

# **Child Welfare Services with Families Experiencing Family Violence**



## **Participant Guide**

# **CHILD WELFARE SERVICES WITH FAMILIES EXPERIENCING FAMILY VIOLENCE**

## **Course Description**

The goal of this training is to increase your knowledge about working with families that are experiencing family violence. This course builds upon the content presented in the Keys to Child Welfare new worker curriculum. The training will focus on incorporating your knowledge of the co-occurrence of family violence and child abuse into practical application when working with families, including: developing skills for engaging and interviewing family members, assessing safety and risk in these families, and exploring collaboration as best practice.

## **Learning Goals**

Upon completion of this course, you should be able to:

- Use your knowledge about the dynamics of family violence to provide sensitive and effective services to families
- Effectively interview adult victims, children, and batterers in cases involving family violence in order to gather information, assess safety and risk, and make case decisions to promote safety and permanency for children
- Collaborate with community service providers as a part of a coordinated response to family violence

## **Learning Objectives**

1. Explain the role of the DFCS case manager in intervening with families experiencing family violence
2. Describe key dynamics in family violence, including the Cycle of Violence, Power and Control, and the Barriers Model
3. Describe the potential negative effects of domestic violence on child development
4. List symptoms and behaviors of children exposed to family violence
5. Identify strategies for engaging and interviewing family members who are experiencing family violence
6. Describe how a victim might use denial as a coping mechanism
7. Describe how a lethality assessment can be used to address denial
8. Assess safety and risk in families experiencing family violence
9. Determine the most appropriate intervention for the family based on the assessment of safety and risk, agency policy, and best practice
10. Develop case plan goals and steps that reflect best practice for cases involving family violence
11. Explain how DFCS case managers can work collaboratively with domestic violence service providers
12. Identify sources of community resources and support for victims, children, and perpetrators

# **AGENDA DAY ONE**

**INTRODUCTIONS/HOUSEKEEPING**

**MODULE ONE – THE DYNAMICS OF FAMILY VIOLENCE**

**Section A: Myths, Facts and the Law**

**BREAK**

**Section B: Dynamics of Family Violence**

**Section C: Barriers to Leaving**

**LUNCH**

**MODULE TWO - THE EFFECTS OF FAMILY VIOLENCE ON CHILDREN**

**Section A: The Effects on Children: Symptoms and Behaviors**

**BREAK**

**MODULE THREE - INTERVIEWING AND ENGAGING FAMILIES  
EXPERIENCING FAMILY VIOLENCE**

**Section A: Practice Guidelines and Techniques**

**Section B: Responding to Denial and Minimization**

**WRAP-UP**

## **AGENDA DAY TWO**

**RECAP DAY ONE**

**MODULE THREE - INTERVIEWING AND ENGAGING FAMILIES  
(continued)**

**Section C: Skill Practice – Engaging Family Members**

**BREAK**

**MODULE FOUR – ASSESSING SAFETY AND RISK IN CASES INVOLVING  
FAMILY VIOLENCE**

**Section A: Assessing Safety and Risk**

**LUNCH**

**Section B: Co-Occurrence of Family Violence and Child Welfare  
Services**

**BREAK**

**MODULE FIVE - A COORDINATED COMMUNITY RESPONSE:  
COLLABORATIVE AS BEST PRACTICE**

**Section A: Partners: Roles & Responsibilities**

**Section B: Developing and Maintaining Collaborations**

**WRAP-UP**

# **MODULE ONE**

## **THE DYNAMICS OF FAMILY VIOLENCE**

### **PURPOSE**

To review the key dynamics/theories related to family violence

### **LEARNING OBJECTIVES**

- Explain the role of the DFCS case manager in intervening with families experiencing family violence
- Describe key dynamics in family violence, including the Cycle of Violence, Power and Control, and the Barriers Model

# Terminology

## **Domestic violence:**

Adult domestic violence	Family violence
Intimate partner violence	Domestic abuse
Partner violence	Partner abuse
Violence against women	Battering

## **Victim:**

Abuse victim	Female
Abused woman	Woman
Battered woman	Her
Battered mother	She

## **Perpetrator:**

Spouse abuser	Male
Batterer	Man
Offender	Him
Abuser	He

## **Service provider:**

Advocate	Victim advocate
Treatment provider	Victim service coordinator

## **Children who witness or are affected by domestic violence:**

Children in the home  
Secondary victims

NOTE: The use of a particular term over another may be based on what is commonly used in an organization or community, the perceived socio-political implications of certain terms, or personal preference.

