

1409- DOMESTIC VIOLENCE

CHANGE # 05-2008

June 2008

I. INTRODUCTION

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

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

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

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

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

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

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

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

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

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

II. DEFINITION OF DOMESTIC VIOLENCE

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

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

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

III. Statutory and Policy Issues

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

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

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

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

IV. INTAKE

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

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

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

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

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

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

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

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

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

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

V. CHILD PROTECTIVE SERVICES ASSESSMENT

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

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

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

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

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

Separate interviews shall be conducted with the non-offending parent/adult victim and alleged perpetrator of domestic violence when both are in the home. All required structured decision making tools shall be completed in compliance with established CPS policy. Case-specific releases of information shall be utilized to facilitate sharing of information with domestic violence programs and other collateral information sources.

System of Care also stresses the importance of interagency collaboration. Written demands for information as provided for in [N.C.G.S. §7B-302\(e\)](#) shall also be utilized if needed by the DSS to acquire confidential information from domestic violence programs and other collateral information sources.

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

Best Practice Interview Order

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

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

VI. INTERVIEWING THE NON-OFFENDING PARENT/ADULT VICTIM

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

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

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

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

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

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

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

VII. INTERVIEWING CHILDREN

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

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

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

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

VIII. INTERVIEWING THE ALLEGED PERPETRATOR OF DOMESTIC VIOLENCE

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

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

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

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

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

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

IX. COLLATERALS

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

X. SAFETY PLANNING

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

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

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

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

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

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

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

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

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

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

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

XI. CASE DECISION

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

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

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

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

Questions to consider in answering the above questions include:

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

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

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

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

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

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

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

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

XII. CPS IN-HOME SERVICES

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

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

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

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

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

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

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

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

- Is there a history of mental illness? ²

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

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

XIII. DOCUMENTATION

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

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

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

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

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

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

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

XIV. CASE CLOSURE

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

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

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

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

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

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

- Family Interaction
- Criminal Behavior
- Environment of the Home

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

XV. COMMUNITY COLLABORATION

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

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

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

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

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

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

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

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

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

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

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

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

North Carolina Division of Social Services

Family Support and Child Welfare

Domestic Violence

Resources for Enhanced Practice

Background and Resource Information

Efforts to begin the process of making safety and stability a priority when child well being is impacted by domestic violence were guided in North Carolina through the development of the Child Well Being and Domestic Violence Task Force. The mission of this task force was to design a strategy for North Carolina to adopt policies and practice recommendations and an implementation plan that maximizes the safety of all family members, empowers victims, and holds perpetrators of domestic violence and child maltreatment accountable. The members of this task force included a multidisciplinary representation ranging from child advocates, domestic violence advocates, courts, law enforcement, public health, public instruction, human services representatives, victims, judges, legislators, researchers, and citizens. The task force formed subcommittees to further develop policy and protocol around the following areas:

- funding,
- courts and law enforcement,
- community-based services,
- and child protective services.

“Intimate partner violence is primarily a crime against women. In 2001, women accounted for 85% of the victims of intimate partner violence and men accounted for approximately 15% of the victims.”¹ This is not to say that women never batter or that men cannot be victims of domestic violence; there are some incidents in which women abuse men. In addition, domestic violence also occurs in same sex relationships.

Prevalence

Adult Domestic Violence

- 3 million women are physically abused by their husbands or boyfriends per year.²
- Nearly one-third of American women (31%) report being physically or sexually abused by a husband or boyfriend as some point in their lives, according to a 1998 Commonwealth Fund survey.³
- Women of all races are about equally vulnerable to violence by an intimate.⁴
- Thirty-seven percent of women who sought treatment in emergency rooms for violence-related injuries in 1994 were injured by a current or former spouse, boyfriend or girlfriend.⁵
- Women are much more likely than men to be killed by an intimate partner. In 2000, intimate partner homicides accounted for 33.5 percent of the murders of women and less than 4 percent of the murders of men.⁶

Children and Domestic Violence

¹ Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003.

² The Commonwealth Fund, Health Concerns Across a Woman’s Lifespan: 1998 Survey of Women’s Health, May 1999.

³ Ibid.

⁴ US Department of Justice, Bureau of Justice Statistics, Violence Against Women: Estimates from the Redesigned Survey, August 1995.

⁵ US Department of Justice, Bureau of Justice, Violence Related Injuries Treated in Hospital Emergency Departments, August 1997.

⁶ Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003.

- The US Advisory Board on Child Abuse suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.⁷
- Studies suggest that between 3.3 and 10 million children witness domestic violence annually.⁸
- Slightly more than half of female victims of intimate partner violence live in households with children under age 12.⁹
- Child abuse occurs in 30 – 60% of family violence cases that involve families with children.¹⁰
- In homes where partner abuse occurs, children are 1500 times more likely to be abused.¹¹
- In a national survey of more than 6,000 American families, 50 percent of the men who frequently assaulted their wives also frequently abused their children.¹²
- In NC from July 1, 2004 – June 30, 2005, 6,143 children received services staying in their local domestic violence shelters.

One Size Does Not Fit All

Domestic violence is an issue of power and control. While perpetrators of domestic violence may present as “angry” or describe “being out of control” when abusing their partners, the majority actually plan their attacks in advance rather than act in the “heat of the moment” out of anger. Many tactics used by perpetrators of domestic violence, including isolating the victim, psychologically and emotionally abusing the victim, and controlling finances, are more rooted in jealousy, a sense of entitlement, and are a deliberate attempt to gain and maintain control over their partners. Perpetrators are not necessarily unable to manage their anger, and rather do so quite well when systematically, deliberately and in a calculated manner by abusing their victims non-physically. Perpetrators of domestic violence are often very capable of controlling their anger with their employers, friends, neighbors, and professionals. Many perpetrators of domestic violence plan their violence, taking care to cause no injuries, or to place injuries on the victims’ bodies in areas typically concealed by clothing; they also commit acts of violence when there are no witnesses in an effort to conceal the violence and to avoid consequences. Perpetrators of domestic violence target their victims, and sometimes, their children while rationalizing that the victims instigated or provoked them to use violence. These rationalizations explain why many perpetrators present as victims themselves; rather than accepting responsibility for their beliefs and actions. They typically over-focus on the victims’ behaviors, actions, and “shortcomings”. **Blaming the non-offending parent for being abused is**

⁷US Advisory Board on Child Abuse and Neglect, US Department of Health and Human Services, *A Nation’s Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*, 1995.

⁸ Carlson, Bonnie E. (1984). Children’s observations of interpersonal violence, pp. 147-167 in A.R. Roberts (Ed.) *Battered women and their families* (pp. 147-167). NY: Springer. Straus, M.A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. *Report of the Twenty- Third Ross Roundtable*. Columbus, OH: Ross Laboratories.

⁹ US Department of Justice, *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends and Girlfriends*, March 1998.

¹⁰ “The overlap between child maltreatment and woman battering.” J. L. Edleson, *Violence Against Women*, February 1999.

¹¹ US Department of Justice, Bureau of Justice, 1993.

¹² Strauss, Murray A., Gelles, Richard J., and Smith, Christine. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick: Transaction Publishers.

¹⁷ N.C. Council for Women and Domestic Violence Commission, FY 2004-2005 Domestic Violence Statistical Report, [DVSA-DRC: North Carolina](#).

counterproductive. The non-offending parent is not responsible for stopping the abuse; only the perpetrator can stop his or her behavior. The non-offending parent needs adequate support, resources and protection tailored to meet the safety needs of the child as well as his or her own. CPS is able to intervene to increase safety and stability for the children and non-offending parent/adult victim. When intervening in domestic violence situations, it is crucial to remember there is no one prescription to cure the violence. Tailoring the response to the family's individual needs in a culturally sensitive manner is a key.

Why Must Child Protective Services, Domestic Violence Advocates and Child Advocates Work Together to Keep Non-Offending Parents/Adult Victims and Their Children Safe?

The interface between child protective services and domestic violence is a reality, at the same time, there has been a disconnection in service provision between child protective services social workers and domestic violence professionals. These two response systems were designed with differing mandates, funding and goals. Tensions emerge as service providers, courts and communities attempt to provide services to families where violence to non-offending parents/adult victims and children overlap. It will take a collaborative effort to protect non-offending parents/adult victims and their children. **At the core of work with families is the desire for safety for all family members.**¹³

Last night Gina's boyfriend Mark came home drunk again. They started arguing about money and he slapped and punched Gina. Seven-year-old Sammy ran into the kitchen and started hitting Mark and yelling, "Stop hurting my Mommy!" Mark picked Sammy up by the seat of his pants and yelled, "Stay out of this, you little bastard, you are just like your Dad, a real loser." He then dropped Sammy, who crashed to the floor. Sammy started crying, and Gina yelled at him to get out of the kitchen. Gina and Mark's one-year-old daughter Jessie started crying in the other room. Mark told Gina, "Let her cry or she'll grow up to be a stupid baby like you." A neighbor called DSS and said she could hear fighting and the children crying and was concerned that the children were hurt.

