

POLICY SUMMARY

Co-Occurring Domestic Violence and Child Maltreatment July 2009

When is it effective? July, 2009

What does it mean to me?

- Identifying domestic violence (DV) helps social workers increase safety for families.
- Although DV is not an allegation of child abuse or neglect, it's important for CA workers to address DV in their work with families because:
 - Research shows that DV and child maltreatment often go hand in hand.
 - Most research studies about this co-occurrence reveal an overlap of 30 to 60 percent of this maltreatment depending on the families studied (Edleson, 1999).
 - When DV is currently occurring, there's a chance the DV presents an immediate threat to the child.
 - Careful assessment of the nature of the DV will help a worker develop services to support the family to keep the children safe.
 - A nurturing relationship with a protective caregiver (most often the adult DV victim) is a primary factor in determining a child's resilience to the trauma of DV and child maltreatment.

Note: *The fact that a child has been exposed to DV in and of itself does not constitute negligent treatment of maltreatment. (RCW 26.44.020 (13))*

- **Domestic Violence (DV) behavioral definition** - "a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners".
- The DV policies and practice guide are based on this **behavioral definition** of DV in **intimate** partner relationships. (Broader *legal* definitions of DV regarding violence and/or crimes between family/household members can be found in RCW 26.50 and 10.99, such as adolescents and parents).

Changes to Intake

- Adds a universal screening question on all intake calls which asks: *"Has anyone used or threatened to use physical force against an adult in the home?"*
- The universal screening question is used to help the intake worker identify if DV is an issue. It is not used for sufficiency screening because DV, in and of itself, is not child abuse or neglect. (RCW 26.44.020 (13)).
- Intake workers must screen all intakes for DV to assess whether a child is in clear and present danger from DV.
- If the universal screening question is answered yes, then intake workers:



POLICY SUMMARY

Co-Occurring Domestic Violence and Child Maltreatment July 2009

- Complete the remaining DV questions in FamLink.
- Ask who did what to whom and document in the Additional Risk Factors section.
- When possible, offer DV resource information to the referrer, such as:
 - Statewide DV Hotline telephone number 1-800-562-6025.
 - Statewide DV website: www.wavawnet.org.
 - Available local community resource information such as DV assistance and emergency shelter programs, emergency housing and child care.

Changes to CPS Investigation

- On **all** CPS investigations children must be interviewed apart from siblings, caregivers or alleged perpetrators (*even if DV is not indicated*).
- Anytime DV is identified:
 - All persons (e.g. children, caregivers and alleged perpetrators) must be interviewed separately.
 - The social worker must assess the danger posed to the child and adult victim by the alleged DV perpetrator by completing the specialized DV questions in the Safety Assessment.

Impacts to FRS, FVS and CFWS

- All cases must be screened for DV. This is done via the child and caregiver interviews, safety assessment, structured decision making and Family Assessment.
- Information about DV may be found by reviewing the information above and records such as case files, court documents, background checks, law enforcement reports and professional reports.
- When DV is identified, workers should consider information about DV issues within the family when making case decisions and making service plans.
 - Service plans should support adult victims of DV to increase safety for themselves and their children, while taking into consideration the particular patterns of abuse and control used by DV perpetrators.

Additional considerations:

It is important to screen for DV throughout the life of a case, for example at intake, investigation and on-going service planning.

Careful identification and assessment of DV helps workers understand the context in a particular family created by the DV perpetrator's coercive conduct.



POLICY SUMMARY

Co-Occurring Domestic Violence and Child Maltreatment July 2009

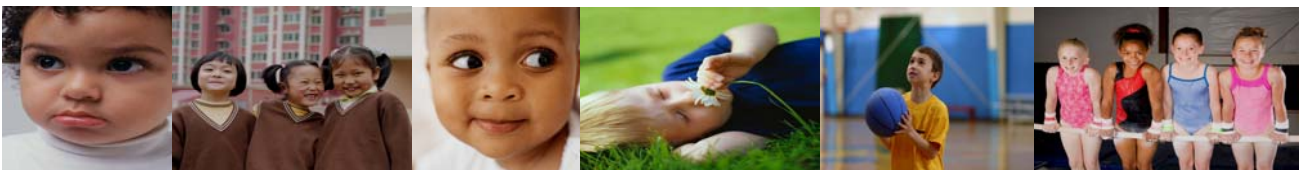
- When DV is identified, workers should ask themselves the following:
 - How does the DV perpetrator's behavior towards the adult victim impact the ability of the family to address issues of concern for the children?
 - How can CA work with the family to minimize the DV perpetrator's ability and choice to control and abuse their intimate partner?
 - How can CA help increase the capacity of the DV victim to create safety for the victim and their children?

Additional Considerations about Findings -

- When considering what finding to make at the conclusion of the investigation, the CPS social worker should consider whose behavior caused the harm to the child. Generally, the finding should be made concerning that person alone.
- When considering a finding of neglect for "failure to protect," consider the position of the domestic violence victim and her/his ability to protect given the domestic violence. Consider also any actions the victim took to protect or minimize the harm to the children.
- *Before making a finding of neglect for "failure to protect", discuss with your supervisor and CPS program manager.*

What else is important to remember?

- **CA's role in working with adult DV victims is to:**
 - Approach them in a compassionate and non-judgmental manner.
 - Reassure them they are not responsible for the DV perpetrator's violence and that it is not their responsibility to stop the perpetrator's violent behavior.
 - Recognize their protective strategies and support them to increase their capacity for protecting the children.
 - Assist them to meet with their DV violence advocate for DV safety planning and support.
 - Provide resources that reduce the DV perpetrator's power and control, and enhance the victim's resistance and resilience.
 - Refer them to, and help them access resources, such as DV shelters and support services, Temporary Assistance for Needy Families (TANF), other DSHS services, housing, financial assistance, and drug & alcohol treatment.
- Although **protection orders** can be valuable tools in DV cases, social workers should not require DV victims to obtain protection orders. Social workers and adult DV victims should decide **together** if filing for a protection order is the best course of action, and who should initiate the filing.
- Social workers may support DV victims in filing motions for protection orders, including providing information to the court such as:



POLICY SUMMARY

Co-Occurring Domestic Violence and Child Maltreatment July 2009

- Level and type of danger posed to the children by the DV perpetrator
 - Whether or not it is safe for the DV perpetrator to have access to the children
 - Recommendation if visitation can safely occur
 - Whether visitation should be supervised or unsupervised
- If DV protection orders already exist, social workers should be careful not to take any actions that may undermine terms and conditions of the existing orders.
 - Social workers should only refer DV perpetrators to state-certified DV Perpetrator Treatment programs.
 - DV perpetrators **should not be referred to Anger Management** classes because classes:
 - Don't address the underlying issues of domestic violence (power and control).
 - May decrease safety for DV victims and children by teaching DV perpetrators tactics that allow the DV perpetrator "fly under the radar" while continuing to be abusive.

Resources associated with this policy?

- Policy Summary – July 2009
- FamLink Summary
- Practice & Procedures Manual Chapter 2000 Section 2220(7) & Section 2331 (D)(2)(b) & (17)
- Domestic Violence Practice Guide – July 2009
- Safety Assessment - http://asd.dshs.wa.gov/forms/wordforms/word/15_258.doc

If you have questions, please contact:

- Colette McCully - COMC300@dshs.wa.gov or 360-902-7918
- Maureen Kelly - KELM300@dshs.wa.gov or 360-902- 7901

