and real limits of confidentiality²⁰

Other challenges can be:

- Fear of alienation
- Fear of losing the person they may perceive to be their only support system.

It can help during the interview process if you:

- Use simple language and avoid jargon
- Use the teen’s vocabulary as much as possible
- Ask a variety of concrete questions about abuse, not generalized questions. Reviewing a checklist of specific behaviors can be useful.

See the Resources Section for a sample checklist.

“Four typical reactions to crime are particularly damaging for teens:

- Isolation – Feeling different from their peer group, the teen either drops this group of friends or finds that they have been dropped from their peer group.
- Helplessness – The teen feels that nothing can be done to change the situation and that no one can or will help or that no one cares.
- Hopelessness – The teen loses hope that life will return to normal or that the future will be better.
- Powerlessness – The teen feels that he or she has no control and no personal power.

All victims may experience these feelings, but for a teenager, who may already be experiencing feelings like these as a normal part of adolescence, they can be especially destructive. For an adolescent, victimization may intensify these negative feelings, sometimes to the point of despair.”²¹

As with all domestic violence survivors, teens may be trying to protect themselves and their children by placating and accommodating the abusive partner. These actions need to be recognized when assessing their ability and willingness to protect.

²⁰ Reaching and Serving Teen Victims, National Crime Prevention Council, page 1
<http://www.nepc.org/typ/AGP.Net/Components/DocumentViewer/Download.aspxnz?DocumentID=40836>

²¹ Ibid, page 11

It is important to recognize teens' heightened need for autonomy. This may increase their reactivity to the authority of child welfare. Plans for the teen survivor should not be so oppressive that they are taking the place of the batterer.

Although the teen survivor may not be as financially interdependent with the abusive partner as many adults, their relationships may be more intense and they may be more vulnerable to emotional manipulation.

Teen parents & CPS dispositions

If your assessment will be founded for TOH/ domestic violence, be sure you are correctly identifying the perpetrator. Workers sometimes identify both the batterer and the non-offending parent as a perpetrator, believing that the teen survivor is also culpable as they continued to remain with the batterer (e.g. called him, asked him to come over, went to see him after an incident, etc.). If you believe the teen survivor is also culpable for the Threat of Harm, staff the case with your supervisor and consider utilizing your CPS Consultant for guidance.

Developing written plans and mandating services

Protective action plans, safety plans, case plans and mandated services should be developmentally appropriate.

It is vital that communication with teens be understandable and meaningful. It is important to have developmentally appropriate materials created for teens that explain the child welfare system and how to navigate it. It's also vital for teens to have the plans and expectations of the agency simply and carefully explained in a variety of ways – i.e., written, visual, and oral. Using technology could be particularly effective (i.e., internet, video, iPod downloads, etc.)

It is important to note that housing is a particularly difficult problem for teens, especially when abusive parents or the batterer have been the source of financial support. Without co-signers it is very hard for teens to access any housing. The issue of family of origin abuse can also be a barrier in accessing shelter services if parental consent is needed. In addition, a teen cannot get a restraining order without a guardian.

Some interventions that are especially useful for teens include expressive arts like journaling, drama, painting & poetry. “Sometimes adults struggle to explain complex concepts in a way that teens will understand. Creating metaphors with familiar experiences, such as sports, movie plots, or celebrity relationships, can help. Metaphors relate information to teens’ reality and give them a way to organize their thinking on an issue.”²²

Conversely, “Since abstract thinking is still a new skill for middle adolescents (and has not yet developed in early adolescents), make things as concrete as possible. Have a teen make one list of his or her personal strengths and another of people or resources in the community that can be counted on. Those pieces of paper can become a concrete reminder of the teen’s safety net to be consulted when needed.

“Lists of pros and cons can help teens think critically about decisions they may face. Service providers should avoid telling a teen victim – or any victim for that matter – exactly what to do because this approach reinforces the victim’s feelings of powerlessness. Instead, adults can help a teen picture – and write down – the possible consequences of different courses of action. The teen develops a tangible tool for making an informed choice, and the service provider has respected the teen’s growing autonomy and possibly helped restore some of the personal power that was lost with the victimization.”²³

Excerpt from ‘Interacting with Teens’

- Trust: Trusting an adult can be hard for any teen, but it is especially hard for teens who have been victimized because their trust has already been broken. When interacting with a teenage victim of crime, don’t expect trust to come easily or all at once. Be sure to keep promises and not to make promises you can’t keep.
- Sense of Humor: Humor and playfulness are vital keys to connecting with youth. But make sure you don’t overdo it.
- Listening skills: Even when we are generally good at listening, we sometimes can’t resist the temptation to interrupt teens to give advice or ask questions. Like all other victims, teens need the chance to tell their story without being interrupted.

Reaching and Serving Teen Victims,
National Crime Prevention Council
Pages 23-24

²² Ibid, page 27

²³ Ibid, page 27 & 28

Teen parent resources

One resource for teen parents who have experienced domestic violence is the Insights Teen Parent Program. They offer very individualized services. These services are available whether or not the teen survivor is still in the relationship. They often meet teens in their home but can also meet them at the agency office or out in the community, whatever is best for the teen. The program provides support, education and advocacy around domestic violence and parenting. In addition to individual support, they offer a support group. Their agency also gives teen parents access to a donation closet for baby clothes and supplies as well as food.

Insights Teen Parent Program
711 SE Ankeny, Suite B
Portland, OR 97212
(503) 239-6996 x220

Support services within DHS

DHS has many programs that may be accessed by survivors of domestic violence. These programs include:

- Cash assistance through Temporary Assistance for Needy Families (TANF);
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) to help victims of domestic violence achieve safety;
- Medical assistance, including chemical dependency and mental health treatment;
- Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), issued through the Oregon Trail Card;
- Employment Related Day Care;
- JOBS program and Self Sufficiency services;
- Family Support and Connections to help families get connected with needed services and provide support; and
- Services for seniors and people with disabilities.
- Addiction Recovery (ART) teams for child welfare parents needing supportive services when they have substance abuse disorders.