Unfortunately, Gina's situation is not unique to domestic violence advocates and child protection workers. A woman is being physically and verbally abused, and her safety as well as the safety and well-being of the children are being compromised.

It is a difficult concept for child protective services workers to identify that this parent may be as much as a victim as her children. The CPS system may see children in danger and immediately hold the non-offending parent/adult victim responsible for failure to protect. In the past, the non-offending parent/adult victim may have been told only to leave to ensure the children's safety, without a thorough assessment as to whether this option was feasible, and without consideration of his or her strengths, the actions taken to protect the children and the danger he or she was placing the children and himself or herself in by leaving perhaps without a comprehensive safety plan.

In order to effectively serve these families, it is crucial that child protective services and domestic violence advocates work collaboratively, coordinating safety assessments and interventions to include the non-offending parent/adult victim and children. This level of collaboration requires a willingness on all stakeholders' parts to be educated around issues that are not in their areas of expertise.

¹³ Building Bridges Between Domestic Violence Organizations and Child Protective Services

Myths and Facts about Domestic Violence

There are some commonly held beliefs about domestic violence that are actually myths. Research indicates that many of these beliefs are erroneous and may influence the ways non-offending parents/adult victims, their friends and family, the professionals they encounter, and the general public reacts to specific instances of intimate partner abuse.

Myth: Domestic Violence is a private, family matter.

Fact: While many acts of domestic violence often occur in private outside the presence of witnesses, domestic violence is a serious social and legal issue affecting as many as 50% of all US women.¹⁴ Assaults that occur in the context of domestic violence are crimes, and nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime.¹⁵

Myth: Domestic violence does not affect children.

Fact: Research findings from the past two decades have documented children's exposure to domestic violence as well as the impact of that exposure. From that research, what is clear is that while not every child exhibits symptoms of being impacted by exposure to domestic violence, a significant number of child witnesses are profoundly impacted producing short-term and long-term effects. Children may be affected emotionally, psychologically, and physically by exposure to domestic violence. The exposure may produce both short-term and long-term effects. Some of the possible effects of witnessing domestic violence on children of varying developmental stages are as follows:

Psychological/Emotional/Physical

| | | |
|-------------------|---|---|
| INFANT | Developmental delays Problems with attachment or bonding | Failure to thrive Listlessness Excessive crying Erratic sleeping and eating patterns |
| TODDLERS | Developmental delays Impaired or delayed speech Lack of confidence, clingy Poor motor abilities General fearfulness, anxiety | Separation anxiety Stomachaches Erratic sleeping and eating patterns |
| PRE-SCHOOL | Anxiety, general fearfulness Impaired cognitive abilities Poor motor skills Aggressive acts or withdrawn | Cruelty to animals Separation anxiety Destruction of property |

¹⁴ US Department of Justice, Bureau of Justice Statistics Crime Data Brief, Intimate Partner Violence, 1993-2001, February 2003.

¹⁵ The Centers for Disease Control and Prevention and The National Institute of Justice, Extent, Nature, and Consequences of Intimate Partner Violence, July 2000.

| | | |
|--------------------------------|--|--|
| SCHOOL-AGED (5-12) | Low self-esteem depression, anxiety Poor social skills Disrespect of females/sex role Stereotypes | Bullying, aggression, destruction of property Poor academic Performance Bedwetting, ulcers Nightmares |
| SCHOOL-AGED (12-17) | Low self-esteem Poor judgment; immaturity Aggressive or withdrawn Suicide ideation Lacks communication skills Poor interpersonal, social skills | Dating violence Poor academic performance Truancy, absences Bullying, violent Runaway, delinquent |

Myth: Domestic violence is irrelevant to parental fitness of the perpetrator.

Fact: The fact that children are affected emotionally, cognitively, behaviorally, and developmentally when living in a violent home, and that one study found that “the presence of children did not alter the nature or severity of incidents as measured by specific acts of aggression or violence” leading to the conclusion that perpetrators of domestic violence do not consider the presence of children either in deciding whether to assault their intimate partners nor in considering the severity injury caused by the assault,¹⁶ indicates that domestic violence is relevant to parental fitness of the perpetrator.

Myth: Domestic violence is not a problem in my community.

Fact: From July 1, 2004 through June 30, 2005, North Carolina programs served 50,726 victims in person, and provided crisis or support call services to 104,063 callers.¹⁷ This number represents the victims of domestic violence who received services from local domestic violence programs, and does not encompass the many victims who do not seek help nor the incidents of domestic violence that go unreported. Nationally, only one-seventh of all domestic violence assaults come to the attention of the police.¹⁸

Myth: Domestic violence only happens to poor women and women of color.

Fact: Persons of any class, culture, religion, sexual orientation, marital status, age, and sex can be non-offending parents/adult victims or perpetrators of domestic violence.

Myth: Victims of domestic violence provoke their assailants.

Fact: The only person responsible for the abuse is the abuser. Perpetrators of domestic violence are responsible for their feelings, their beliefs and their actions, including their decisions to use violence and abusive, controlling tactics. The myth of provocation is used by abusers to justify their behaviors and to blame the victims for being abused.

¹⁶ Hutchinson, I. & Hirschel, D. “The Effects of Children’s Presence on Woman Abuse”, *Violence and Victims*, Vol. 16 No. 1 (2001): Springer Publishing Company.

¹⁷ N.C. Council for Women and Domestic Violence Commission, FY 2004-2005 Domestic Violence Statistical Report, <http://www.doa.state.nc.us/cfw/docs/stats0405.doc>

¹⁸ Florida Governor’s Task Force on Domestic and Sexual Violence, Florida Mortality Project, 1997, p.3.

Myth: Alcohol and drug abuse cause domestic violence.

Fact: A domestic violence perpetrators' use or abuse of alcohol and/or drugs is not the cause of his or her decision to use abusive and controlling tactics against his or her intimate partner. While alcohol and drug abuse often coexists with domestic violence, and may exacerbate or contribute to an escalation in severity of violence, there is no direct causal association between drugs and alcohol and domestic violence. There are persons who abuse drugs and alcohol who are not abusive towards their partners, and there are very violent domestic violence perpetrators who do not use alcohol or drugs. Requiring perpetrators of domestic violence to attend substance abuse treatment programs without corresponding treatment for domestic violence will not effectively end the violence.

Myth: Perpetrators of domestic violence abuse their partners or spouses because they are under a lot of stress or unemployed.

Fact: While stress and unemployment may coexist with or exacerbate domestic violence, they do not cause perpetrators of domestic violence to abuse their partners. Domestic violence cuts across socioeconomic lines, and therefore, cannot be attributed to unemployment or poverty. Most perpetrators of domestic violence are able to refrain from assaulting their bosses and co-workers, indicating they are able to manage stress in the workplace. Many individuals experience stress and may experience unemployment, yet do not choose to abuse and assault their intimate partners as a result.

“Why Does He or She Abuse?”

Many people think, “If it’s that bad, someone would just leave,” or, “someone must be getting something out of it since he or she is staying.” Instead of asking why someone stays, the question to ask is **“Why does someone abuse?”** This requires a shift in thinking, moving away from victim-blaming and towards perpetrator of domestic violence accountability. Social work professionals should lead the way in the move away from a victim-blaming attitude towards a systemic approach that holds perpetrators accountable for their violent actions and behaviors. This can be accomplished through engaging the family using family-centered principles of practice and involvement with the family. It will manifest itself in the way families are spoken to and approached by the social worker.

It is never the adult victim’s fault that he or she is being abused. The adult victim may experience “low self esteem” or be physically, emotionally and/or financially dependent on his or her abuser as a result of the domestic violence rather than these factors causing or creating his or her victimization. Rather than being abused because they have poor self esteem, adult victims may experience poor self esteem as a result of being targets of systematic, deliberate and constant emotional and psychological abuse aimed at stripping them of their sense of self worth; additionally, abusers are strategic in isolating their victims, ensuring that their emotional and psychological abuse will go unnoticed and unchallenged by people who care about and support their partners.

An adult victim may decide to stay in an abusive relationship for a variety of reasons. Focusing on the “shortcomings” or “character flaws” of an adult victim may be unproductive in the context of assessing for and addressing safety issues; and, an inappropriate focus or over-focusing on the adult victim may support the perpetrator of domestic violence in his or her efforts to deflect attention from himself or herself, and subsequently, avoid consequences, escape accountability, and maintain his or her level of abusive power and control.

