Introduction

There is growing evidence of the co-occurrence of adult domestic violence and child maltreatment. Child protective services must begin to develop protocols that formally address both of these issues. Best practice in the intervention and treatment of child maltreatment should address the co-occurrence of domestic violence. The purpose of these guidelines is to provide direction to agencies that respond to situations in which child maltreatment and domestic violence are both occurring.

Mission Statement

As members of systems that assist or respond to families experiencing domestic violence and child maltreatment, our mission is to keep children and battered women safe and to hold abusive partners accountable.

Target Population

Children and adolescents at risk of child maltreatment where domestic violence is reported or a risk of repeated domestic violence exists.

Statistics

Women and children in the same families are often both maltreated. Studies over the past 25 years show a median co-occurrence of woman abuse and child maltreatment of 41% (Appel and Holden, 1998) and the majority of studies reveal an overlap of 30% to 60% depending on the families studied (Edelson, 1999a).

Many children exposed to adult domestic violence also exhibit behavioral, emotional, and cognitive problems (Edelson, 1999b). The impact of exposure varies by the level of violence in a home, the degree of a child's exposure and the presence of other risk and protective factors (Edelson, 2001).
Exposure to violence in the home has been found to be one of the most significant predictors of an adolescent's later use of violence in the community (Singer, ET al., 1998).

Women are 7-14 times more likely than men to report suffering severe physical assaults by an intimate partner (NIJCDC Report, 1998).

**Guiding Principles**

The primary focus of child protection intervention in domestic violence cases is the ongoing safety of children. The preferred way to protect children in most domestic violence cases is to join with the adult victim in safety planning and to hold the abusive partner accountable. It is important to work closely with battered women's programs, the criminal justice system and the batterer's treatment providers, while protecting the privacy of all involved individuals as required by law.

**Goals**

- All family members will be safe from harm.
- Abusive parents will receive assistance in learning non-coercive and supportive interventions to protect themselves and their children.
- The abusive partner, not the adult victim, will be held responsible for stopping the abusive behavior.
- Children will have safe and stable relationships with nurturing parents or caretakers.
- The incidence of child maltreatment co-occurring with domestic violence will be reduced.

**Definition of Domestic Violence**

Battering is a systematic pattern of violent, controlling, coercive behaviors intended to punish, abuse and ultimately control the beliefs, thoughts and actions of the victim.

**Confidentiality**

Information shared will be strictly relevant to the case, will include voluntarily signed releases, and include provisions that articulate the regulations governing confidentiality for each agency, including the types of information on families that will be shared between the St. Louis County Child Protection and Range Women's Advocates.

**St. Louis County Human Services (Child Protection)**

**Screening Referrals**

1. CPS workers will routinely screen referrals for domestic violence asking:
A. Are you aware of any other concerns in the family?

B. Does anyone else in the family get hurt physically?

2. CPS workers who identify domestic violence will advise callers of specific options and resources for domestic violence such as crisis centers, shelters and police, even if the call is not referred for assessment.

3. CPS workers will screen for ICWA or reservation connections without ICWA.

Assessment

Interviewing the Adult Victim

In those cases which statutorily meet child maltreatment criteria, workers will routinely inquire about domestic violence with adult family member, whether or not an adult male lives in the household. Interview adult victims and perpetrators separately when inquiring about domestic violence. Explain calmly that Child Protection Services (SPC) routinely asks questions about domestic violence with all families on the caseload.

1. When domestic violence is suspected or known, interview family members in the following order if possible. First, interview the adult victim (if the worker believes that this will cause risk to child victims begin with the children). Next, interview the children. End by interviewing the domestic violence perpetrator.

2. Interview the adult victim using the questions listed below as a guide.

   • Have you ever felt afraid of your partner? In what ways?
   
   • Has your partner ever physically used force on you (e.g. pushed, pulled, slapped, punched or kicked you)?
   
   • Have you ever been afraid for the safety of your children?

If you ascertain that violence and/or severe control is or may be present in the family, the following questions will help you determine if the pattern of incidents is changing, if the abuse is escalating in frequency and if the victim is in danger. Severity may be assessed using the following questions that will help you identify whether or not the pattern of the incidents is changing.

Has your partner:

• 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?
• Controlled your money?
• Stolen your money?