Temporary Assistance to Needy Families - TANF

Many requirements for cash assistance or TANF can be waived if they put a client at risk for domestic violence or maintain the existing risk of domestic violence. **This includes citizenship requirements for battered immigrant women.**

Requirements that cannot be waived include:

- Being pregnant or having a minor child. However, the requirement that the pregnancy must be in the last month may be waived.
- The child doesn't have to be in the home if it's expected that the child be returned in a "reasonable" period of time. There is no specific time frame defined as "reasonable." However, it is recommended that field staff consult with a supervisor if the time limit is over 90 days.
- The income standard, although in many situations the victim may not have to count all income. For example, income controlled by the batterer is not counted.

Please refer clients to DHS Self Sufficiency for eligibility determination.

Temporary Assistance for Domestic Survivors - TA-DVS

"Temporary Assistance for Domestic Violence Survivors" (TA-DVS) is designed to provide temporary financial assistance and support services to families affected by domestic violence during crisis or emergent situations. Most often this is when the adult victim of domestic violence and their children are fleeing domestic violence or are at risk of returning to a battering situation. DHS self-sufficiency staff will work with the client to identify safety concerns and appropriate resources.

Financial assistance is available to meet the needs of families fleeing abuse or to assist families in remaining free from abuse.

To be eligible the client must meet the DHS Self Sufficiency definition of domestic violence and their safety must be at risk due to domestic violence. Basic eligibility follows TANF guidelines, although some TANF requirements may be waived in domestic violence cases.

The program is not intended to address recurrent or on-going needs.

Program benefits include housing-related payments (rent, mortgage payments, utilities); payments related to setting up a household (furniture, household items, etc.); payments to increase safety (locks, post office boxes, etc.) and payments to replace personal items that had to be left behind when fleeing abuse (clothes for survivor and children, etc.), if such items are not available from other sources.

The program is opened for 90 days to allow time for the adult victim and children to stabilize their living situation and address immediate safety concerns.

- Participants may receive services more than once a year based upon current safety issues.
- Payments are generally made directly to landlords or to specific providers.

When a client accesses Child Welfare and TANF services, DHS Child Welfare and Self Sufficiency staff are encouraged to work together on service and case plans. Doing so will reduce the likelihood that the client is given conflicting expectations.

Family Support and Connections program

Family Support and Connections is available for TANF and Child Welfare clients. Staff provide families with advocacy for services in the community, supports to strengthen parenting, coping skills and other necessary skills to support the healthy development of their children.

Services include: home visits, strengths/needs-based family assessments, advocacy, individualized family plans, outcome-based case planning and emergency services. They are designed to increase the parental protective factors of nurturing and attachment, knowledge of parenting and child development, parental resilience, social connections and concrete supports for parents.

Support services in the community

Domestic violence service providers

Local domestic violence service providers offer a range of services, including safety planning, emergency shelter for adults and their children, 24-hour crisis lines, information and referral, peer support, and advocacy. Shelter services may be provided through a shelter facility, volunteer safe homes or motel vouchers. Peer support may be provided individually or in groups. A number of programs also have transitional housing programs and services for children. Services through domestic violence service providers are voluntary, confidential and free.

Contact your local program for more information on available services and how to refer. If you need a resource in another county, the Web pages for both the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) and the DHS Domestic Violence program have links to the list of programs statewide. The Web address for OCADSV is www.ocadsv.org. Local domestic violence programs also have a nationwide referral book for victims leaving Oregon. The National Domestic Violence hotline also has other state resources. Its number is 1-800-799-7233.

Substance abuse and mental health services

All caseworkers having cases which involve substance abuse concerns are directed to utilize their local Child Welfare Addiction Recovery Team when available. Other common referrals are to local substance abuse programs and mental health services. When making these referrals, verify that the provider has domestic violence training and understanding. Victims may need domestic violence support groups as well.

Services may be provided concurrently or may need to be consecutive. If both the adult victim and the batterer need services, they should be referred to separate groups and/or separate agencies. Talk with your local domestic violence service providers for recommendations.

Address Confidentiality Program (ACP)

The Department of Justice Crime Victims' Services Division operates the Address Confidentiality Program (ACP). Cap's goal is to help victims stay safe. Participants in the program must be survivors of sexual assault, domestic violence or stalking, must be residents of the State of Oregon; and must have recently moved or be moving to a location that is unknown to their abuser and not already in a public record. In fact, the fewer people who know where a participant lives, the more effective ACP will be for them.

ACP provides a cost-free mail forwarding service for victims of domestic violence, sexual assault and stalking, and allows them to keep their residential address information confidential. ACP participants use the ACP substitute address for receipt of first class, certified and registered mail.

Participants may use the ACP substitute address for:

- Oregon driver's licenses or ID cards;
- Notifications of judicial proceedings;
- Voter's registration;
- Applying for and receiving child support;
- Applying for a marriage license;
- Enrolling their children in public school;
- Contact from any state or other government agency.

Victims enroll in ACP by completing an application with an application assistant. Most local domestic violence programs have someone on staff trained as an application assistant.

The DOJ Crime Victims' Services Division's Web site has more information on the Address Confidentiality Program at:

<http://www.doj.state.or.us/crimev/confidentiality.shtml>

The participant is responsible for notifying DHS that he or she is enrolled in the Address Confidentiality Program. She or he will show a laminated Address Confidentiality Program card as proof of participation. The participant also is responsible to notify DHS of any phone number, address, or name changes.

The Department protocol for responding to ACP cases is as follows:

1. Once the participant shows the card, put the designated "Address Confidentiality Label" on the case file jacket.
2. Protect the case file.
3. If it is a new case, a new enrollment in the Address Confidentiality Program, or one that, for any reason, has not previously been identified as an address confidentiality program case, then take the necessary steps to designate the case as sensitive and document participation in the Address Confidentiality Program in the "Comments" section of the basic tab in the case notebook. Use the comment, "Participant [Name] is a participant in the Address Confidentiality Program."
4. Use the Address Confidentiality Program Post Office Box (Address Confidentiality Program - P.O. Box 1108, Salem, OR 97308) as the mailing address in FACIS with the participant number listed in the "building or apartment" field. The physical address may still be listed under home address.
5. Notify other DHS programs (e.g., SS, SPD) of the individual's participation if the individual has DHS involvement in addition to child welfare.
6. Use the Address Confidentiality Program Post Office Box as the official address for the participant in all written and electronic documents, including court and CRB documents. The only exceptions are when it is necessary to put the actual address on a form or document to allow for physical contact with the participant and children (e.g., transportation request forms for visitation).
7. Whenever a participant is given notice to take any action (attend a meeting, return a form, respond by phone, participate in a hearing, etc.) and that notice would normally give the participant 10 days or less to respond, an additional five days notice should be added. Current rule does not address this, but the requirement is in statute and it should be implemented immediately. These additional days are important to allow the written notification to be routed through the Address Confidentiality Program Post Office Box.
8. In case materials sent as discovery or for other review purposes, redact all addresses for the participant, other than the Address Confidentiality Program Post Office Box. Consult with paralegals on redaction.