Domestic violence is complex and, as such, requires a thoughtful and thorough assessment and response aimed at considering the many factors that influence the abusive dynamics and the impact on adult victims, children and families. A serious situation and complex decision may be trivialized with the need to explain it through the assignment of character flaws on an adult victim's part. Instead, it is important to recognize that there are safety risks with staying as well as with leaving, to help adult victims assess those risks, and to assist them in their efforts to make informed decisions regarding their safety and the safety of the children.

In some cases of domestic violence, there is a "cycle of violence" in which there is an initial "Tension Phase", followed by the "Acute Abuse Phase" which is followed by a "Loving Contrition or Honeymoon Phase". In these cases, typically, there is an escalation in severity and frequency of violence over time.¹⁹ This suggests that for some cases of domestic violence, over time, the violence will become more severe and more frequent, and that staying in the abusive relationships is dangerous.

Additionally, leaving an abusive relationship can also be dangerous for victims of domestic violence. Research suggests that the initial period of time after a victim has left his or her abuser is an especially dangerous time, and that as many as 75% of domestic violence victims who are killed are murdered during the separation.²⁰ If the abuser has all of the economic and social status, leaving can cause additional problems. Leaving can mean living in fear, losing child custody, losing financial support, and experiencing harassment at work. Adult victims experience shame, embarrassment and isolation. An adult victim may not leave immediately because:

- He or she realistically fears that the violence will escalate, possibly even become fatal if he or she attempts to leave.
- Friends and family may not support his or her leaving.
- He or she knows the difficulties of single parenting in reduced financial circumstances.
- There exists a mixture of good times, love and hope along with intimidation, fear and manipulation.
- He or she may not know about or have access to safety and support.

The reality is that most adult victims do not stay in abusive relationships without attempting to leave. As with many significant life changes, leaving is a process. On average, victims leave and return 5 to 7 times before they make a final break with their abusive partner. In the past, child protective services workers have required that adult victims leave in order to ensure their children's safety. While leaving may be a viable option for some victims, other victims may decide to stay in the abusive relationship. If the victim chooses to leave, it is a potentially violent time and these cases must be handled carefully. Leaving a domestic violence relationship requires thoughtful, detailed safety planning in which the adult victim identifies what he or she needs to keep him/her safe. It is also important to recognize that while leaving and returning is a part of the overall process of escaping domestic violence, this can produce negative consequences for the child. The instability that results can negatively impact the child, it is important to look for any changes in the child's functioning at home and school. Perpetrators of domestic violence may cause harm to children not only by exposing them to abuse and violence, but also by displacing them and creating the need for constant transition.

¹⁹ Lenore Walker, "The Domestic Violence Cycle of Abuse".

²⁰ Barbara Hart, National Coalition Against Domestic Violence, 1988.

Barriers to Leaving a Violent Relationship

There are real barriers to leaving a violent relationship, and there are no simple, easy solutions. In addition to a lack of resources, there are institutional responses and traditional ideology that is systemic in nature and have historically required individuals to question and re-formulate their core values regarding relationships. Some of the barriers to leaving a violent relationship, as identified by materials produced by the National Coalition Against Domestic Violence (www.ncadv.org) include:

- **Lack of Resources:**

- Most adult victims have at least one dependent child.
- Many adult victims are not employed outside of the home.
- Many adult victims have no property that is solely theirs.
- Some adult victims lack access to cash or bank accounts or financial information.
- Adult victims who leave fear being charged with desertion, and losing children and joint assets.
- An adult victim may face a decline in living standards for herself and her children.

- **Institutional Responses:**

- Clergy and secular counselors are often trained to see only the goal of "saving" the marriage at all costs, rather than the goal of stopping the violence.
- Some police officers treat acts of violence as a "dispute," instead of a crime.
- Police may not arrest or may try to dissuade adult victims from filing charges.
- Prosecutors are often reluctant to prosecute cases or are not willing to go forward without the victim's cooperation even when other evidence is available to proceed.
- Judges rarely levy the maximum sentence upon convicted abusers. Probation or a fine is much more common.
- Violations of restraining orders are often not taken seriously by law enforcement and the court system.
- There are not enough shelters to keep adult victims safe. In fiscal year 2002-03, 761 victims were referred to other shelters due to lack of space.²¹

- **Traditional Ideology:**

- Many adult victims do not believe divorce is a viable alternative.
- Many adult victims believe that a single parent family is unacceptable, and that even a violent partner is better than no partner at all.
- Many adult victims are socialized to believe that they are responsible for making their marriage work. Failure to maintain the marriage equals failure as a person.
- Many adult victims become isolated from friends and families, either by the jealous and possessive abuser, or to hide signs of the abuse from the outside world.
- Many adult victims rationalize their abuser's behavior by blaming stress, alcohol, problems at work, unemployment or other factors.
- Many adult victims are taught that their identity and worth are contingent upon getting and keeping a partner.

²¹ NC Council for Women and Domestic Violence Commission, FY 2002-2003 Domestic Violence Statistical Report.

- The abuser rarely beats the adult victim all the time. During the non-violent phases, he or she may fulfill the partner's dream of romantic love. He or she believes that he is basically a "good partner." If he or she believes that he or she should hold onto a "good partner," this reinforces his or her decision to stay. She may also rationalize that the abuser is basically good until something bad happens to him/her and he or she has to "let off steam."²²

Why Does a Person Batter?

According to materials obtained from the National Coalition Against Domestic Violence (www.ncadv.org), the perpetrator of domestic violence begins and continues his or her behavior because violence and perceived violence, both physical and nonphysical are effective methods for gaining and keeping control over another person, and because he or she usually does not suffer adverse consequences as a result of the behavior. Historically, violence against women has not been treated as a real crime. The National Coalition Against Domestic Violence suggests that this is evident in the lack of severe consequences, such as incarceration or economic penalties for those guilty of battering their partners. Perpetrators of domestic violence are rarely ostracized in their own community, as people continue to hold the view that what happens in the family stays in the family and that outsiders have no right to intervene. Although perpetrators of domestic violence come from all groups and backgrounds, some common characteristics include:

- A perpetrator of domestic violence objectifies women/victims. He or she does not see women/victims as people. He or she does not respect women/victims as a group. Overall, he or she sees women/victims as property or sexual objects.*
- A perpetrator of domestic violence has low self-esteem and feels powerless in the world. To others he or she may appear successful, but inside he or she feels inadequate.
- A perpetrator of domestic violence externalizes the causes of his or her behavior; blaming a bad day at work his or her partner's behavior, alcohol, etc.
- A perpetrator of domestic violence may be pleasant, even charming between periods of violence and is perceived by others as a nice person.
- Behavioral warning signs of a perpetrator of domestic violence include: extreme jealousy, possessiveness, a bad temper, unpredictability, and cruelty to animals.

*While both women and men can be victims of domestic violence, perpetrators of domestic violence are often gender specific in their abuse. In other words, male and female victims are often criticized for being "feminine"; perpetrators often rationalize their abusive and violent behaviors against male and female victims, and utilize abusive behaviors aimed at punishing their victims for being "all of the things they associate with femininity.... weakness, irrationality, stupidity, vulnerability, and inferiority" claiming that their actions are merely efforts to "toughen up" their partners or "not allow them to manipulate situations by using "feminine tactics" such as crying or becoming emotional". Male and female children are especially susceptible to these messages and rationalizations for abuse against their parents and against them.

²² National Coalition Against Domestic Violence. [DVSA-DRC: North Carolina](#)

PRACTICE INFORMATION

CPS Intake

Whenever possible, reports involving domestic violence as part of the allegation(s) should be screened with a domestic violence consultant if the DSS has such a staff person available “in-house” (a member of the DSS staff).

The DSS may develop a Memorandum of Agreement (MOA) with domestic violence programs to assist in screening CPS reports that contain domestic violence allegations. The DSS may also collaborate with community domestic violence programs to develop supplemental “screening criteria” for domestic violence related reports. These may serve as community guidelines for the agency to use during its screening of CPS reports, and may be helpful in efforts to collect similar data across systems.

Interviewing and Working with Children

Children are not responsible for their own safety, and are not to be made responsible for planning.

Information from the interview with the children should usually be shared with the non-offending parent/adult victim to help him or her understand the effects of domestic violence on the children. Share this information with him or her in a nonjudgmental, caring manner, as this information may be painful and difficult to hear. There may be times when sharing information from the interview with the children could place them at risk of harm or retaliation. It is important to respect the children’s courage in sharing information and to weigh the risks/benefits in sharing pieces of that information with the non-offending parent/adult victim.

