

CHILDREN'S SERVICES DOMESTIC VIOLENCE PROTOCOL



Every family with Children's Services involvement must be assessed for domestic violence in accordance with Children's Services policy and standards. In addition, this protocol must be completed whenever there are allegations of domestic violence on a child abuse and neglect report or whenever domestic violence is identified or suspected during a CPS investigation.

Domestic Violence is a pattern of coercive tactics, including physical, sexual, emotional, economic, and/or verbal abuse, and/or using the children to gain control over the adult victim with the goal of maintaining power and control over the victim.

- Domestic violence occurs among all class, race, religious, socioeconomic groups and in adolescent and same sex relationships.
- As many as 324,000 women each year experience intimate partner violence during their pregnancy. For 30% of the women who experience abuse, the first incident occurs during pregnancy.
- Studies suggest that in 30-60% of cases where women are being battered, their children also suffer from abuse. One study found that 49% of abusive partners physically abuse children and that severely violent abusive partners physically abuse children at 10 times the rate that non –abusive caregivers do.
- Studies suggest that children exposed to domestic violence are at an increased risk for emotional or behavioral problems. Children's responses vary from no symptoms to symptoms including: anxiety, withdrawal, sleep disturbances, eating disorders, learning problems, hyperactivity, aggression and other disruptive behavior.

GUIDING PRINCIPLES

- The preferred way to enhance children's safety after the detection of domestic violence in their homes is to support and help the victim protect themselves and their children while engaging abusive partners in services and holding them responsible and accountable for their actions.
- The primary need of domestic violence victims and their children is safety.
- All members of the household should be interviewed separately. Do not confront the abusive partner with the allegations in front of the victim or children.
- Contact the Domestic Violence Police Officer (DVPO) in the precinct serving the case address to determine if the police have responded to prior reports of domestic violence or child abuse/neglect.
- Intervention should focus on safety planning for the victim and the children and holding the abusive partner accountable. A thorough assessment must be conducted in each case and options must be explored with the victim that would ensure the safety of the victim and the children including the removal of the abusive partner. (Information about safety planning and community resources is provided in the Casework Practice Guide, page 22-23 & Appendix F).
- Services must be offered to family members whether they choose to remain in the household or separate.
- Consult the Supervisor, Domestic Violence Specialists and Family Court Legal Services for additional guidance.

Referrals for emergency shelter, services and information are provided through the following hotline numbers:

NYC Domestic Violence 24-Hour Hotline (Safe Horizon)

NYC Domestic Violence 24-Hour Hotline (Safe Horizon)

NYS Domestic Violence 24-Hour Hot Line

NYC Gay and Lesbian Anti-Violence Project

(800) 621-HOPE (4673)

(800) 810-7444-TDD (For the Hearing Impaired)

(800) 942-6906 (English) (800) 942-6908 (Spanish)

(212) 714-1141 (24 hours)

Crime Victims Hotline (Safe Horizon) (212) 577-7777 (24 hours)

Due to the high volume of victims needing emergency domestic violence shelter, there may be no vacancies. Families may then be referred to the Department of Homeless Services (DHS) Prevention Assistance for Temporary Housing (PATH) and / or Project NOVA (No Violence Again). PATH/NOVA only serves families with children and pregnant women. Services are provided on site at:

PATH/NOVA (24 HOURS) (917) 521-3000 or (917) 521-3965 346 Powers Avenue Bronx, NY 10454-1613



7. Is your partner employed?

Part I of III



INTERVIEWING THE VICTIM

- Conduct interview privately and provide appropriate language interpreter.
- Do not share victim's responses with suspected batterer or other family members.
- The victim and children may be afraid to disclose the abuse because of fear of the abusive partner or of removal of the children.
- Reassure the victim that they have a right not to be hurt, they are not alone, they are not to blame and the caseworkers will assist in safety planning and obtaining other needed services.