9. Personal service mail should be delivered to the Department of Justice – 1162 Court Street NE, Salem, Oregon.

DHS will, to the best of the agency's ability, protect the residential address of participants in the Address Confidentiality Program. The statute prohibits employees of public bodies from intentionally disclosing the actual address or phone number of a program participant to a person known to the employee to be prohibited from receiving the actual address or phone number. Program participants, however, should be made aware that their addresses will be available to DHS staff who are granted access to their case for business purposes. In addition, their names, birthdates and social security numbers will not be masked. They will still be displayed to DHS staff on the client index screen.

Veteran services

Veterans' services are good resources for trauma, mental health, addiction, health and other services. Contact the local Veterans Centers and Veterans Administration.

Victims' assistance

Each district attorney's office operates a victims' assistance program. Victims' assistance programs offer crisis counseling, follow-up contact, information and referral, criminal justice support and advocacy, notification of court dates and related information, assistance in filing for crime victim compensation and personal advocacy. Crime victim compensation can assist crime victims who have no other resources with costs related to counseling, medical expenses, funeral expenses, loss of earnings and physical rehabilitation. Children who have witnessed domestic violence are eligible for compensation until they reach age 18. In addition, compensation is a valuable resource for the adult victims for up to three years after the incident.

Services for immigrants or refugees

Department services, TA-DVS and temporary restraining orders are available to all clients regardless of legal immigration status. Cases of children who are refugees are brought to the Refugee Child Welfare Advisory Committee. That committee is a resource to link to culturally specific services.

Married victims of domestic violence whose legal status in this country is dependent on their husbands may be able to obtain legal residency for themselves and/or their children through provisions of the Violence Against Women Act (VAWA). They can "self-petition" for residency or can request "cancellation of removal" if they are in the process of a deportation. Some women and/or their children may qualify for the "U-visa" or political asylum. Please refer them to an immigration attorney or agency that assists clients with immigration issues. Your local domestic violence service providers may recommend agencies knowledgeable about the VAWA provisions. The National Lawyers Guild offers technical assistance and training through its Immigration Project.

Batterer intervention

More communities are developing batterer intervention programs. These programs may receive mandated clients through the court system. The Oregon Attorney General developed Oregon Administrative Rules for batterer intervention programs (OAR 137-87-0000) which can be found at http://arcweb.sos.state.or.us/rules/OARS_100/OAR_137/137_087.html. Check with your local domestic violence service provider or parole and probation for recommendations on specific programs.

The following information is based on a presentation by Vivien Bliss, of Solutions: Domestic Violence Intervention Program in Salem and materials from Mid-Valley Women's Crisis Service.

Programs must emphasize that violence is a choice batterers make to control their partners. Any explanation or theory must hold batterers accountable and responsible for their behavior and not allow them to excuse it. For example, a program that uses the language "tension building/explosion/honeymoon cycle" seems to imply that violence is a response to tension, not a chosen behavior. Similarly, "anger management" or programs that emphasize tools to control anger are not appropriate referrals. Dealing only with feelings or increasing self-esteem also does not address the choices or power issues.

Look for batterer intervention programs that:

- Work well with the local domestic violence service providers;
- Are part of a coordinated community response
- Have accountability built into the program through methods, including attendance policies, reporting restraining order and no-contact order violations to the Court, and making batterers pay towards the cost of the intervention program;
- Allow professionals to sit in and observe the functioning of the groups;
- Include education on oppression theory in their program;
- Will provide progress and documentation to DHS;
- Are willing to testify in courts.

Batterers may also have co-existing problems of substance abuse or mental illness. However, both the co-existing problem and the battering need to be addressed directly. Substance abuse and mental health screening should be included in a batterer intervention intake process.

Just because a batterer attends an intervention program does not mean his or her beliefs and behaviors will change. Just stopping the physical violence is not enough if the threat is still there. Listen to how the batterer talks about his or her actions and his or her partner. Talk to the adult victim, the children or others who know the family.

Indications that the batterer is changing include that the batterer:

- Is no longer being physically violent or threatening;
- Acknowledges that the abusive behavior is wrong;
- Is not using other forms of power and control such as economic abuse (withholding money, child support, etc.);
- Doesn't humiliate or degrade his or her partner;
- Accepts responsibility and does not blame his or her partner;
- Supports the adult victim's parenting and relationship with the children;
- Acknowledges not being "cured" and that change is a lifelong process.

Indications that the batterer is changing also include that the adult victim:

- Can disagree with the batterer;
- Is able to make independent decisions and be involved in activities without the batterer.

This learning guide outlines the difference between batterer programs and anger management programs to help in selecting an appropriate referral:

Allies in Change Counseling Center

Common differences between anger management and batterer intervention programs

ANGER MANAGEMENT

Anger is viewed as the primary problem

Primary focus is on managing the **emotion**.

Abuse is seen as due to a **loss of control**

Intervention is **short term** (2-16 hours)

Little attention given to the consequences

Generally **no identified victim(s)**

No addressing of empathy for the victim

There is **no outreach** to the victim

Little or no attention to accountability

Non-confrontational. Denial is not addressed.

Emotionally unprovocative.

Gender is not considered not to be an issue

It is viewed as a **personal mental health** issue

Intervention is confined to the specific service provided

BATTERER INTERVENTION

Abuse and control are viewed as the primary problem

Primary focus is on changing the **beliefs and behavior**.

Abuse is seen as due to **taking of control**

Intervention is **long term** (40 -100+ hours)

Repeated reminders of the damage caused

There are **identified victim(s)**

Empathy building for victim is common

Referrals are provided to the victim

Accountability is paramount

Confrontational. Denial is regularly targeted

Chris Huffine, Psy.D

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Emotionally demanding and intense at times

Sexism and gender socialization are viewed as significant factors

It is viewed as a **social, societal** issue

Intervention is just one part of a coordinated community response

Section VI. Legal system

Juvenile court involvement

Juvenile court jurisdiction and wardship may be a way to help the adult victim protect the children. The petition may move the batterer's focus from the adult victim and children to the court. The judge then becomes the one to say that the violence cannot continue and to hold the batterer, not the adult victim, responsible for stopping it. Discuss with the non-offending parent what part of any action plan will become part of the court order.