The following issues are important to any discussion of domestic violence with children:

- Assess and assure the safety of the children.
- Reassure the children that the violence and abuse are not their fault, and that they are not responsible for starting or stopping the violence..
- Let them know it is okay to tell adults they trust about the violence, and that it is okay if they don’t feel safe to tell anyone.
- Develop safety plans with them (as appropriate and safe for the child) with the input of their non-offending parent/adult victim (if the child’s safety is not compromised in doing so).
- With the approval of at least one parent, provide or offer access to educational, support or treatment services to help address the impact of domestic violence.

Children can be physically injured as a direct result of the domestic violence. Perpetrators of domestic violence sometimes intentionally injure children to intimidate and control the non-offending parent/adult victim. Children are injured, intentionally and accidentally during attacks on the non-offending parents/adult victims. A young child being held by the non-offending parent/adult victim while the perpetrator of domestic violence is attacking him or her can be hurt. An older child can be hurt while trying to intervene to stop the violence.

Domestic violence has a real impact on children. Many parents believe they are hiding the violence from their children, when in fact the children are well aware of what is happening in the

home. Even when they don't see the actual beating, they hear screams and see the evidence of the abuse on the non-offending parent/adult victim.²³

Seeing the beating, hearing the screams or later learning about the non-offending parent/adult victim's injuries threatens the sense of stability and security that children need within their family.

Exposure to domestic violence may cause some children to experience increased behavioral and emotional difficulties. It is normal for children in violent situations to experience ambivalent feelings towards their violent parent; feelings of love and attachment become mixed up with feelings of disappointment and resentment.²⁴

The following questions may assist in assessing whether and to what degree the children have been exposed to or involved in domestic violence:

- What kinds of things do mom and dad (boyfriend, partner) fight about?
- What happens when there is fighting?
- Who does the yelling?
- Who does the hitting? If there is hitting, how does this happen (by hand, object)?
- What happens before the hitting usually starts?
- What do you do when this is happening?
- Have you ever been hit or hurt when the fighting is happening? If so, what happened?
- What happens after the fighting ends?

Exposure to domestic violence affects children differently and an assessment of the effect on each child is needed. Many times, the non-offending parent/adult victim believes that the child is not being affected and sharing information about the negative impact on the child can be helpful, but also very painful for the non-offending parent/adult victim. Often, non-offending parents/adult victims of domestic violence make decisions in consideration of what they believe to be in the best interest of their children. While hearing about the effects of domestic violence may be painful for them to hear, receiving this information may also serve as the catalyst for seeking and accessing help.

Following are some questions to assess how exposure to violence is impacting the child:

- Do you think about the fighting a lot?
- Do you think about it when you're at school or when you're playing?
- Do you ever have trouble sleeping at night?
- Are you afraid to be at home? If so, tell about it.
- Are you afraid to leave home? If so, tell about it.
- What makes you afraid?
- Why do you think there is so much fighting?
- How does the fighting make you feel?
- What would you like to see happen to make it better?
- What do you do when there is fighting?

²³ Carter & Schechter, *Child Abuse and Domestic Violence: Creating Community Partnerships for Safe Families*, 1997.

²⁴ Osofsky, J.D. & Fitzgerald, H.E. *Infants and Violence: Prevention, intervention and treatment*. WAIMH Handbook of Infant Mental Health, V4, New York, NY (2000).

- Stay in the same room the fight is in
- Leave/hide
- Run out/get someone
- Go to older or younger sibling
- Ask for it to stop
- Try to stop fighting
- Call 911
- Other
- Have you talked to any other adults about this situation?

When interviewing the child and assessing the impact of the violence, the following topics are may be addressed:

- The child's story of the event, through play or drawings, if not verbally, as some children will not discuss their experiences due to their age or developmental delays, or out of fear and confusion.
- The meaning the child attaches to the event (what was the worst part of the experience for the child).
- How the child is coping with the violent episode.
- The child's strengths.

The assessment should indicate the following:

- Whether the child needs immediate clinical intervention and trauma debriefing, and what immediate services the child needs.
- Whether the child needs short and long-term psycho-educational and support services and which services.
- Determine whether visitation with the alleged perpetrator should be supervised or curtailed (if the assessment indicates that continued visitation endangers the child physically or emotionally). It will be important to review and consider any existing court orders, including any Domestic Violence Protection Orders, which may include provisions related to child custody and visitation..

Validating the Child's Reality

Domestic violence is a complex issue and the effects on children will not manifest uniformly. Acknowledge any feelings the child may have about the violence in the home, and CPS involvement. Recognize that based on the child's age and developmental stage you will have to use various interviewing techniques. Reinforce to the child that the violence is not their fault and that they have done nothing wrong.

Treatment options for the child vary based on the child's age, severity of the trauma, and services available in the community. The local domestic violence agency provides an array of services for children, including emergency shelter services, individual counseling, psycho educational support groups, and/or prevention and early intervention programs.

Most domestic violence programs offer psycho-educational support groups to children who witness domestic violence. While the group sessions and topics may vary depending on whether the group is shelter based, facilitated at a local school, etc., there are some common

themes and goals in working with these children. Some of the goals of group therapy with children who witness domestic violence:

- providing children with an opportunity to discuss their exposure to violence;
- dispelling myths about family violence;
- safety planning;
- teaching nonviolence;
- practicing respectful ways of interacting with others;
- improving self-esteem;
- learning about helpful community resources;
- preventing sexual abuse and dating violence;
- decreasing emotional and behavioral problems in children;
- breaking the intergenerational cycle of violence.²⁵

Encourage the parents to allow the children to express their thoughts and feelings about the violence; it should not be a taboo topic. Allow the children to set the pace in regards to disclosure, some children will readily discuss the violence that occurred in the home, while others will be reluctant or will avoid the discussion of family violence altogether.

For children who have witnessed domestic violence, talking with a professional in the context of a safe relationship in a therapeutic space can be empowering. Reviewing their feelings in a safe place affords the child the opportunity to master feelings of terror, guilt, and anxiety.²⁶

Living in a violent home limits children in establishing relationships with peers, for fear of bringing friends home into a violent situation or disclosing information about the violence. It is also quite possible the alleged perpetrator isolated the children to prevent the development of relationships as a form of control. This is of particular importance to kids in middle childhood, as peer relationships gain greater importance.²⁷

Children are not responsible for their own safety, and are not to be made responsible for planning.

Interviewing and Working with Non-Offending Parents/Adult Victims

It is important to recognize the steps the non-offending parent/adult victim has taken to protect the children, recognize his or her strengths and understand the danger he or she may be putting himself or herself and the children in by leaving. Tools that may assist the social worker in this recognition are the:

- The 4 Structured Decision Making Tools: (Safety Assessment, Family Risk Assessment of Abuse/Neglect, Family Strengths and Needs Assessment, NC Case Decision

²⁵ Geffner, Robert et al. "Evaluation of the London (Ontario) Community Group Treatment Programme for Children Who Have Witnessed Woman Abuse." *Children Exposed to Domestic Violence: Current Issues in Research, Prevention, Intervention and Policy Development*, New York: The Hawthorn Press, Inc. 2000.

²⁶ Groves, Betsy McAlister. *Children Who See Too Much*. Boston: Beacon Press, 2002, 87.

²⁷ Pepler, Debra J. "Consider the Children: Research Informing Interventions for Children Exposed to Intimate Violence." *Children Exposed to Domestic Violence: Current Issues in Research, Prevention, Intervention and Policy Development*. New York: The Hawthorn Press, Inc. 2000.

Summary/Initial Case Plan). **The use of these tools and their inclusion in the case record is required by policy.**

- 3 Assessment Tools: (Non-Offending Parent/Adult Victim's Assessment Tool, Child's Assessment Tool, and the Alleged Perpetrator's Assessment Tool). **The use of these tools and their inclusion in the case record are optional.**

These tools may help the social worker to assess the non-offending parent/adult victim's reasoning and motivation in relation to his or her behavior toward the child.

The questions from the **Non-Offending Parent/Adult Victim's Assessment Tool** will help guide the assessment of patterns, frequency, and whether the victim is in danger. An affirmative answer to 4 or more indicates a pattern exists and that power and control are issues to be considered.

