Family violence is one of three common factors present in fatality and near fatality cases; therefore, it is important to thoroughly assess for violence during all interactions with families.

INVESTIGATION
The worker’s interactions and interventions with family members should attempt to meet five goals in cases with risks to children associated with domestic violence. These are:

1. To protect the child;
2. To help the non-offending parent/caregiver protect child and self, using non-coercive, supportive, and empowering interventions whenever possible.
3. The safety and well-being of the child victim is paramount, and includes efforts to preserve the bond between the non-offending parent/caregiver and the child.
4. To hold the domestic violence perpetrator, not the non-offending parent/caregiver, responsible for stopping the abusive behavior.
5. To advocate on behalf of survivors and their children by giving them information and resources.

When risks associated with domestic violence have been identified, workers should conduct an in-depth assessment of the impact of the abuse and high risk behaviors of the perpetrator to the child(ren)’s safety, including but not limited to:

1. Danger posed to child from the domestic violence perpetrator;
2. Physical, emotional, and developmental impact of the domestic violence on child(ren); and
3. Strategies that the non-offending parent/caregiver has used in the past to successfully protect the child (referred to as “protective factors”) that can be reinforced to help the non-offending parent/caregiver protect the child(ren) in the future.

The risks associated with domestic violence must be documented in detail in terms of the behaviors used by the perpetrator against the child and family. There must be clear documentation of the impact of the harmful behaviors of the perpetrator upon the child. For example, if a batterer controls his/her victim through excessive jealousy, threats of taking the children, harming pets, and controlling finances, these are behaviors to document in the risk assessment and plan for during the safety/prevention planning phase. The specific actions noted should replace generic language of “domestic violence in front of the children.” There must be clear documentation of the impact of the harmful behaviors of the batterer upon the children. For example, bed wetting, missing school, acting out violently, and demeaning the mother. Exposure to domestic violence should not be presumed to have the same impact on all children.
Field staff should attempt to identify a primary aggressor in cases where both parents are perpetrators of domestic violence. The following may be used in determining primary aggressor:

- Review of the family’s history;
- Review of the AOC history to determine if either party has a history of abuse; and
- Review of domestic violence reports to determine if there are indicators that may suggest who the primary aggressor is, and any additional contact information that may be helpful, i.e. law enforcement.

There should be a continual assessment of worker safety. If the worker feels they are at risk of harm, they should leave the residence and seek assistance from law enforcement.

When possible, interviews should be coordinated with community partners i.e. law enforcement and spouse abuse shelter staff.

CHILD INTERVIEW

Children can be affected emotionally and experience physical symptoms from witnessing incidents of domestic violence. Factors that influence a child’s response include:

- Age of the child;
- Degree of violence;
- Extent of control on part of the perpetrator; and
- Relationship of the child to the perpetrator.

RECOMMENDATIONS FOR CHILD INTERVIEW

1. How do your parents/caregivers (parent and step-parent/partner) communicate?
2. What issues do your parents/caregivers (parent and step-parent/partner) argue about?
3. Do they yell at each other?
4. Have you ever seen your parents/caregivers (parent and step-parent/partner) physically fight? Tell me what happens. Does anyone ever get hurt?
5. What do you do when they are fighting?
6. Have you talked to anyone about what happens at home?
7. What would you like for your parents/caregivers (parent and step-parent/partner) to do?
8. What would you do if you were afraid and needed help?
9. Have you ever been injured or involved in an incident?

RECOMMENDATIONS FOR NON-OFFENDING PARENT/CAREGIVER INTERVIEW

1. Tell me about your relationship with the perpetrator.
2. Has your partner ever used or threatened to use a weapon against you or the child(ren)?
3. Has your partner ever used physical force on you? If so, how often? Can you describe the worst incident and the last time an incident occurred?
4. Has your partner ever been physically or emotionally abusive toward the child(ren)?
5. Has your partner ever neglected the child(ren)?
6. Has the child(ren) ever witnessed or physically intervened in a violent episode between you and your husband/partner?
7. If previous abuse has occurred, how did you try to protect yourself and the child(ren)?
8. If an incident of domestic violence occurs again, how do you plan to protect yourself and the child(ren)?