## Myths and Facts

Directions: Please complete by circling the answer that best describes your opinion about each statement.

1. Victims of domestic violence never leave their abusers, or if they do, they get involved in other abusive relationships.

Strongly Agree      Agree      Disagree      Strongly Disagree

2. Perpetrators of domestic violence abuse their partners or spouses because they are under a lot of stress or are experiencing financial difficulties because of unemployment.

Strongly Agree      Agree      Disagree      Strongly Disagree

3. Law enforcement and judicial responses, such as arresting batterers or issuing civil protection orders, are useless.

Strongly Agree      Agree      Disagree      Strongly Disagree

4. Victims of domestic violence have psychological disorders.

Strongly Agree      Agree      Disagree      Strongly Disagree

5. Low self-esteem causes victims to get involved in abusive relationships.

Strongly Agree      Agree      Disagree      Strongly Disagree





# Georgia Laws Pertaining to Family Violence

## Family Violence Act

The Georgia Family Violence Act was enacted in 1982 to permit persons who are abused or subjected to acts of violence by family members or people with whom they live to seek assistance from the courts in a civil (non-criminal) context. The Act, codified as O.C.G.A. S 19-13-1 et. seq., defines family violence as the commission of any felony or the commission of offenses of battery, assault, criminal damage to property, unlawful restraint or criminal trespass.

The Family Violence Act, passed by the Georgia General Assembly in 1982, makes it illegal for people living in the same household to batter each other, including people who are not relatives.

Battering is any offensive, unlawful touching or contact of an insulting, provoking nature. Battering includes, but is not limited to, hitting, punching, kicking, shoving, sexual abuse or threatening to do any of these acts and others.

In 1988, the Georgia General Assembly amended the Georgia Family Violence statute to include formerly unprotected groups. Currently, the Act provides relief from family violence between the following groups of people:

- a. Past and present spouses;
- b. Parents and children;
- c. Parents of a child
- d. Stepparents and stepchildren;
- e. Foster parents and foster children;
- f. Other persons living in the same household;
- g. Individuals formerly living in the same household.

NOTE: The Act does not include siblings

\*\*\* CODE SECTION- 01/23/01

19-13-1.

As used in this article, the term "family violence" means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household:

(1) Any felony; or

(2) Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

The term "family violence" shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention.

16-5-70 G

\*\*\* CODE SECTION- 01/23/01

16-5-70.-

(a) A parent, guardian, or other person supervising the welfare of or having immediate charge or custody of a child under the age of 18 commits the offense of cruelty to children in the first degree when such person willfully deprives the child of necessary sustenance to the extent that the child's health or well-being is jeopardized.

(b) Any person commits the offense of cruelty to children in the first degree when such person maliciously causes a child under the age of 18 cruel or excessive physical or mental pain.

(c) Any person commits the offense of cruelty to children in the second degree when:

(1) Such person, who is the primary aggressor, intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery; or

(2) Such person, who is the primary aggressor, having knowledge that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.

(d) A person convicted of the offense of cruelty to children in the first degree as provided in this Code section shall be punished by imprisonment for not less than five nor more than 20 years.

(e) A person convicted of the offense of cruelty to children in the second degree shall be punished as for a misdemeanor upon the first or second conviction. Upon conviction of a third or-subsequent offense of cruelty to children in the second degree,

the defendant shall be guilty of a felony and shall be sentenced to a fine not less than \$1,000.00 nor more than \$5,000.00 or imprisonment for not less than one year nor more than three years or shall be sentenced to both fine and imprisonment.

15-11-11 G

\*\*\* CODE SECTION- 01/23/01

15-11-11.