Juvenile courts do have authority to restrict visitation (ORS 419.331). They also can order a parent into "treatment or training," (ORS 419B.387) which can be a way to get a batterer into an intervention program when there are no criminal charges pending.

Tips for court documentation

- Write juvenile court petition allegations in language that is not victim-blaming. For example, petition allegations can say "the child was exposed to domestic violence" as an endangering condition or circumstance. Use the phrase "Despite the mother's efforts to protect the children, the perpetrator is creating conditions that are a safety threat to the children" instead of "the mother has failed to protect" to reduce the blame placed on the adult victim.
- Document any possible behavioral signs of the domestic violence in the children, especially statements that they are afraid of the batterer.
- Use reports and other documentation to make the case for protection of the children. Avoid asking the non-offending parent to jeopardize his or her safety by talking in court in front of the batterer about the violence. This follows the principles of evidence-based prosecution in criminal courts, which has been successful in several jurisdictions. In those cases, charges are pressed in court against the batterer without the victim testifying for the prosecution. Remember, a victim may recant allegations of abuse as a protective measure due to ongoing control by the batterer.
- Ask the court to place appropriate restrictions on the batterer's visitation with the children and order the batterer to complete services, including batterer intervention, if the batterer has legal standing.
- Juvenile courts should not mandate the adult victim to obtain a restraining order.
- Whenever possible to do so without compromising the safety of the children, advocate with the court to not mandate specific services for the adult victim. However, there are situations in which it may be best to recommend that services for the adult victim be written into the court order, with the adult victim's consent. This allows the adult victim to pursue services, which may maintain or increase safety, without openly challenging the batterer's control.

In a juvenile court case consolidated with a domestic relations case, advocate for professionals with domestic violence expertise to conduct the child custody study. Recommend that the court follow recognized guidelines on domestic violence cases when considering mediation (e.g., those of the National Council of Juvenile and Family Court Judges, free by calling 1-800-527-3223, or the Family Violence Prevention Fund).

Criminal justice: sanctions against the batterer

Mandatory arrest

Oregon has a “mandatory arrest” statute. Police are required to arrest when responding to a domestic violence call if they have probable cause to believe that an assault has occurred between family or household members, or to believe that one such person has placed the other in fear of imminent serious physical injury (ORS 133.055). Police are also directed not to arrest both parties, but determine who the primary aggressor is.

Criminal justice: No-contact orders

When a batterer is arrested for a domestic violence crime, a no-contact order is often a condition of release from jail pending prosecution. The “no-contact order” generally prohibits the batterer from having any contact with the victim. Violators of no-contact orders are held in contempt of court and may have to return to jail until the case is resolved.

However, this order will not be entered into LEDS and, therefore, not available to officers at the scene of a possible violation. This is one reason for suggesting that the adult victim ask for a separate, civil protection order. Also, the protection order offers more kinds of relief, such as temporary child custody, and can be dismissed by the adult victim at his or her request.

To report a no-contact order violation, call the police. They will have to verify the order by calling the jail or the district attorney’s office before they arrest.

Prosecution

Most domestic violence assaults have been charged as misdemeanors. **However, Assault IV’s can be charged as felonies if:**

- The person has previously been convicted of assaulting the same victim;
- The person has previously been convicted at least three times under this section or under equivalent laws of another jurisdiction and all assaults involve domestic violence; or
- The assault is committed in the presence of, or is witnessed by the person’s or the victim’s minor child or stepchild or by a minor child residing within the household of the person or victim.

The 1999 Legislature clarified that for purposes of this statute, an assault is witnessed if the assault is seen or directly perceived in any other manner by the child (ORS 163.160).

Some district attorneys are now proceeding with criminal cases against the batterer even without the victim's cooperation. These cases can be successfully prosecuted if law enforcement documented the assault and gathered adequate evidence. This type of "evidence-based prosecution" can be disempowering to the victim if the victim does not want the batterer to be prosecuted. On the other hand, prosecution without the victim's consent can help increase safety by turning the batterer's focus onto the system and the court. It can reduce the intimidation the batterer typically uses to get the victim to drop the charges.

Parole & Probation

If a person convicted of a domestic violence related crime is on parole or probation, their supervising officer can be a very helpful ally in monitoring and ensuring batterer accountability. These officers have the authority to return a person to jail or prison. However, Parole & Probation (P&P) is only funded by the state to supervise felony offenders. Since most domestic violence related crimes end up convicted as misdemeanors, this can be problematic. Nevertheless, some local departments have made supervising domestic violence offenders a priority, even without state funding.

Civil justice: protection orders

The information below is intended to be an overview of the various protection or restraining orders that may be available to victims of domestic violence. Protection or restraining orders can be valid options for victims. In the best of circumstances, a batterer will abide by and respect the judicial order. On the other hand, a batterer who violates an order is subject to arrest and legal sanctions, including jail and fines. Note, however, that in some cases obtaining a restraining or protection order may increase the safety risks to an adult victim and his or her children. Legal advocates, attorneys and court personnel can provide more detailed, specific information.

While safety planning with a victim, consider the victim's experience with and direct knowledge of the batterer. The victim knows best the risk that getting a court order may present. Some questions to explore with the victim are:

- Is the batterer a person who respects authority; what is the likelihood the batterer will abide by the order?
- Will the batterer see the order as an arbitrary restriction or as a loss of power and control over the family?
- Will the batterer decide there is now nothing left to lose and thus become a lethal threat to the adult victim, the children and/or to others?

With the assistance of a trained domestic violence advocate, the victim can weigh the risks and benefits of obtaining an order. The advocate can facilitate a discussion of other options available to protect the adult victim and the children (shelter, relocation, etc.).

If a victim is planning on leaving the state, obtaining a restraining or protective order can be part of a viable safety plan. The “Full Faith and Credit” provisions of the federal Violence Against Women Act require courts to enforce orders from other states. A decision to leave the state is complicated. Victims who are thinking about taking this step should strongly consider consulting an attorney or experienced legal advocate.