Α.	IDENTIFYING DOMESTIC VIOLENCE	
1.	What is the relationship of the victim to the abusive partner?	
2.	Has your partner prevented you from going to work, school or place of worship?	□ Yes □ No
3	Has your partner destroyed your possessions or things of value to you?	□ Yes □ No
4.	Has your partner controlled your money, monitored your activities, tracked your whereabouts or constantly called or paged you?	□ Yes □ No
5.	Has your partner accused you of being unfaithful, acted jealous or followed you?	□ Yes □ No
6.	Has your partner ever made you feel unsafe or afraid?	□ Yes □ No
7.	Has your partner threatened to injure/kill you, him/herself or other family members?	□ Yes □ No
	If yes, describe:	
8.	Has your partner ever: ☐ Hit you ☐ Slapped you ☐ Punched you ☐ Choked you ☐ Burned you ☐ Attacked you with a we ☐ Forced or pressured you to have sex against your will ☐	Kicked you apon or object Other
	Describe:	
9.	Has the abuse become more frequent or more severe in recent weeks/months?	□ Yes □ No
10.	Does your partner use drugs and/or alcohol?	□ Yes □ No
11.	Does your partner have a mental health problem?	□ Yes □ No
В.	ASSESSMENT OF SAFETY / RISK TO THE CHILD(REN)	
1.	Has your partner threatened to hurt, kill you or the child or remove the child from the hon No	ne?□ Yes□
2	Have the children witnessed your partner hurting you	□ Yes □ No
3.	Has your partner hit the child with belts, straps, hand or other objects leaving marks, bru other serious injuries?	ises, welts, or ☐ Yes ☐ No
4.	Has your partner assaulted you while you were holding the child?	□ Yes □ No
5.	Has your partner touched the child in a way that made you or the child uncomfortable?	□ Yes □ No
6.	Is your partner the father/mother of the child?	□ Yes □ No
7.	Is your partner employed?	□ Yes □ No

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8.	Has your child exhibited physical, emotional, behavioral problems at home, school or daycare?	□ Yes □	l No
9.	Do you find you have to use physical punishment to get your child to behave?	□ Yes □	No
	If yes, describe:		
10.	Has your child ever threatened or tried to hurt him/herself, pets, or destroy possessions	? □ Yes □	No
11.	Is your child anxious and fearful of leaving you?	□Yes□	No
12.	Have you noticed other changes in your child's behavior (sleeping, eating, playing, phobias, withdrawal)	□ Yes □	l No
	If yes, describe:		
C.	VICTIM'S HELP-SEEKING AND SUPPORTIVE RESOURCES		
2.	What has worked in the past to protect you and the child/ren?		
	Describe:		
2.	Have you ever left home to protect yourself and the child/ren?	□ Yes □	No
	(Where did you go? Were you able to take the children? How did the abusive partner	react?)	
	Describe:		
3.	Have you ever thought about asking the abusive partner to leave home?	□ Yes □	No
4.	Who have you asked for help? (Family, Friends, Police, Social Worker, Court, Clergy, Oth	er)	
	Describe:		
5.	What other actions have you taken? (Counseling for yourself/children, pressed charge Protection, moved, shelter) What was the result?	s, Order of	
	Describe:		
6.	You know your situation best, is there anything you think might be a workable plan for you and the child's safety now? (Document in CPRS and highlight as sensitive, do not disclose		l No
	If yes, describe:		
7.	Do you want assistance from Children's Services in seeking counseling services, an Or Protection,		
	emergency residence or other services for you and the child?	□ Yes □	I IVO
•	If yes, describe:	ــا	
8.	Are there economic concerns regarding leaving the abusive partner, staying with a frier or family member temporarily or seeking temporary shelter?	I a	

Describe: _____





D. SAFETY PLANNING

A Safety Plan is an immediate response to ensure safety for the victim and children. The worker will assist the victim in developing a safety plan. It is vital to consider the victim's past experience with help-seeking, and to acknowledge that **ending the relationship or setting limits with the abuser may Increase Danger** in the short-term. It may be unsafe for the victim to write down the safety plan if she lives with the abuser; if so, the victim should memorize the plan. **The CPS must document the Safety Plan in the CPRS and highlight as sensitive information.**

Important Factors to Explore

- Cues that precipitated past domestic violence incidents (alcohol, drugs, stress, arguments, weekends, nights, etc.) Discuss with the victim, the abusive partner's work schedule and location, social network and patterns.
- Discuss the safest way to contact the family for future visits?
- Discuss what s/he will say if the abusive partner suspects that the victim may be leaving or getting support regarding the domestic violence.
- Help identify who the victim can call or go to for help in an emergency (number, address)
- Help identify where the victim can go for help if there is an emergency, including NYPD and hospitals (number, address) and provide the 1-800-621-HOPE (4673) 24-hour DV Hotline number.
- Discuss what can be done legally (Orders of Protection, calling police and or parole/probation officer, meeting with District Attorney if charges are pending).
- If there is a current Order of Protection, make sure school, day care, neighbors, baby-sitters are aware/have a copy. Ask neighbors to call police if the abusive partner is seen; contact local D.V. P.O. to discuss other strategies.
- Access to important items for victim and children (keys, birth certificates, social security, medication, money, etc.)
- Offer to help victim obtain a cell-phone programmed to dial 911 (contact the Deputy Director of Administration for your field office).
- Discuss available services (Family Violence Prevention Program, PPRS, Alternatives to Shelter Program, Non-Residential DV Programs, Community, Shelters, etc.) (Refer to Case Practice Guide, Appendix F).