The following questions will help you identify patterns of verbal, emotional, physical, and sexual abuse.
• Called you degrading names?
• Emotionally insulted you?
• Humiliated you at home? In public?
• Destroyed your possessions (e.g., clothes, photographs)?
• Broken furniture?
• Disabled the telephone? Threatened to injure you, himself, your children, or other family members?
• Hit, slapped, pushed, kicked, choked, or burned you?
• Threatened to use a weapon or used a weapon?
• Threatened to kill you?
• Hurt your pets?
• Engaged in reckless behavior (e.g., drove too fast with you and the kids in the car)?
• Behaved violently in public?
• Been arrested for violent crimes?
• Forced you to perform sexual acts that made you feel uncomfortable?
• Prevented you from using birth control?
• Withheld sex?
• Hurt you during pregnancy?
• Forced you to engage in prostitution or pornography?
• Forced you to use drugs?

The next group of questions will help you assess the level of risk to the children.

Has your partner:
• Called your child degrading names (e.g., "stupid")?
• Threatened to take the children from you care?
• Called, or threatened to call, a child protection agency?
• Accused you of being an unfit parent?
• Threatened to hurt or kill your child?
• Hurt you in front of the children?
• Hit your child with belts, straps, or other objects?
• Touched your child in a way that made you feel uncomfortable?
• Assaulted you while you were holding your child?
• Asked your child to tell him what you do during the day?
• Treated one child significantly different from another?
• Forced your children to participate in or watch his abuse of you?

Has your child:
• Overheard the yelling and/or violence?
• Behaved in ways that remind you of your partner?
• Physically hurt you or other family members?
• Tried to protect you?
• Tried to stop the violence?
• Hurt him/herself?
• Hurt pets?
• Been fearful of leaving you alone?
• Exhibited physical/behavioral problems at home/school/day care?

The last section of questions will help you to understand the women's history of seeking help. Have you:

• Told anyone about the abuse? What happened?
• Seen a counselor? What happened?
• Left home as a result of the abuse? Where did you go? Did you take the children? If not, why?
• Called the police? What happened?
• Pressed criminal charges? What happened?
• Filed a restraining order? What happened (e.g., did your partner respect the order)?
• Used a battered women's group or shelter? Was it helpful?
• Fought back? What happened?

General Questions:

• How dangerous do you think your partner is?
• What do you think he's capable of?
• Do you have any current injuries or health problems?
• How has this relationship affected how you feel about yourself, your children, the future?
• How do you explain the violence to yourself?
• How do you believe your children understand the violence?
• What do you believe would help keep you and/or your children safe?

1. At this point, the worker will contact law enforcement to determine whether previous incidents of domestic violence have been reported in order to initially assess the level of danger.

2. CPS will make every attempt possible to ensure that adult victims are provided culturally appropriate resources, referral, services, GALS, etc.

3. Decision-making tools will be used when considering whether or not to open a case following assessment.

4. The worker will be aware of the danger to the victim and the worker during the interview process, and the adult victim will be interviewed without the abusive partner's knowledge and outside
of his presence. Difficulty in interviewing the adult victim alone will be seen as a signal of the level of control of the abusive partner.

5. If an adult victim wishes, an advocate from Range Women's Advocates will be present at the interview.

Interviewing the Children

The following questions are suggested for use by the worker when interviewing the children. Women and/or children who have worked with Range Women's Advocates will be asked if they want a child advocate present at the interview.

Questions:

• What kinds of things do Mom and Dad (boyfriend, partner) fight about?
• What happens when they fight?
• Do they yell at each other?
• Do they hit each other?
• How does the hitting usually start?
• What do you do when this is going on?
• What do you think about when this is happening?
• Do you ever get hit or hurt when Mom and Dad are fighting?

Assessment of Impact of Exposure

• Do you think about your parents fighting a lot?
• When do you think about it?
• What do you think about?
• Do these thoughts ever come in school or while you are playing?
• Do you ever have trouble sleeping at night? Do you have nightmares?
• Why do you think Mom and Dad (boyfriend, partner) fight so much?
• What would you like them to do to make it better?

Child's Worries about Safety
• What do you do when Mom and Dad (boyfriend, partner) are fighting?
  • ___ stay in the same room
  • ___ go to older sibling
  • ___ leave/hide
  • ___ ask parents to stop
  • ___ phone someone
  • ___ run out/get someone
  • ___ other

• When Mom and Dad are fighting, what do you worry about the most?

• Have you talked to any other grown ups about this problem?

• In an emergency, who would you call?

• Their phone number is __________?

• What would you say?

If the children don't have some idea of whom to call, the social worker should give them basic information or help Mom think where they could go if their parents are fighting or engaged in assaultive behavior? Information from this interview should always be shared with the mother to help her understand the effects of domestic violence on her children, as along as the children's safety will not be compromised.