The restraining or protective order can be a useful part of a safety plan. However, child protective service workers should not require restraining orders. It is an option to be explored, but not mandated.

Restraining orders (Family Abuse Prevention Act orders)

The Family Abuse Prevention Act (FAPA) is the Oregon statute (ORS 107.700 – 107.740) that provides victims of domestic violence with the opportunity to apply for and, if qualified, get a civil restraining order against their batterers. FAPA is intended to be a self-help remedy that does not require an attorney’s assistance. Nonetheless, there are times during the process when an attorney may be very important. For information about legal services offices throughout the state and general information about the laws affecting domestic violence victims and other legal resources, go to www.oregonlawhelp.org.

A packet of forms for restraining orders can be found at all courthouses in Oregon and on the Web at www.ojd.state.or.us/familylaw. Local courts do not always accept the state forms, so it is important to ask if you plan to use this web-based resource. Many courthouses have court facilitators and/or victim services program advocates who can help victims fill out the necessary forms. Victim assistance program advocates located in local district attorney’s offices also can be of help to victims in obtaining restraining orders. For more information about assistance and resources that are available to victims, when judges sign orders in your communities and for other local procedures, you can contact your local district attorney’s office or domestic violence services providers. The restraining order court process is free, as is service of restraining orders by county sheriffs.

The person who is requesting a restraining order (the victim) is the “*petitioner*” and the person from whom the petitioner is seeking relief (the batterer) is the “*respondent*.”

The initial request for a restraining order is made at an *ex parte* hearing before a judge. This means that the respondent is not present. The judge will review the paperwork that the petitioner has completed and will make a decision about whether or not the petitioner qualifies for a restraining order and if so, what relief (orders) will be included in the restraining order.

If the order is signed, it must be served on the petitioner. The local sheriff usually does this; however, any adult can generally serve orders. The petitioner cannot serve the papers. The server is required to complete and file with the court a declaration (proof) of service that is part of the restraining order packet. The restraining order cannot be enforced until it is served.

In a few cases, a judge may schedule an “exceptional circumstances” hearing to get more information from the parties about the children. Otherwise, a hearing is not scheduled unless the respondent requests one. The respondent has 30 days from the date of service to request a hearing. If a hearing is requested, the hearing must be scheduled within 21 days, or within five business days if custody is at issue. This hearing is often referred to as a “contested” hearing.

Because these hearings take place on such a short time frame, it is critical that victims keep the court informed of their address and phone number.

An exceptional circumstances or contested hearing is much more complicated than the initial issuance of the *ex parte* restraining order. At this point, an attorney may be very important to a victim’s ability to maintain the restraining order. Victims should be encouraged to obtain one, if possible. If a hearing is scheduled and the petitioner does not appear, the restraining order likely will be dismissed.

At the hearing, the judge will hear evidence from both sides and make a decision as to whether the restraining order should be continued. If the court continues the order, the judge also is authorized to make changes to the other relief contained in the original order depending on the facts set out at the hearing.

If no hearing is scheduled or requested, the restraining order will remain in effect.

The custody and parenting time provisions of a restraining order may be modified on the motion of either party during the life of the restraining order. Forms for this purpose also are available at the courthouse and online.

A restraining order lasts for one year but can be renewed by the petitioner, if the petitioner is in reasonable fear of further abuse if the order is not renewed. Additional acts of abuse are not required. The paperwork for renewal is available at local courthouses and should be completed before the current restraining order expires.

Legal requirements for getting a restraining order

Age: The petitioner is at least 18 years old **or**
The petitioner is younger than 18 and the respondent at least 18 years old and:

- The petitioner and respondent are or were married to each other; or
- The petitioner and respondent have been in a sexually intimate relationship.

Relationship: The petitioner and the respondent must have one of the following relationships:

- Husband, wife or domestic partner;
- Former husband, former wife or former domestic partner;
- Adults who are living in or have lived together in a sexually intimate relationship;
- Adults who have been in a sexually intimate relationship in the past two years;
- Adults related by blood, marriage or adoption;
- Unmarried parents of a child.

Abuse: In the past 180 days*, the respondent must have:

- Physically injured or tried to physically injure the adult victim;
- Made the adult victim afraid that he or she was about to physically injure the adult victim;
- Forced the adult victim to have sexual relations against his or her wishes by using force or threats of force; **AND**

*Any time period when the batterer was in jail or lived more than 100 miles from the victim does not count as part of the 180 days. In these circumstances, a victim who was abused more than 180 days ago may be able to get a restraining order.

Ongoing

Danger: The adult victim must be in imminent danger of the further abuse and the batterer is a threat to the physical safety of the adult victim and his or her children.

Note: FAPA does not authorize a judge to sign a restraining order because of physical abuse of children or threats to take children. FAPA also does not authorize a judge to sign a restraining order because of verbal or emotional abuse of children or the adult victim.

An order with additional protections is available, including protection from verbal or emotional abuse, if the victim is a person with disabilities or an elderly person (Elderly/Disabled Persons Abuse Prevention Act Order).

Content of the order

If the petitioner establishes in the initial paperwork that the above requirements are met, the court generally must order the following if requested by the petitioner:

- custody of the parties' joint children;
- parenting time;
- order the respondent to leave the family home, if the parties are married or are co-tenants or co-owners of real property;
- restraint from molesting, interfering, harassing, intimidating or menacing the petitioner or the children;
- restraint from designated premises (school day care, etc.);
- other relief that will enhance the safety and welfare of the petitioner and the children.

Other relief can include, among other things, an order that requires the respondent to pay emergency monetary assistance or restrains the petitioner from carrying a firearm.

Conversations with victims about the best way to tailor their requests to address their particular circumstances and safety concerns can be very helpful.

If an exceptional circumstances or other contested hearing takes place, the court may change the provisions that were included in the initial restraining order. In other words, the judge could decide to award custody of the children to the respondent rather than the petitioner or give the respondent unsupervised rather than supervised parenting time.

If the restraining order is contested by the respondent and then continued by the court **and** the respondent has been married to or co-habited with the petitioner, or is the co-parent of petitioner's child, federal law that is part of the Violence Against Women Act makes it a crime for the respondent to carry firearms or ammunition. This law applies regardless of whether there is a specific order prohibiting firearms in the restraining order itself.