Has your partner ever:

- Prevented you from going to work/school/church?
- Prevented you from seeing friends or family?
- Listened in on your phone calls or violated your privacy in other ways?
- Followed you?
- Accused you of being unfaithful?
- Acted jealous or possessive?
- Controlled or stolen your money?
- Called you degrading names?
- Emotionally insulted you?
- Humiliated you at home? In public?
- Destroyed your possessions? (clothes, photographs)
- Broken furniture or smashed things?
- Pulled the telephone out of the wall or kept you from calling for help?
- Threatened to injure you, himself or herself, the children, or other family members?
- Threatened to or hurt your pets?
- Engaged in reckless behavior (drove too fast with you and the kids in the car)?
- Behaved violently towards you in public?
- Been arrested for violent crimes?
- Forced you to use drugs?

Female Adult Victims:

- Prevented you from using birth control?
- Withheld sex or affection?
- Hurt you during pregnancy?
- Forced you to engage in prostitution or pornography?
- Forced you to do things sexually?

Affirmative answers to the following questions indicate an increased risk of potential lethality.

Has your partner:

- Threatened to use a weapon or used a weapon?
- Threatened to harm or kidnap or did harm or kidnap the child(ren)?

- Threatened to kill you, the child(ren), and/or himself or herself ?
- Stalked you or the child(ren)?
- Hit, slapped, pushed, kicked, strangled, or burned you?
- Recently become more violent more often?
- Been abusing alcohol or other drugs?
- Forced you or the child(ren) to flee or runaway?
- Forced you to perform sexual acts?

The following questions will help in the assessment of the level of risk to the children.

Has your partner:

- Called your child degrading names?
- Threatened to take the children from your care?
- Called or threatened to call a child protection agency?
- Accused you of being an unfit parent?
- Threatened to hurt or kill your child?
- Touched your child in a way that made you feel uncomfortable?
- Assaulted you while you were holding your child?
- Assaulted your child when he or she tried to intervene to protect you?
- Asked your child to “spy on” you?
- Forced your child to participate in or watch his or her abuse of you?
- Withheld money for child’s food, medicine, health care?
- Threatened to harm or kidnap or did harm or kidnap the child(ren)?
- Threatened to kill you, the child(ren), and/or himself or herself?
- Violated a Domestic Violence Protection Order’s requirement to stay away from the children?

Has your child:

- Overheard the yelling and/or violence?
- Behaved in ways that remind you of your partner? Tell me about this.
- Physically hurt you, siblings, or other family members?
- Tried to protect you, siblings, or other family members?
- Tried to stop the violence?
- Threatened to or has hurt himself or herself ?
- Hurt pets?
- Been fearful of leaving you alone?
- Exhibited physical/behavioral problems at home/school/day care?

The following questions will give an understanding of the adult victim’s history of seeking help. This information is important in that it helps the social worker understand “where the adult victim is” in seeking and receiving help, and identify which types of services and resources are deemed most appropriate and helpful by the adult victim (e.g. some victims have called 911 while other victims have not, some victims have stayed at the DV shelter while others have not, etc.).

Have you:

- Told anyone about the abuse? What happened?
- Seen a professional? What happened?
- Left home as a result of the abuse? Where did you go? Did you take the children? Tell me about this.
- Called the police? What happened?
- Filed for an ex-parte or DVPO? Did you receive a 10-day order? A 1-year order? What happened?
- If you did receive an ex-parte or DVPO, did your partner violate the order?
- Accessed a battered women's shelter or domestic violence support group?
- Protected yourself/your children from the violence? What happened?
- What level of danger does your partner pose to you, your children, in general?
- What do you think your partner is capable of?
- Describe any injuries or health problems caused by current or past abuse?
- How has the relationship affected how you feel about yourself, your children, the future?
- How do you believe your children understand the violence?
- What do you believe would help keep you and your children safe?

Important issues to remember are to:

- Assess safety for the non-offending parent/adult victim and his or her children whether he or she is living with the alleged perpetrator or not.
- Reassure the non-offending parent/adult victim he or she is not responsible for the alleged perpetrator's violence and he or she is not responsible for stopping the alleged perpetrator from being violent.
- Help him/her develop safety plans for himself or herself and the children.
- Refer him/her to resources and help him/her access those resources.
- Work with him/her to carry out an intervention plan to promote safety and well-being for himself or herself and the children.
- Help him/her develop a long-term strategy to address any employment and housing difficulties.

Safety Planning with Non-Offending Parents/Adult Victims of Domestic Violence

Important questions to consider while discussing safety with the non-offending parent/adult victim include:

- What do you think/feel you need to be safe?
- What could I (and/or others) do to help you be safe?
- What particular concerns do you have about you and your children's safety?
- What have you tried in the past to protect yourself and your children? Did any of these strategies help? Will any of them help you now?
- Who in your support system might be able to help? How can they help? How can you involve them?

If the non-offending parent/adult victim has separated from the perpetrator of domestic violence, the following options may be evaluated with him or her:

- Obtaining a domestic violence protection order.
- Changing locks on doors and windows.

- Installing a better security system, window bars, locks, better lighting, smoke detectors and fire extinguishers.
- Teaching children to call the police, family or friends if they are abducted.
- Talking to schools and childcare providers about who has permission to pick up the children.
- Finding a lawyer knowledgeable about family violence to explore custody, visitation, and divorce provisions that protect the children and the non-offending parent/adult victim.
- In rural areas, where only the mailbox is visible from the street, covering the box with bright paper so that police can more easily locate the home.
- Telling neighbors that the perpetrator is gone and asking them to inform him or her if he or she returns to the area.
- Determining what he or she can do or is willing to do if the perpetrator returns.
- Obtaining a P.O. Box if he or she has moved, rather than using a street address (applying for the Address Confidentiality Program of the Attorney General's office).

If the non-offending parent/adult victim is planning to leave, the following may be discussed:

- How and when can he or she most safely leave? Where can he or she go? Does he or she have transportation? Money?
- Is the place he or she is going safe?
- Is he or she comfortable calling the police if needed?
- Who will he or she tell or should he or she not tell about leaving?
- Who in his or her support network does he or she trust to assist him or her and the children?
- What are the legal ramifications of leaving the perpetrator? Does he or she have a custody order?
- How will he or she travel safely to and from work or school and picking up children?
- Items to remember when leaving include: identification, birth certificates, marriage certificate, social security cards, money, bankbook, credit cards, keys to house/car/office, driver's license and registration, medications, children's favorite toys/blankets, school contact information, passport, green cards, work permits, lease/rental agreement, house deed, insurance papers, address book, picture of abuser, items of sentimental value.

If the non-offending parent/adult victim is staying with the alleged perpetrator, or leaving, reviewing the following may be helpful:

- In an emergency what works best to increase his or her and the children's safety?
- Who can he or she call in a crisis?
- Would he or she call the police if the violence started again? If not, why? How can this be remedied? Is there a phone in the house or can he or she work out a signal with a neighbor to call for help?
- If he or she needs to flee temporarily, where will he or she go? Help him or her create a list of safe places with phone numbers and addresses.
- If he or she needs to flee, what are the escape routes from the house?
- Identify dangerous locations in the house and advise him or her to try not to become trapped in these areas.
- Review the existence of weapons in the house. Is removal of the weapons an option with the assistance of law enforcement?

- Make a spare set of car keys and hide money in case of an emergency.²⁸
- Who would you want to care for your children if you are temporarily unable? (for example, if you are hospitalized)

Informed non-offending parent/adult victims who are engaged with professionals in evaluating strategies to promote safety for themselves and their children are better able to make decisions. There is strong evidence that battered women's efforts to utilize community resources to end violence are greater when child abuse is present, demonstrating that battered women may be most likely to try and escape from the abuse when they realize it is crucial to protect their children from the risks of abuse. Research further reveals that child abuse, whether by fathers or mothers, is likely to diminish once the non-offending parent/adult victim has been able to access safety services and achieve separation from the violent partner.

When the non-offending parent/adult victim is not willing or able to work towards increasing the child's safety and the risk of harm to the child is so great, DSS may have to consider temporary placement. When making placement decisions it is critical to talk with relative/kinship placement providers regarding any history of domestic violence.