Interviewing the alleged abusive partner

1. The worker will decide whether or not to interview the abusive partner based on secondary information and information gathered from interviewing the adult victim and children keeping his/her own safety in mind.

2. The purpose of the interview will be to assess for domestic violence and the impact of the violence on both the adults and children.

3. CPS workers may use the following suggested questions when assessing offender lethality:
  • Tell me about your relationship.
  • How does your family handle conflict?
  • What do you do when you don't get your way?
• Have you ever been so angry that you wanted to physically hurt someone?

• Can you think of any times in your life that you have been emotionally abusive?

• If yes, do you think you have a pattern of being emotionally abusive?

• Can you think of any times in your life that you have been verbally abusive?

• If yes, do you think you have a pattern of being verbally abusive?

• Can you think of any times in your life that you have been physically abusive?

• If yes, do you think you have a pattern of being physically abusive?

• Can you think of any times in your life that you have been sexually abusive?

• If yes, do you think you have a pattern of being sexually abusive?

Batterer lethality indicators

All batterers are potentially lethal. The following is a list of indicators to assess a batterer's potential to kill:

• Threats/attempts of homicide or suicide

• Fantasies of homicide/suicide (seen as the only solution)

• Depression (especially if loss of the partner represents total loss of hope for a positive future)

• Use, threats of use, possession, or access to weapons

• Criminal activity/violation of Temporary Restraining Order (OFP) - (may indicate little concern for consequence of arrest/jail time; hostile towards authority)

• History of violence with partner/children/pets - evaluate severity, frequency, duration (the longer, more frequent, and/or severe, the higher the risk.

• Status of the relationship. Most life-endangering rage erupts when the batterer believes the victim has just left the relationship or is about to leave.

• Drug or alcohol consumption (risk of lethality may increase).

Batterer characteristics relevant to lethality:

• Obsessiveness about partner or family (e.g., to the point of monitoring the partner's calls, questions the children).
- Posessiveness and jealousy used to monitor, control and isolate the victim, harbors fear of losing the victim, "If I can't have you, no one will."

- Cannot tolerate separation from the victim

- Inflicts severe pain or torture (such as burning, starving, or beating her for hours) without warning or apparent provocation.

- Derives pleasure out of creating pain

- Takes offence easily - a look, a question or even reasonable/mild attempts by others to set limits can trigger a violent response.

- Has criminal history or violence

- Generally violent personality

- Conflicted and belligerent relationships with authority figures.

Services

Safety Planning

A. CPS workers will refer women and children to Range Women's Advocates or the Bois Forte Women's Project for assistance in safety planning for both the adult victim and child once the allegations are supported or:

B. If the adult victim does not want to go to seek assistance from a domestic violence program, CPS workers will use suggested safety plan options listed on pages 25-26 in the MN Department of Human Services, "Guidelines for Responding to the Co-occurrence of Child Maltreatment and Domestic Violence"

C. The CPS worker will not compel an adult victim to select any one safety option and will reinforce effective safety strategies used in the past.

D. Safety planning will include an analysis of both life-generated and batterer-generated risks.

1. Separate case plan tasks will be written for the victim, the child and the abusive partner.

2. Specified services for adult victims may include:

   A. Individual or group support

   B. Counseling

   C. Legal representation when CPS initiates court action or referral to legal services for other issues.
D. Housing assistance

E. Emergency financial assistance

F. Supervised visitation services for the children

G. Assessment for effects of domestic violence on children and victims

H. If eligible, day care for children while victim seeks assistance employment

I. Education for the adult victim about the dynamics of abuse and the effects of domestic violence on herself and her children

J. NOTE: When safety planning with the adult victim and/or criminal justice intervention does not reasonably provide for children's safety in the context of domestic violence, appropriate safety measures, including temporary foster care, will be made.

3. Where CPS has jurisdiction over the abusive partner, case dispositions will include ways of holding him accountable for stopping his violence toward the adult victim and her children.

A. Document cases on the domestic violence abusive partner for physical, endangerment and/or neglect of children

B. When possible, use the following suggestions to substantiate cases on the abusive partner for emotional maltreatment for exposing children to domestic violence:

   • Expect the abusive partner to acknowledge and address the impact of his behavior on the children and demonstrate nonviolent parenting

   • Create a separate child protection case plan which includes specific tasks to address the abusive partner's behavior and responsibilities (abusive partners should not be included in case plans for victims).

   • Support legal/criminal actions that hold the abusive partner accountable

   • Support orders in family court which make detailed findings explaining how a custody or visitation award is consistent with the well-being and physical safety of the child and non-abusive parent.

   • Consider a petition alleging the abusive partner is contributing to the need for protection status of a child (MN Statute 260C335).