Stalking orders

Stalking protection orders are another form of restraining order that can be issued by circuit courts. They are different from FAPA restraining orders in several ways. Mainly, the parties do not have to be related to each other and the relief that the court can order is more limited. For example, the court does not have the authority to order custody or emergency monetary assistance. In general, a stalking protection order restrains the respondent from having any contact whatsoever with the petitioner or the petitioner's family or household members. Note that stalking behavior is also a crime and may be prosecuted by a district attorney.

In order to obtain a stalking protection order, the petitioner must allege at least two separate incidents in which:

- The respondent alarmed or coerced the petitioner or a member of the petitioner's immediate household or family;
- It was reasonable for someone in the petitioner's position to feel alarmed or coerced; and
- The contact caused the petitioner reasonable fear for their safety or the safety of an immediate household or family member.

If the contacts are verbal in nature, the petitioner must show that the communication was a threat that instilled a fear of imminent and serious personal violence. The threat must be one that was unequivocal and unambiguous and was objectively likely to be followed by unlawful acts. The threat must convincingly express to the petitioner the intention that it will be carried out and that the actor has the ability to do so.

A parent or guardian may request a stalking protection order on behalf of a minor child or dependent. A petitioner may get a stalking protection order against a stalker who is under the age of 18.

A stalking protection order lasts indefinitely unless the respondent asks the court to vacate it and proves that the original reasons for issuing the stalking protective order no longer exist. The court is required to focus on whether the petitioner continues to suffer reasonable apprehension due to the past acts of the respondent.

A petitioner may obtain a stalking protection order in two ways: by requesting a police citation from a law enforcement officer or by filing a civil petition directly with the court. While the process is somewhat different depending on which route the petitioner chooses, the court will hold a hearing of which the respondent will receive notice. At the hearing, the petitioner must prove he or she is entitled to the order.

Forms for filing a civil petition for a stalking protective order are available in some, but not all, county courthouses. The process, including service by the sheriff, is free, unless the petitioner is requesting money damages.

The petitioner may want to consult with or obtain an attorney regarding the filing of stalking forms and for help at the hearing at which the respondent will be present.

Violation of a stalking protection order is a crime and cause for mandatory arrest of the respondent.

If the respondent has been married to or co-habited with the petitioner, or is the co-parent of petitioner's child, federal law that is part of the Violence Against Women Act makes it a crime for the respondent to carry firearms or ammunition.

Section VII: Resource information

Sensitive practice at-a-glance

The goal of Sensitive Practice is to foster a sense of safety for clients. By adopting the principles of Sensitive Practice as a standard, DHS staff convey respect, support clients autonomy and the right to participate in decision making processes within DHS and decrease the likelihood of inadvertently re-traumatizing the survivors of abuse with whom we work knowingly or unknowingly.

Summary of Principles of Sensitive Practice¹ for DHS Staff	
Respect	Acknowledging the inherent value of clients as individuals with unique beliefs, values, needs, and histories means upholding and defending their basic human rights and suspending judgment of them.
Taking Time	Taking adequate time with clients ensures that they do not feel depersonalized or objectified.
Rapport	Developing and maintaining an interpersonal style that is professional, yet conveys genuine caring, promotes trust and a sense of duty.
Sharing Information	Informing clients of what to expect on an on going basis and inviting them to ask questions and offer information and feedback helps reduce anxiety and promotes active engagement in the planning process.
Respecting Boundaries	Paying ongoing attention to boundaries and addressing difficulties that arise reinforces the client's right to personal autonomy.
Fostering Mutual Learning	Fostering an environment in which information sharing is a two-way process encourages survivors to learn about options and how to become an active participant in the creation of their plan. It also assists DHS staff to learn how to best work with individuals who have experienced interpersonal violence.
Understanding nonlinear healing	Checking in with the survivor throughout each encounter and over time, and being willing to adjust their actions accordingly, enables DHS staff to meet the needs of individuals whose ability to tolerate questions and information sharing may vary over time.
Demonstrating awareness and knowledge	Showing that they are aware of interpersonal violence helps professionals foster a sense of trustworthiness and promotes an atmosphere in which survivors are willing to work alongside DHS staff.

¹ Adapted from Sensitive Practice At-a-Glance – Handbook on Sensitive Practice for Health Care Practitioners

Responding Effectively	
Waiting areas	<ul style="list-style-type: none"> • Keep clients informed of the length of wait or invite the client to check intermittently • Provide printed materials about domestic violence and sexual assault
Privacy	<ul style="list-style-type: none"> • Have at least one soundproof interview room • Knock and wait for acknowledgement before entering • Problem-solve with clients to meet their needs for privacy or safety
Preparation of Clients	<ul style="list-style-type: none"> • Provide introductory information in plain language, both written and verbal • Negotiate with client to identify workable solutions • Don't assume the client knows what is involved in our processes
Non-adherence to a plan	<ul style="list-style-type: none"> • Explore all types of barriers with the client and problem solve to identify workable solutions • Adapt the plan to fit the client • Create a "same-day" appointment for clients who frequently cancel appointments or don't show
SAVE the situation	<ul style="list-style-type: none"> • Stop what you are doing and focus fully on the present situation • Appreciate and the understand the person's situation • Validate the person's experience • Explore the next steps with the client
Anger & Agitation	<ul style="list-style-type: none"> • Pay attention to personal safety • Adopt non-threatening language • Negotiate and assure the client of your interest and concern • Become familiar with signs of a "fight or flight" response
Disclosure	<ul style="list-style-type: none"> • Accept the Information • Express empathy and caring • Clarify confidentiality • Normalize the experience by acknowledging the prevalence of abuse • Validate the disclosure and offer reassurance to counter feelings of vulnerability • Address time limitations • Collaborate with the survivor to develop an immediate plan for safety • Recognize that direct action is not always required • Ask whether it is a first disclosure • Inquire about social support around the abuse and safety issues • Work with the client to set realistic goals and determine appropriate referrals



STATE OF OREGON

Department of Human Services
Kids' FIRST / Safe & Together
Critical Components Evaluation Form