Every effort should be made to support the non-offending parent/adult victim as he or she makes progress towards goals identified in the Family Services Agreement. **One way that this can be accomplished is through the petition itself. While both partners' names must be listed at the top of any petition, the facts alleged in the body of the petition can clearly delineate that the non-offending parent/adult victim is not considered to be a perpetrator unless he or she actually abused or neglected the children. In such situations, the agency may ask the court to award legal custody to the non-offending parent/adult victim when there are no issues connecting his or her actions to the abuse or neglect of the child. Obviously, if the partner has participated in abusing or neglecting the child, both partners should be listed as perpetrators and the relevant facts incorporated in the petition. Each situation is different and requires careful assessment by the agency in making these decisions.**

Helping the Adult Victim to Regain Control over His or Her Own Life

The social worker's goal is to help restore the non-offending parent's/adult victim's sense of control and dignity. The following points will assist that effort:

- Allow him or her to make decisions for himself or herself. Being coercive or mandating conditions for help is counter productive. Explore options and the consequences of her choices. If the social worker believes the non-offending parent's/adult victim's choice of staying with the partner endangers the children, share this information with him or her directly. If the social worker believes the children must be removed to ensure protection, share this information with him or her directly and try to help the non-offending parent/adult victim make choices that are safe for him or her and the children.
- Allow him or her to share good and bad feelings about the perpetrator. It is normal for non-offending parent/adult victims and children to waver in their feelings and views about the perpetrator. Problem resolution will occur partly through the recognition of the complexity of the issue of domestic violence. Abusers are not violent at all times; there may be times in which the abuser appears loving and remorseful, and the non-offending parent/adult victim has seen both personas.

²⁸ Olmsted County, Minnesota Department of Human Services

- Accept that a non-offending parent/adult victim's opinions and ideas may change over time. With the acquisition of new information and help with safety planning, he or she may change his or her mind about staying with the perpetrator, or using the legal remedies for protection.
- Always check in with him or her and ask questions, such as, "In what way can I or others be helpful to you? What do you want to do?" Listen carefully to his or her responses and try to respond to them accordingly.

Validating the Non-Offending Parent/Adult Victim's Reality

Some non-offending parents/adult victims of domestic violence do not recognize their experiences as abusive, and may be in denial about the intent and effects of their abusive partners' behaviors. As such, some may not identify with terms such as "battered" or "victim". Regardless of how he or she sees himself or herself and interprets his or her experience, there are safety issues that must be considered. When communicating with non-offending parents/adult victims of domestic violence, consider the following:

- Use affective language, such as, "It sounds painful and scary."
- Share the concerns with him or her about the danger the perpetrator of domestic violence presents or poses.
- Talk with him or her about manipulation and control and help him or her see what the perpetrator of domestic violence is doing.
- Interview him or her in the language he or she communicates in most comfortably. Avoid using labeling or blaming language. If the non-offending parent/adult victim needs an interpreter, a discussion must be held with the interpreter regarding confidentiality issues. It is not acceptable to use children or other family members as interpreters.
- Use active listening skills, identifying information that suggests controlling and/or violent behaviors.
- Empathize with him or her and validate his or her feelings. Many non-offending parent/adult victims fear that they will not be believed, as the perpetrator has denied, minimized and blamed them for the violence.
- Take a stand against the violence and communicate to the non-offending parent/adult victim a clear set of beliefs about violence, such as "No one deserves to be abused". Ensure the non-offending parent/adult victim that he or she is not responsible for the violence, no matter what he or she does, even if he or she strikes back, drinks or takes drugs. The perpetrator is responsible for making the decision to use violence and the resulting effects. Communicate that staying with an abusive partner may not always be best for him or her nor the children, and that they deserve a safe environment.
- Support him or her in overcoming isolation, in connecting with family and friends (if safe and helpful), or in joining groups where he or she can receive support and validation (e.g. a domestic violence support group).

Interviewing and Working with Alleged Perpetrators of Domestic Violence

The following are indicators of an abusive or violent personality type:

- Constant blaming of everyone except self
- Obsessive behavior – jealous, accusatory
- Threatening – suicide, violence, kidnapping, harming those who attempt to help
- Stalking

- Presents like a victim
- Vengeful – making a CPS report on the non-offending parent/adult victim
- Powerful – may report having friends in positions of power
- Paranoid/hypersensitive
- Criminal record of violent offenses
- Belligerent toward authority figures
- Current alcohol and drug use
- Access to weapons; training in martial arts or boxing

If a determination is made from the interview with the non-offending parent/adult victim and children that it is safe to proceed with the interview of the alleged perpetrator, the following are some questions that may be asked to determine his or her perception of the problem:

- Tell me about your relationship with your partner. How do you communicate with each other? How and what do you argue about?
- How do you, your partner and your child handle conflict?
- What kinds of things do you expect from your partner/family?
- What happens when you don't get what you expected?
- How did your family handle arguments? (family of origin)
- Did you ever see violence in your home when you were a child? Please explain.

The following questions help assess the level of abuse:

- Has anyone ever told you your temper was a problem for you?
- Have you been so angry you wanted to physically hurt someone?
- When was the last time you became physical with someone in your family? What happened?
- How many times have the police come to your home? Why? Who called? What happened?
- Have you put your partner down or called him/her names?
- If yes, have you done so repeatedly?
- Have you made your partner feel bad about himself or herself, made your partner think he or she was crazy, or played mind games?
- If yes, have you done so repeatedly?
- Has there ever been a time when you hit, slapped, pushed, kicked, strangled, or burned your partner?
- If yes, have you done so repeatedly?
- Have you ever forced your partner to perform sexual acts?
- If yes, have you done so repeatedly?

The following questions help assess risk to the children:

- Tell me about your children.
- How do you discipline your children?
- What do you expect from your children?
- Tell me about how your children are affected by hearing/seeing fighting in your home.

While certain indicators are linked with potential lethality, all perpetrators of domestic violence are potentially lethal, and therefore, safety is always an issue with every case. The following characteristics are relevant to assessing the potential lethality of the alleged perpetrator:

- Threats/attempts of homicide or suicide
- Fantasies of homicide/suicide (seen as the only solution...“if I can’t have him/her, no one will”)
- Depression (especially if loss of the partner represents total loss of hope for future)
- Use, threat of use, possession, or access to weapons
- Criminal activity/violation of domestic violence protection order
- History of violence with partner/children/pets (the longer, more frequent, and/or severe, the higher the risk)
- Status of the relationship (Most life-endangering violence erupts when the perpetrator believes the victim has just left or is about to leave)
- Drug or alcohol consumption
- Assaults with serious injuries: broken bones, internal injuries, biting, assaults during pregnancy...attempted strangulation is a specific predictor of lethality
- Obsessiveness and paranoia about partner or family (to the point of recording partner’s calls, interrogating children, removing all telephones from the house)
- Possessiveness and jealousy used to monitor, isolate and control the victim
- Can not tolerate separation from the victim
- Inflicts severe pain or torture without apparent warning or provocation
- Derives pleasure from creating pain
- Takes offense easily (a mild attempt at setting limits can trigger a violent response)
- Criminal history of violence
- Conflicted and belligerent relationships with authority figures

Important issues to remember are to:

- Work with law enforcement to hold the alleged perpetrator of domestic violence accountable and support the application of appropriate sanctions.
- Hold the alleged perpetrator of domestic violence responsible for choosing to be violent and controlling.
- Develop a plan of intervention with the alleged perpetrator of domestic violence whenever possible.
- Provide a referral to an appropriate, approved abuser treatment program.
- Facilitate a long-term strategy to promote the use of non-violent interaction in personal relationships.²⁹

Holding the Alleged Perpetrator Accountable

It is crucial to hold the abusive partner accountable for his or her actions. When documenting the decision to substantiate or find a family in need of services, it is important to remember to accurately identify the perpetrator of domestic violence and explain the context of the abuse or violence. Blaming/Shaming the non-offending parent/adult victim is not acceptable, and every effort to hold the alleged perpetrator accountable should occur.

²⁹ Olmsted County Community Services, Domestic Violence Protocol Child and Family Services Intervention In Cases of Child Maltreatment With Adult Partner Abuse, Rochester, MN, August 2001.

There are many reasons that make it difficult to hold domestic violence perpetrators accountable. The domestic violence perpetrator is not always living in the home at the time of CPS involvement, and at times the alleged perpetrator is not the legal or biological parent of the children, he or she may be an inconsistent presence in the family, and he or she can make the social worker feel unsafe. While the accountability issue is difficult, it is crucial to the cessation of violence and maintenance of child safety and well-being.

Hold the alleged perpetrator accountable by:

- Expecting the alleged perpetrator to acknowledge and address the impact of his or her behavior on the children and demonstrate nonviolent parenting.
- Supporting legal/criminal actions that hold the alleged perpetrator accountable.
- Ensuring that custody/visitation is consistent with the safety and well being needs of the children (Review any existing domestic violence protection orders when considering child custody and visitation decisions.)