Complete Part II (separately from Part I to ensure that the alleged abusive partner does not see the victim and children's responses). (Refer to the specific directions at the top of each section).

After the interviews are completed the entire document must be combined and maintained in the case record.



Children's Services

Part II of III

SUSPECTED ABUSIVE PARTNER'S INTERVIEW

- Conduct interview privately.
- Do not share victim's responses with suspected batterer or other family members.
- If suspected perpetrator poses immediate danger to victim or child(ren), delay interview until safe to do so.
- If suspected perpetrator is a potential danger to worker, consult supervisor and domestic violence specialist regarding worker safety prior to conducting interview. Arrange to interview at Children's Services office and/or with police at a precinct.

I.	Tell me about your relationship:		
2.	How long have you been together?		
3.	How does your family handle conflict? What do you usually argue about?		
4.	What do you do when you are angry at your partner?		
5.	What kinds of things do you expect from your partner? From your children?		
6.	What do you do when they don't meet your expectations?		
7.	Have you ever hurt anyone in your family? In what way?	□ Yes	□ No
8.	Have you ever been told your temper or behavior is a problem? By whom?	□ Yes	□ No
9.	Have the police ever been called to your home during an argument? Describe:	□ Yes	□ No
10.	Has anyone ever sought an order of protection against you? (Current or former partner) Issuing court: Effective date: / / Expiration date: / /	□ Yes	□ No
11.	Have you sought an order of protection against anyone? Describe	□ Yes	□ No
12.	Are you currently on probation or parole? Explain:	□ Yes	□ No
13.	Has your partner ever left home or asked you to leave following an argument? Describe:	□ Yes	□ No
14.	Do you believe you have a problem with abusive behavior?	□ Yes	□ No
	Are you willing to attend an educational program for abusive men (women)?	□ Yes	





Part III of III

A. OVERALL CASE ASSESSMENT

- A strong correlation exists between domestic violence, substance abuse and mental health.

 An integrated assessment is necessary (refer to the Case Practice Guide)
 - 1. The children may be unsafe or at risk if the victim answers "YES" to any of the following questions: Part I, Section A, questions 7, 8, and/or Part I, Section B, questions 1, 3, 4.

Actions: Assess immediate danger to the children and adult victim. Consider severity of violence, extreme imbalance of power, isolation, pattern of escalation, use of or access to weapons, nature of threats of harm to victim and children, suicidality, substance abuse, mental health of batterer and obsessive control. If the victim and children are in immediate danger from the batterer, inform and assist the victim in developing a safety plan, such as family supports, emergency shelter, legal services etc. If the parent/caretaker is not ready or unable to accept necessary services to protect the children or is responsible for abusing the children, or the offender's behavior renders services insufficient to protect children from immediate danger: Consult with your supervisor and arrange for appropriate interventions to protect the children.

2. If the allegations are substantiated and the victim and children are not in immediate danger of physical injuries but would benefit from support services:

Actions: Discuss your observations and assessment with the victim and explore available options. Most importantly, discuss safety planning, and inform the victim about appropriate community resources. If the victim is reluctant, reiterate your concern for her/his safety and the safety of the children and continue to inform parent about available options and services. Consider the victims' cultural context, religious beliefs, and prior experiences with help-seeking in developing the service plan. Also assess for and address any substance abuse or mental health difficulties the victim may be experiencing (i.e. depression, severe anxiety). Consult your Supervisor, Domestic Violence Specialist, Family Violence Prevention Program and PPRS Liaison for appropriate resources and service planning. If parent/caretaker refuses needed services for children: Request case conference with supervisor, clinical consultation team/domestic violence specialist, and/or DLS consult.

3. If the allegations of domestic violence and/or risk to the child(ren) are not clear because you believe the victim and/or family members are denying or minimizing the abuse:

Actions: Request case conference with supervisor, consult clinical consultation team/domestic violence Specialist, FVPP/ PPRS Resource Consultant/Liaison

B. ACTIONS TAKEN (Reminder: On all cases, contact DVPO for additional in Based on your assessment, what actions have you taken? Supervisory case conference and/or DLS consult Consulted Domestic Violence Specialist and or Clinical Consultant Team Referred to FVPP-PPRS Resource - Consultant \ Liaison Referred to hotline for community based services and Alternatives to She (excluding PPRS) Assistance with family and/or criminal court order to remove the batterer Contacted police, parole, probation and/or district attorney's office Referred to battered women's residence Referred abusive partner to batterer's intervention program Emergency removal of child(ren) Other services (specify):			ilable).	
Caseworker:	Date:	/	/	_
Supervisor II:	Date:	/	/	