DHS INTAKE WORKER: _____ DATE: _____

CASE INFORMATION

DHS CASE #: _____

BATTERER NAME: _____ DOB: _____

SURVIVOR NAME: _____ DOB: _____

SECONDARY SURVIVOR NAME(S): _____

SAFE & TOGETHER CRITICAL COMPONENTS

1. DESCRIBE THE BATTER'S PATTERN OF COERCIVE CONTROL: _____

2. DESCRIBE THE NEGATIVE EFFECTS THE BATTERER'S ACTIONS HAVE HAD ON THE CHILDREN:

3. DESCRIBE ACTIONS TAKEN BY THE SURVIVOR TO ENSURE THE CHILDREN'S SAFETY & WELL BEING:

4. DESCRIBE THE NEGATIVE IMPACT THE BATTERER'S BEHAVIOR HAS HAD ON THE SURVIVOR'S CAPACITY TO PROTECT:

5. PLEASE ILLUSTRATE WHAT ROLE THE FOLLOWING HAVE PLAYED IN THE SAFETY & WELL BEING OF THE CHILDREN:

Substance Abuse:

Mental Health:

Culture:

Socio-Economic:

Other:

Safe and Together domestic violence case work assessment form

In general, how well do you perceive yourself or your child welfare staff performing in the following areas (circle or underling your answers):

A. Domestic Violence Perpetrators

- a. Identifying and documenting domestic violence batterers' patterns of coercive control and actions taken to harm the children:
Poor Adequate Good Excellent
- Seeking out, engaging and interviewing domestic violence batterers:
Poor Adequate Good Excellent
- b. Developing safety/case plans for domestic violence batterers:
Poor Adequate Good Excellent
- c. Collaborating with other systems (e.g., criminal courts, law enforcement, adult probation) to intervene with and hold batterers accountable:
Poor Adequate Good Excellent
- d. When the batterer is the father, holding him to a high set of expectations as a parent:
Poor Adequate Good Excellent
- e. Seeing the importance of the father, who is a batterer, to the children:
Poor Adequate Good Excellent
- f. Not automatically lumping batterer and victim together as "co-perpetrators" of the abuse and neglect in documentation or case presentation and, conversely, identifying their separate roles related to risk and safety of the children:
Poor Adequate Good Excellent

B. Domestic Violence Victims

- a. Identifying and documenting the full spectrum of the victims' efforts to promote the safety and well-being of the children:
Poor Adequate Good Excellent
- b. Engaging and interviewing victims in a way that promotes a partnership focused on the common goal of safety and well-being of the children:
Poor Adequate Good Excellent

- c. Not blaming the victim for the violence and abuse of the perpetrator:

Poor	Adequate	Good	Excellent
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- d. Identifying the impact of trauma on victims

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- e. Avoiding automatic conclusions, e.g., “If she remains in this violent relationship, it must mean she doesn’t understand domestic violence.”

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- f. Developing safety/case plans that meet the needs of the victim and the Department:

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- g. Collaborating with survivor’s advocates and other service providers

Poor	Adequate	Good	Excellent
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C. Children Exposed to Domestic Violence Batterer Behavior

- a. Identifying how domestic violence batterers’ behaviors impact the normal development of children at different ages and stages:

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- b. Understanding the pathways from the batterers’ behavior to adverse outcomes for children:

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- c. Interviewing children about domestic violence:

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- d. The importance of keeping children safe and together with the victim (non-offending parent) whenever possible:

Poor	Adequate	Good	Excellent
------	----------	------	-----------
- e. Developing case plans for children that address their needs related to the domestic violence:

Poor	Adequate	Good	Excellent
------	----------	------	-----------

D. Other Factors (Substance abuse, mental health issues, culture, socio-economic factors)

- a. Creating safety/treatment plans that address substance abuse, mental health issues as separate factors

Poor Adequate Good Excellent

- b. Asking questions of /communicating with substance abuse and mental health providers about the domestic violence

Poor Adequate Good Excellent

- c. Asking questions of/communicating with the domestic violence services about the concerns related to substance abuse and mental health (when present)

Poor Adequate Good Excellent

- d. Identifying how the batterers' coercive control tactics may impact substance abuse or mental health treatment:

Poor Adequate Good Excellent

- e. Working with cultural factors in families, e.g., Not see violence as caused by culture, working with cultural strengths/factors to develop case plan:

Poor Adequate Good Excellent

Position in the agency: _____

Length of service in child welfare or related field: _____

Length of time in current position: _____

Teen domestic violence assessment tool

Have you ever experienced any of the following in your relationship?

Ever	6 mo	
		Put downs/Name-calling humiliates you in public or private
		Jealousy and possessiveness
		Controls who you see, what you do, where you do, what you wear, who you talk to
		Constantly accusing you of flirting, cheating, or having sex with others
		Isolation keeps you from seeing your family and friends
		Stalking or tracking you
		Calling or paging you constantly
		Showing up at school or work
		Controlling your money
		Crazy-making playing mind games
		Lying
		Threats
		Threatens to leave you
		Threatens to physically hurt you
		Threatens to hurt your family or children
		Threatens to spread rumors about you
		Threatens to kill themselves if you break up with them
		Destroying your stuff
		Physical abuse
		Spitting
		Slapping and hitting
		Pushing or shoving
		Kicking
		Punching
		Sexual Abuse
		Forces sex after fights or beatings
		Gets you drunk or high to get sex
		Using weapons
		Causing you injuries
		Bruises
		Bleeding
		Broken bones
		Injuries requiring medical attention
		Choking or strangling you
		Minimizing or blaming
		Saying the abuse didn't happen
		Saying you caused the abuse

Domestic violence safety planning for non-offending parents

This resource discusses how a non-offending parent can plan for his or her own safety and the safety of the children. This section also offers tips children can use to increase their safety in case they witness domestic violence in the future.

Domestic violence safety planning is not to be confused with protective actions or on-going safety plans developed with DHS Child Welfare.

For the adult victim, the ideal practice is to encourage discussion with a domestic violence advocate outside the Department. A thorough safety planning conversation can take one hour or more, and it is usually easier in person. There are several reasons for a domestic violence service provider to do the domestic violence safety planning:

- A domestic violence advocate has the specialized expertise and knowledge to accomplish realistic planning.
- The adult victim may be willing to share more details with an advocate outside the Department, leading to more specific, effective planning.
- With a skilled, independent advocate adult victims may be more empowered to make their own decisions and less pressure to do what they think the Department wants them to do. This will lead to more useful planning and contribute to the adult victim's healing process.
- The relationship with a domestic violence service provider may be useful to the adult victim in the future and can be part of a support system that exists in the absence of Department involvement.