Develop a separate Family Services Case Plan which includes:

- Ending verbal, emotional, physical and sexual abuse of all family members.
- No interference with his or her partner's efforts to parent children safely.
- Comply with protection orders and other court ordered mandates, including those imposed by probation, parole and abuser treatment programs.
- Attend culturally responsive, state licensed or approved education and counseling programs for perpetrator of domestic violence.³⁰

A list of state-approved abuser treatment programs can be accessed at:

<http://www.doa.state.nc.us/cfw/programs/displayprograms.asp?id=onslow>

Anger management interventions are not sufficient to address the dynamics of domestic violence. Services must be directed towards holding the alleged domestic violence perpetrator responsible for eliminating abusive behavior in all family relationships. If the alleged perpetrator of domestic violence pursues traditional treatment options, such as psychotherapy, it is crucial that he authorizes the release of information to child protective services staff and that the therapist agrees to discuss treatment outcomes.

Communicate clearly with the alleged perpetrator what behaviors are acceptable when he or she is visiting the children. Many perpetrators of domestic violence will try to sabotage the relationship between the children and non-offending parent/adult victim. Every effort should be made to support the non-offending parent/adult victim as he or she makes progress towards goals identified in the Family Services Agreement. **One way that this can be accomplished is through the petition itself. While both partners' names must be listed at the top of any petition, the facts alleged in the body of the petition can clearly delineate that the non-offending parent/adult victim is not considered to be a perpetrator unless he or she actually abused or neglected the children. In such situations, the agency may ask the court to award legal custody to the non-offending parent/adult victim when there are no issues connecting his or her actions to the abuse or neglect of the child. Obviously, if the partner has participated in abusing or neglecting the child, both partners should be**

³⁰ Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice, Recommendations from the National Council of Juvenile & Family Court Judges Family Violence Department, 1998.

listed as perpetrators and the relevant facts incorporated in the petition. Each situation is different and requires careful assessment by the agency in making these decisions.

Assessing a Domestic Violence Perpetrator's Progress

The following are questions to ask in the assessment of the perpetrator's progress:

- Has he or she stopped all use of physical force against the non-offending parent/adult victim and his or her property?
- Has he or she stopped all use of threats of physical force against the non-offending parent/adult victim and his or her property?
- Has he or she stopped threatening to abduct or harm the children?
- Has he or she stopped other acts of intimidation (reckless driving, display of weapons)?
- Has he or she stopped monitoring, harassing, or stalking the victim?
- Does he or she support the victim's friendships and activities outside the family?
- Does he or she support the victim's parenting?
- When he or she's angry, does he or she act in ways to reassure the victim that he or she will not be abusive (taking time-outs, discussing conflict)?
- Does he or she respect his or her partner's right to place limits and to say "no" to him or her?

Potential Lethality Assessment

A potential lethality assessment looks at danger for the adult victim and children. Potential lethality is assessed through the completion of the Structured Decision Making Assessment Tools combined with any information gathered from use of the Non-Offending Parent/Adult Victim's Assessment Tool, Child's Assessment Tool, and Alleged Perpetrator's Assessment Tool.

- The level of danger
- The immediacy of danger
- Victim strengths, resources and support system; and,
- What the non-offending parent/adult victim and children want

Whenever possible, consult a trained domestic violence advocate to complete a comprehensive assessment of potential lethality. There may be situations that necessitate the social worker to complete an initial potential lethality assessment. An interview with the non-offending parent/adult victim is the first step in completing a potential lethality assessment. If the potential lethality assessment with the non-offending parent/adult victim suggests extreme risk and interviewing the perpetrator of domestic violence is not in the best interests of the child, postpone that interview. Document the rationale for postponing the interview in the case record. Once safety is assured, the interview must be completed. If the interview with the non-offending parent/adult victim does not suggest extreme risk, continue the assessment by interviewing the children. After interviewing the adult victim and children, continue the potential lethality assessment by interviewing the perpetrator of domestic violence.

When determining risk level, the following factors raise the risk to the non-offending parent/adult victim and the children:

- physical injuries to adult or child due to domestic violence,

- severe or frequent assaults or recent escalation of abuse,
- display or use of weapons during incidents of domestic violence,
- threats to kill or seriously harm the child or non-offending parent/adult victim,
- stalking of the non-offending parent/adult victim or children,
- menacing conduct with implications of harming or kidnapping the children,
- alcohol or other drug abuse problem in the family,
- non-offending parent/adult victim and children are forced to flee,
- non-offending parent/adult victim's ability to care for children is seriously impaired due to severity of recent violent assault or series of assaults,
- alleged perpetrator has ongoing, unsupervised regular access to the children and/or the non-offending parent/adult victim.

The safety of children is closely linked to the safety of the non-offending parent/adult victim. The approach taken by CPS means a great deal and being able to engage the family respectfully can go a long way towards attempts to deescalate the situation. The assessment of risk and factors influencing the child's and non-offending parent/adult victim's safety is a continuous, ongoing process that should include the impact of domestic violence on children. The potential lethality assessment indicates the level and urgency of danger, and therefore provides information as to the next steps. There are specific domestic violence assessment tools to use with the non-offending parent/adult victim, children, and alleged perpetrator. These interview tools in conjunction with the Structured Decision Making Assessment Tools enhance CPS capacity to make case decisions on complex domestic violence situations. The Domestic Violence Assessment Tools may be used as a companion to the Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment and Initial Case Plan.

CPS In-Home Services Issues

- Securing safe housing – in the adult victim and children's home when possible or with family or friends, in subsidized housing, or in a shelter.
- Offering support to adult victims in a respectful manner that does not label them as neglectful.
- Offering support and services to children to address any behavioral/mental health needs as a result of the domestic violence.
- Referring perpetrators of domestic violence to state approved abuser treatment programs, and monitoring attendance and compliance with court and program requirements. Referrals to anger management programs are not appropriate – the perpetrator is usually able to control his or her anger, domestic violence is a power and control issue specifically related to his or her relationship with the adult victim.
- Referring adult victims to services that will aid in securing cash assistance, child and employment support services.
- Referring adult victims to voluntary supportive counseling, groups or community based advocacy services, and to job training, parenting, substance abuse treatment, and immigration specialists in programs trained to respond to domestic violence and their children.
- Keeping safety plans updated for himself or herself and the children.

Adult victims of domestic violence often share common feelings and reactions which may include: fear, denial, anger, guilt/shame, shock, powerlessness, despair/depression, ambivalence, betrayal and confusion. Additionally, domestic violence victims may suffer from eating disorders, substance abuse, and isolation. Sometimes, domestic violence victims may

refuse to participate with authorities, may lie or be inconsistent with CPS and/or the police, and/or may minimize the domestic violence. All of these feelings and responses may be a result of the violence and attempts to survive the abuse. Domestic violence victims often realize that they are caught in a trap in which information that they do or do not share will be used against them by the abuser. Domestic violence victims learn that looking their abusers in the eyes may result in being battered, that agreeing with everything their abusers say (regardless of whether they actually agree) may postpone their abuse, and that making promises (that are ultimately broken) in the “heat of the moment” might help pacify their batterers temporarily. When adult victims exhibit these behaviors with social workers, they can be difficult to work with. It is certainly easier to work with “cooperative” victims who make progress on the Family Services Case Plan.

Many adult victims will not be “cooperative” clients because of years of victimization. Do not take their behaviors personally. Many of these behaviors will decrease once the victim and children are safe. For many victims, the one constant, reliable force in their lives has been their abusers; it will probably take time for them to trust their social workers, as doing so could equate to placing their lives in someone (other than the batterer’s) hands.

No matter how they behave, victims have the right to be free from violence.

CPS workers may find themselves in a double bind:

- Their first responsibility is to protect the children.
- At the same time, the non-offending parent/adult victim is also a victim and if he or she is not safe it is unlikely the children will be safe.

CPS has often failed to recognize steps that the non-offending parent/adult victim may have taken to protect the children. This is a difficult area to understand, because some of the protective behaviors may not appear protective at first glance.

It is important to remember that the non-offending parent’s/adult victim’s motivations and thoughts are not to be accepted as valid excuses for his or her abusive or neglectful behavior.

A non-offending parent/adult victim who abuses alcohol and/or drugs may be thinking:

- “If I drink/drug with him or her, he or she won’t get mad and hit me or the kids.”
- “He or she might pass out.”
- “He or she only acts this way when he or she’s drinking/drugging.”

A non-offending parent/adult victim who minimizes/denies the violence may be thinking:

- “If I don’t tell them anything, I and the children will not be abused.”
- “If I tell them that I fell down the stairs, they won’t take my children away.”

A non-offending parent/adult victim who wants to protect his or her children may be thinking:

- “If I send the children outside, they won’t see me get hurt and get upset.”
- “I’ll drop the DVPO so that the children won’t get harmed during visitation.”