   • Coordinate services with law enforcement, court services and adult corrections

   • Refer the abusive partner to services such as The Range Intervention Program where he will attend, complete and pay for the services.
C. According to the law, CPS will assess cases against unmarried, residing intimate partners of abused women.

D. NOTE: Anger management interventions are not sufficient to address the dynamics of domestic violence. Services must be directed towards holding the abusive partner responsible for his behavior and eliminating his abusive behavior in all family relationships. When traditional psychotherapy is used as a treatment option, it should be under the conditions that the abusive partner authorizes release of pertinent information and waives confidentiality to child protection, and the psychotherapist agrees to notify child protection of the treatment outcomes. Additionally, although chemical abuse may be a contributing factor to domestic violence, chemical dependency treatment alone is not sufficient to address domestic violence.

4. When possible, according to the law, service plan tasks for the abusive partner will include:

   A. Leaving the home
   
   B. Not behaving in a manner that is verbally, emotionally, sexually or physically abusive toward partner and/or children.
   
   C. Not involving the children in attempts to control his/her partner or forcing them to witness or participate in abusive tactics.
   
   D. Becoming educated regarding the effects of domestic violence on children.
   
   E. Following all conditions of court orders and probation.

5. CPS will offer the abusive partner:

   A. The Range Intervention Program, which lasts 24 weeks, with progress monitored through development of a working collaboration with the education program staff.

   B. When possible, classes on parenting which emphasize the effects of domestic violence on children, men's responsibility to parent non-violently, and skills to do so.

6. If the abused woman believes an intervention will increase the level of her danger, (for example, couples counseling, mediation, family group counseling) it will not be used.

7. The adult victim and children will be offered services regardless of whether the adult victim chooses to stay with the abusive partner.

8. Issues regarding documentation will be written so that it is clear that the abusive partner is responsible.

**Range Women's Advocates Domestic Violence Program**

Range Women's Advocates staff and volunteers will expand expertise and provide advocacy to women involved in child protection system, including:
1. Explaining rights and legal issues to women involved in the child protection system.

2. Providing information to battered women regarding availability of advocacy throughout the duration of the case, including advocate attendance at meetings and court hearings regarding the child protection case, at her request.


4. Informing her of services that are available to her, including individual and group support for children and women, legal advocacy, emergency housing, crisis intervention, assistance with filing and OFP, etc.

5. Assisting and providing some of those services to the battered woman that could help prevent and out-of-home placement (for example, assistance with filing an OFP order for protection). Support and education groups for both the adult victim and her children, safety planning and parenting education groups that focus on the effects of violence on children and parenting in a crisis.

6. Where appropriate, assisting battered woman in seeing a situation as an opportunity to receive services that might benefit the entire family.

7. Where requested by the woman, providing input to child protection regarding assessment, investigation, service and case planning.

8. Intervening with the county at the woman's request when a particular course of action they advise would be dangerous. For example, in cases where petitioning for an OFP may increase risk, and make other recommendations on a case when requested by the woman.

9. Assisting a woman in determining whether she and/children are eligible for services. For example, mental health or developmental disability services for children with behavior problems.

10. Inform abused parent of the risks and benefits of agreeing to voluntary placement.

11. Advise on the risks and benefits of alternative response and let her determine the best way to proceed.

12. Assist with making concrete changes, like changing locks on doors, windows, food and safe shelter.

13. If an out-of-home placement is necessary, assist adult victim in deciding which relative or family friend to recommend to CPS who may take the child on a temporary basis to prevent juvenile court involvement.

14. If child is removed in an emergency, helping parent enforce their right to visitation with their child.
15. Assisting a battered woman in asking for a re-determination of finding of maltreatment or if that fails, use determination to advise/assist them with seeking counsel to appeal a decision.

16. Helping a parent determine if his/her child is enrolled or if they are eligible for enrollment in an Indian tribe. If so, the advocate will contact the Indian Child Welfare worker or other sources assigned to that tribe to determine what help is available.

17. Contacting ombudsperson authorized to investigate concerns involving African American, American Indian, Asian, Pacific Islander and Chicano/Latino children when there are complaints regarding child protection and those communities.

18. Contacting compliance review team established to investigate complaints of non-compliance with ICWA and MN Indian Family Preservation Act.

Range Women's Advocates will develop internal policies regarding cases where there is suspected maltreatment of children, and train personnel accordingly, including:

1. Creating supportive interventions for battered women who maltreat their children via abuse or neglect.

2. Consulting with child protection liaison or other child protection expert who has in-depth understanding of the multiple and complex problems that arise in families where there is suspected overlap to answer questions regarding a particular case, while adhering to strict confidentiality requirements.