**RECOMMENDATIONS FOR ALLEGED PERPETRATOR INTERVIEW**
1. If the child(ren)’s safety is compromised by interviewing the alleged perpetrator, take immediate steps to ensure their safety before the interview.
2. When interviewing alleged perpetrators, do not confront with direct information from the non-offending parent/caregiver or child victim.
3. Since additional information is likely available from the non-offending parent/caregiver and/or child(ren), law enforcement or other collaterals, a forced admission from the alleged perpetrator is inappropriate and potentially dangerous to both the worker and the non-offending parent/caregiver and child(ren).

**SAFETY PLANNING/PREVENTION PLANNING**
The non-offending parent/caregiver’s plan is centered on risk assessment and safety for the child(ren) and self. Do not assign tasks on the prevention plan/case plan that ask the non-offending parent/caregiver to be responsible for or control the perpetrator’s violence. DCBS may need to take court action to protect the child(ren) if the child(ren) is found to be at significant risk.

- Educate the victim on domestic violence and the different types of violence. Help the victim recognize the type of violence they are experiencing.
- Help the victim pinpoint the batterer’s behavior cues which indicate battering is imminent, i.e. clenched fists, searing eye contact.
- Develop an escape plan. Be specific on times when it may be safer to leave; discuss items that the alleged victim may need to have ready in order to leave such as, bank account number, credit/ATM cards, savings passbooks, welfare and immigration documents, passport, medications and prescriptions, divorce papers and other documents (including protective order, custody and visitation agreements) and develop an escape route from the house. The victim may need to develop more than one depending on the size of the home.
- Discuss if the place the victim is fleeing to is safe.
- Advise the victim of dangerous locations in the house and to stay out of those areas.
• Ensure practical planning. If the alleged victim’s neighbors are never home, they cannot be used as a safe place. If the alleged perpetrator works during the day, then the night time is not the best time for the victim to flee the home.

PREVENTION PLAN/CASE PLANNING FOR THE ALLEGED PERPETRATOR
SSW should always document objectives and tasks that are measurable:
• Commit no physically violent behavior towards any member of the household.
• Commit no intimidating behavior towards any member of the household. This includes stated or implied verbal threats, destruction of property, throwing objects, punching, etc.
• Remove all weapons from the home.
• Comply with all court orders including protective orders, conditions of probation and parole, visitation and custody orders.
• Seek a domestic violence evaluation and comply with the recommendations.
• Do not use physical discipline with children.
• When appropriate, seek and comply with recommendations of substance abuse program. It should be noted that abusers do not stop abusing because they gain control over their addictions. If an abuser has a substance abuse problem, they should be treated for both the domestic violence and substance abuse.
• Pay child support as scheduled.
• Do not deny partner access to counseling, friends, family, phone, or vehicle.

If the alleged domestic violence perpetrator is also involved with criminal court, SSW should coordinate with court personnel. If court personnel are aware of the perpetrators involvement with the cabinet, they can impose a mandate that he/she comply with all of the cabinet’s recommended steps.

CASE DISPOSITION: NON-OFFENDING PARENT/CAREGIVER
Every effort should be made to help the non-offending parent/caregiver protect the child before more coercive measures such as citing the non-offending parent/caregiver for failure to protect are considered. Such measures should be used only as a last resort after all interventions aimed at holding the perpetrator accountable for stopping the violence have been implemented and all efforts to protect the child from the abuse have been exhausted. If a failure to protect case is substantiated against the non-offending parent/caregiver, the domestic violence perpetrator should also be cited for endangering the child.

Where there are significant risks to the children associated with domestic violence in child protection cases, court orders should be obtained to ensure the following:
• Keep the child(ren) safe.
• Keep the non-offending parent/caregiver and child(ren) together whenever possible.
• Hold the perpetrator accountable.
• Identify the service needs of all family members, including all forms of assistance and help for the child, safety, support, and economic stability for the non-offending parent/caregiver and rehabilitation and accountability for the perpetrator.
• Create clear, detailed visitation guidelines which focus upon safe exchanges and safe environments for visits.

**CASE DISPOSITION: PERPETRATOR**
Case dispositions should include ways of holding the perpetrator accountable for the risks to the child(ren). Examples of strategies are:
• Substantiate cases on the perpetrator for physical abuse, endangerment and or neglect of child.
• Work with the courts and or/local prosecutor’s office to enable criminal charges to be filed against a domestic violence perpetrator on behalf of the child(ren).
• Order the domestic violence perpetrator to attend a domestic violence offender treatment program and monitor progress by developing a working collaboration with treatment program.