Non-offending parents/adult victims make choices that help them cope with the perpetrator of domestic violence and protect the children. An effort should be made to praise the non-offending parent/adult victim for his or her efforts in maintaining his or her children's safety thus far. This does not mean that the focus is not on the children's safety. Situations where the non-offending parent/adult victim is abusing or neglecting the children must be addressed; however, it is important to address his or her behaviors in the context of the violent relationship. Oftentimes, the abusive or neglectful behaviors may be resolved by addressing the domestic violence and assisting the non-offending parent/adult victim in his or her efforts to protect the children.

Social Worker Safety

Extreme caution should be used when intervening with a family. A range of supports can be used to safely intervene:

- conducting interviews with law enforcement,
- cellular telephones, pagers; and,
- working in pairs.

Intervening in domestic violence situations can be traumatic, and the opportunity for debriefing with a supervisor provides the capacity to deal with some of the stress incurred from the social worker's interaction with the family. CPS involvement may increase the risk to the family and the social worker, due to the threat it poses to the abuser's control of the situation. The following are indicators of an abusive or violent personality type:

- Constant blaming of everyone except self
- Obsessive behavior – jealous, accusatory
- Threatening – suicide, violence, kidnapping, harming those who attempt to help
- Stalking
- Presents like a victim
- Vengeful – making a CPS report on the non-offending parent/adult victim
- Powerful – may report having friends in positions of power (police, wealthy friends/family)
- Paranoid/Hypersensitive
- Criminal record of violent offenses
- Belligerent toward authority figures
- Current alcohol and drug use
- Access to weapons; training in martial arts or boxing

If the alleged perpetrator of domestic violence exhibits behaviors that suggest heightened risk, it is not advisable for a home visit to be made until the following guidelines have been considered:

- Consult the social work supervisor/domestic violence consultant about the concerns and begin safety planning.
- Consider taking law enforcement or a co-worker to the home.
- If the abuser has a violent criminal record or is on probation, a probation officer should be contacted and accompany you to the home.
- When interviewing the family, be aware of triggers that may cause the individual to respond in a violent manner. (Triggers are outlined below)

Triggers that may Cause a Violent Confrontation

- Non-offending parent/adult victim is preparing to leave or has recently left.
- Abuser's degree of access to the adult victim changes.
- Children are going to be removed.
- Abuser has just been released from jail or is facing criminal charges and possible incarceration.
- Allegations are made directly at the abuser regarding domestic violence/child maltreatment.
- Abuser is seeking information regarding family's location.
- Permanency Planning goal changes to adoption.

Guidelines for Working in High Risk Situations

- Contact law enforcement if there is a criminal record of violent offenses.
- It is highly recommended that the social worker never meet with the abuser alone. When possible, visit at the office or take a co-worker to the home.
- Notify a co-worker that a potentially dangerous client is coming in to meet and when and where the meeting will be held.
- Whenever possible, have multiple exits in the meeting room, in case of the need to leave quickly.
- If possible have security nearby; know the agency's procedures in emergency situations.
- Consider that depending on the abuser's interpretation of the social worker's role, he or she may attempt to manipulate the situation by "charming" the social worker or denying, minimizing, rationalizing and/or blaming the victim.

Threatening Situations

- Trust personal instincts, if the situation feels unsafe it probably is.
- Stay calm. The abuser will try to test limits. Do not engage in a confrontation.
- End the visit if the abuser's anger can not be deescalated by efforts to calm him or her down.
- Always notify the non-offending parent/adult victim prior to a visit with the perpetrator.
- Always notify the non-offending parent/adult victim of escalation in the abuser's anger and risk to the children or him or her.³¹

³¹ Olmsted County Community Services



Using intimidation: making him or her afraid by using looks, actions, gestures, smashing things, destroying property, abusing pets, displaying weapons.

Using emotional abuse: putting him or her down, making him or her feel bad about himself or herself, calling him or her names, making him or her think he or she's crazy, playing mind games, humiliating him or her, making him or her feel guilty.

Using isolation: controlling what he or she does, who he or she sees and talks to, what he or she reads, where he or she goes, limiting his or her outside involvement, using jealousy to justify actions.

Minimizing, denying, and blaming: making light of the abuse and not taking his or her concerns about it seriously, saying the abuse didn't happen, shifting responsibility for abusive behavior, saying he or she caused it.

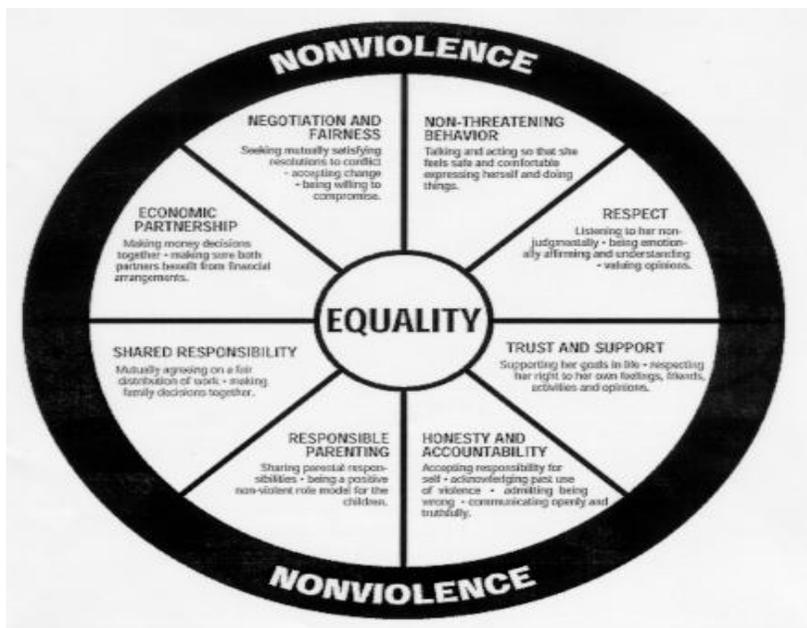
Using children: making him or her feel guilty about the children, using the children to relay messages, using visitation to harass him or her, threatening to take children away.

Using male privilege: treating him or her like a servant, making all the big decisions, acting like the "master of the castle", being the one to define men's and women's roles.

Using economic abuse: preventing him or her from getting or keeping a job, making him or her ask for money, giving him or her an allowance, taking his or her money, not letting him or her know about or have access to family income.

Using coercion and threats: making and/or carrying out threats to hurt him or her, threatening to leave him or her, to commit suicide, to report him or her to welfare, making him or her drop charges, making him or her do illegal things.³²

³²<http://www.duluth-model.org/daippce.htm> Developed by the Domestic Abuse Intervention Project, 202 East Superior Street, Duluth Minnesota 55802 USA.



Non-threatening behavior – talking and acting so that he or she feels safe and comfortable expressing himself or herself and doing things.

Respect – listening to him or her non-judgmentally, being emotionally affirming and understanding, valuing opinions.

Trust and Support – supporting his or her goals in life, respecting his or her right to his or her own feelings, friends, activities, and opinions.

Honesty and Accountability – accepting responsibility for self, acknowledging past use of violence, admitting being wrong, communicating openly and truthfully.

Responsible Parenting – sharing parental responsibilities, being a positive non-violent role model for the children.

Shared Responsibility – mutually agreeing on a fair distribution of work, making family decisions together.

Economic Partnership – Making money decisions together, making sure both partners benefit from financial arrangements.

Negotiation and Fairness – seeking mutual satisfying resolutions to conflict, accepting change, and being willing to compromise.³³

³³ <http://www.duluth-model.org/daippce.htm>

The following web site provides information on resources for children, non-offending parent/adult victims, alleged perpetrators and professionals:

NC Coalition Against Domestic Violence
(919) 956-9124
www.nccadv.org

For additional information about domestic violence and child maltreatment:

The American Bar Association
www.abanet.org/domviol/home.html

The Family Violence Prevention Fund
www.fvpf.org

The National Coalition Against Domestic Violence
www.ncadv.org

The National Council on Juvenile and Family Court Judges
<http://www.ncjfcj.org/>

The Office of Justice Programs
www.ojp.usdoj.gov/bjs

US Department of Justice: Bureau of Justice Statistics
www.ojp.usdoj.gov/bjs

Office of Juvenile Justice and Delinquency Prevention
<http://www.ojjdp.gov/>

The Administration of Child Welfare
<http://www.acf.hhs.gov/>

NC Department of Health and Human Services / Division of Social Services
www.dhhs.state.nc.us/dss/

NC Association of County Directors of Social Services
www.ncacdss.org

NC Coalition Against Domestic Violence
www.nccadv.org

NC Council for Women and Domestic Violence Commission
<http://www.councilforwomen.nc.gov/>

National Resource Center on Domestic Violence
(800) 537-2238

The National Domestic Violence Hotline
1 – 800 – 799 – SAFE (7233)