3. Utilizing auxiliary forms, which provide context for battered women's experience when making mandatory reports to child protection (see Advocate Report Form).

4. Providing information to battered women about the effects of violence on children and what constitutes child maltreatment.

5. Developing or expanding existing parenting groups for battered women, to include topics on: the effects of violence on children and how to help the recover; how related to single parenting (fears of inadequacy, loneliness, lack or resources, dating, budgeting, etc.)

6. Developing (or promoting development of) parenting classes for abusers (or add components to existing batterers groups) that stress the impact of domestic violence on the children (as opposed to programs that teach abusers how to parent despite the violence.


8. Reexamining the needs of battered women and children over the age of 12 and develop programming accordingly. Connecting families with community resources, including mental health and substance abuse services, child visitation centers, parenting groups.
9. Collaborating with ICWA workers regarding cases of overlap involving Indian women and children.

10. Developing and making available to child protection brochures/information packet regarding available services for battered women involved in the child protection system for distribution to battered women.

11. Maintaining agency autonomy in order to enhance safety and security for women and their children.

12. Working with counties doing alternative response to ensure that offered services are appropriate and promote the safety of both a battered adult victim and her child/children.

Case review/Consultation/Sharing Information Between St. Louis County Child Protection and Range Women's Advocates

1. Case review/consultation will only occur:
   A. When the adult victim has requested it or given permission.
   B. When there is a signed release
   C. The information is strictly relevant to the case

2. Identifying information should only be shared to make a mandatory report or if the battered woman requests it, in which case releases must be secured.

3. Range Women's Advocates will attend Child Protection team meetings only to accompany an adult victim.

Confidentiality Issues

1. Procedures will comply with state statutes and case law governing what information child protection and domestic violence programs can share with whom.

2. Include provisions that articulate the regulations governing confidentiality for each agency, including the types of information on families that will be shared between the child protection agency and local domestic violence programs.

3. Any domestic violence program receiving Victim's of Crime Act (VOCA) or Family Violence Prevention and Services Act Funding are required by the federal government to have a written policy in place to keep records confidential.

4. If CPS (or any other system) asks the whereabouts of a particular battered woman, Range Women's Advocates will not admit or deny having worked with her but will state, "If we have contact with her, we will strongly encourage her to contact you."
5. When releases are used, information shared will be explicit, have direct relevance to the case and include Tennesen warnings.

Training

1. Northern St. Louis County Child Protective Services and Range Women's Advocates will provide annual cross-training on child maltreatment and mandatory reporting laws, child protection practices, assessment, intervention, and the protocol. The training team will be comprised of local domestic violence experts and child protection experts.

2. All new staff and volunteers will be provided training on the dual issue of domestic violence and child maltreatment.

3. Offer training opportunities and outreach and education materials to service providers in private practice.

4. Provide for domestic violence staff and volunteers, training on child abuse identification, intervention and reporting from child abuse experts.

Team Meetings

Participants in the collaboration will meet twice annually or more often if necessary to:

1. Retain current and develop new relationships.

2. Discuss philosophical and practical similarities and differences in order to develop a broader understanding of each other's roles and purpose, philosophical commitment to the synthesis of new and creative ideas, and a personal commitment to the elimination of ineffective responses based on outmoded and outdated thinking.

3. Define and clarify confidentiality issues that will arise as a result of collaboration.

4. Develop, review and update guidelines for conflict resolution.

5. Identify and plan for individual agency/joint training needs, and community education and training efforts.

6. Continue to clarify and implement the referral and reporting policies of each agency.

7. Share information regarding individual services, joint efforts, new initiatives and innovations being tried locally and elsewhere.

8. Identify and define on an ongoing basis, safety issues and intervention strategies that meet the safety and security needs of battered women and abused children from all cultural and ethnic backgrounds, and each agency.
9. Examine criminal and civil legal remedies available for holding abusive partners accountable in child protection and domestic violence cases; the effectiveness of their application locally and county wide, and strategies for removal of local, county and state barriers to their effective utilization.

10. Review institutional responses that harmed children and their mothers, identify the source of the problem(s) and institutionalize changes that would prevent similar occurrences in the future.

11. Identify joint goals for creating institutional changes, audit existing community resources, and expand collaboration to other community professionals to enhance safety for battered women, hold offenders accountable, and create a general deterrent in the community.

12. Review, evaluate, and update the protocol.

13. Participating agencies will alternate responsibility for setting meeting dates, times and places.