Sometimes you will need to do some interim safety planning with the adult victim. This could address the following issues:

- What will happen after you leave;
- Safety for the adult victim and the children until a meeting with an advocate;
- Referrals to domestic violence programs; other DHS programs including financial assistance; and other community services.

If your community does not have a domestic violence program that can do safety planning, the DHS domestic violence point person in the relevant district may be a resource. When safety planning, keep in mind that domestic violence safety planning can occur in all situations, including:

- When the adult victim remains with the batterer;
- When the adult victim leaves the home; or
- When the batterer leaves the home.

Domestic violence safety planning must be individualized. The adult victim can best assess which options may increase their safety. For example, for some batterers, obtaining a temporary restraining order presents such a challenge to their control that the batterer will violate the order and may severely assault or kill the adult victim.

Safety planning when the adult victim remains with the batterer includes looking at ways the adult victim can best self-protect during a violent incident. For example, which rooms in the house are the safest, create a safe haven with a lock and phone, identify who can be called for help, and/or how to safely leave the house. It also can include establishing a support system and enhancing financial resources.

Effective safety planning may include the use of the criminal justice and civil court systems to hold the batterer accountable. The adult victim's safety and the safety of the children may be enhanced by involvement of the criminal justice system.

The local domestic violence service providers and the district attorney's victim assistance programs can talk to the adult victim about the options for prosecution and offer court advocacy and assistance through this process. If no law enforcement report has been filed and the adult victim wants police involvement, suggest contacting law enforcement. If a report has been filed and the adult victim wants prosecution, suggest contacting the district attorney's office.

Coordinate with police to photograph injuries, especially if evidence-based prosecution is a possibility.

If the batterer is on probation or parole, notify the judge or parole officer of the domestic violence. Encourage conditions that decrease the batterer's access to the adult victim and children. Recommend an increased level of supervision and/or transfer to a domestic violence unit, if available.

Indicators of greater danger from the batterer include:

- Believable threats or fantasies of suicide or homicide;
- Fascination with weapons; especially guns;
- Use of weapons in prior abusive acts;
- Excessive use of alcohol and/or other drugs;
- Stalking behaviors;
- History of hostage taking;
- Abuse of pets;
- Jealousy

- Obsessions about partner or family;
- Easy access to the adult victim or children;
- Step-children in the home;
- Disregard for authority;
- Feelings that there is nothing left to lose;
- Recent military or law enforcement training;
- Unemployed and not seeking employment;
- The adult victim's belief that the batterer is capable of killing.

The risks to the adult victim increase after leaving the batterer. Domestic violence homicide or serious assault are actually more likely to occur when the adult victim is in the process of leaving the batterer or has left.

If the batterer is out of the home but still harassing the adult victim, safety planning may include: obtaining a restraining order; reducing predictability by doing things like changing job location, banks, churches, etc.; identifying safe havens on regularly traveled routes, especially places open 24 hours or with security guards; notifying neighbors, coworkers or others what the batterer looks like and/or what car the batterer drives; educating the same people on how to call police or what actions would be helpful. Again, the plan must be individualized and based on what the adult victim believes will work.

Domestic violence safety planning with children

It is important for all of the children to have their own safety plans. Children are aware of violence in their home, and they are aware of the Department's involvement. A discussion at the child's level is appropriate. Case workers should discuss safety with the child at the first contact and should continue throughout the life of the case. The worker should also encourage the non-offending parent to discuss the violence and engage in ongoing safety planning with the child. Even the batterer can play a role by affirming that the violence is not the child's fault (or by stopping all abusive behavior).

The following tips on talking with children about domestic violence are based on a handout by Listen to Kids in Portland:

- What do they do/where do they go when the violence happens? Help them think of a couple of safe places if they don't already have one (e.g., neighbor, manager's unit, backyard, bedroom, head under a pillow, focus on the TV).
- Be sure they know it's not safe to try to stop the violence, even though they might really want to.
- Do they have access to a phone, and do they know about 911? Do they feel safe calling 911 if needed? Is there anyone else they can call?

- It's not their fault; it's not the fault of the parent being hurt.
- Try not to pass judgment on the batterer. Kids often love the batterer. They just want the violence to stop.
- Is there someone they can talk to again about the problem if they need to (e.g., from family, school, faith community, sports team, summer program)? Help them think of two or three people. Try to get each child connected to an ongoing support system outside the home.

Web based resources

Making the Link: Promoting Safety of Battered Women and Children Exposed to Domestic Violence: <http://www.mincava.umn.edu/pages/link>

Minnesota Center Against Violence and Abuse: <http://www.mincava.umn.edu>

Family Violence Prevention Fund: <http://endabuse.org>

National Council of Juvenile and Family Court Judges Family Violence Department: <http://www.nationalcouncilfvd.org/>

“How to File a Restraining Order” video: http://www.oregon.gov/OSP/CJIS/news/REST_ORDER_VIDEO.avi

Substance Abuse and Mental Health Services Administration, Dept. of Health and Human Services, Center for Substance Abuse Treatment's Treatment Improvement Protocol #25 Substance Abuse Treatment and Domestic Violence: go to the [SAMHSA Web site](#) and select “Treatment Improvement Protocols” under SAMHSA publications: <http://www.samhsa.gov/centers/csat/csat.html>

Oregon Department of Human Services [domestic violence pages](#) in the Abuse and Neglect section has links to list of domestic violence service providers in Oregon: <http://www.oregon.gov/DHS/abuse/main.shtml>

Oregon Coalition Against Domestic and Sexual Violence: <http://www.ocadsv.com>

Oregon Family Law Resources through Oregon Judicial Department: <http://www.ojd.state.or.us/family>

Washington Coalition Against Domestic Violence publications: <http://www.wscadv.org/resourcesPublications.cfm>

Domestic violence and sexual assault materials in English, Spanish, Vietnamese and Russian are available at Mid-Valley Women's Crisis Service Web site:

<http://www.mvwcs.com>

Hot Peach Pages: Global list of abuse hotlines, shelters, refuges, crisis centers and women's organizations, plus domestic violence information in over 80 languages.

<http://www.hotpeachpages.net/index.html>

Many other local domestic violence service providers have Web sites. Search under the program's name.



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