(a) On application of a party or on the court's own motion, the court may make an order restraining or otherwise controlling the conduct of a person if an order of disposition of a child has been or is about to be made in a proceeding under this article and due notice of the application or motion and the grounds therefor and an opportunity to be heard thereon have been given to the person against whom the order is directed. Such an order may require any such person:

- (1) To stay away from the home or the child;
- (2) To permit a parent to visit the child at stated periods;
- (3) To abstain from offensive conduct against the child, the child's parent, or any person to whom custody of the child is awarded;
- (4) To give proper attention to the care of the home;
- (5) To cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which the child is referred by the court;
- (6) To refrain from acts of commission or omission that tend to make the home not a proper place for the child;
- (7) To ensure that the child attends school pursuant to any valid law relating to compulsory attendance;
- (8) To participate with the child in any counseling or treatment deemed necessary after consideration of employment and other family needs; and
- (9) To enter into and complete successfully a substance abuse and/or Family Violence Intervention Program approved by the court.

(b) After notice and opportunity for hearing afforded to a person subject to a protective order, the order may be modified or extended for a further specified period, or both, or may be terminated if the court finds that the best interests of the child and the public will be served thereby.

(c) Protective orders may be enforced by citation to show cause for contempt of court by reason of any violation thereof and, where protection of the welfare of the child so requires, by the issuance of a warrant to take the alleged violator into custody and bring him or her before the court.



# Georgia Fatality Review Report

Domestic Violence Deaths in Georgia						
County	Number of Primary Victims 2005	Number of Secondary Victims 2005	Number of Alleged Perpetrators 2005	2003 Total Deaths	2004 Total Deaths	2005 Total Deaths
Baldwin	2	1				3
Barrow	1			1	1	1
Bartow	1		1	4		2
Ben Hill				1	2	
Bibb	3		3	1	4	6
Bleckley		1	1			2
Brantley					1	
Burke				2	1	
Butts				1		
Calhoun				2		
Camden	1			1	1	1
Carroll				1	1	
Chatham	4	1	3	6	2	8
Cherokee	2	1	1	2	1	4
Clarke	1		1	3		2
Clayton	5	3	2	3	3	10
Cobb	5	1	2	7	3	8
Coffee	1					1
Colquitt	1	1	1	3		3
Coweta					1	
Columbia	1		1	1		2
Crisp	1			2		1
Dawson	1					1
DeKalb	1	2		17	5	3
Dooley					1	
Dougherty				1	2	
Douglas				1	1	
Elbert	1			1		1
Fannin	1			1		1
Fayette					4	
Floyd	1			1	2	1
Forsyth				4		
Franklin					1	
Fulton	4		3	9	15	7
Gilmer		1				1
Glascok	1					1
Gordon					4	
Grady				1	1	
Gwinnett	6		5	6	12	11
Habersham				1		
Hall					2	
Hancock					1	
Haralson				4		
Harris	1		1		1	2
Henry	2		1	4	1	3
Houston	1		1	1		2
Jackson	1				2	1
Jefferson				2		
Lamar	1		1			2
Laurens	1			2	2	1
Liberty				4		
Lowndes	4	2	3			9
Lumpkin					1	
Macon			1			1
Madison				2		
McDuffie				1	2	
Montgomery				1		
Muscoogee	3	3	3	4		9
Newton				3	1	
Oconee					1	
Oglethorpe				2		
Paulding				1	2	
Pickens	1					1
Polk				1	2	
Richmond	1		1	4	6	2
Rockdale	2		1	1	4	3
Tattall				1	2	
Telfair	2		1			3
Tift	1					1
Thomas					1	
Towns					2	
Troup			1	1		1
Twiggs					1	
Upson				2	1	
Walker	1		1			2
Walton					2	
Ware	1					1
Washington	1			1		1
Wayne				3		
Webster				1		
Wheeler				1		
White				2	1	
Whitfield	1			3	3	1
<b>Total Deaths</b>	<b>70</b>	<b>17</b>	<b>40</b>	<b>135</b>	<b>110</b>	<b>127</b>

Means of Death					
	2005	2004	2003	Total	%
<b>Gunshot</b>	56	54	59	169	45%
<b>Stabbing</b>	22	19	15	56	15%
<b>Strangulation</b>	2	3	6	11	3%
<b>Other</b>	9	7	12	28	8%
<b>Unknown</b>	38	27	43	108	29%
<b>Total</b>	<b>127</b>	<b>110</b>	<b>135</b>	<b>372</b>	

Statistics compiled by the Georgia Coalition Against Domestic Violence from its clipping service and from reporting domestic violence programs statewide. This count represents all the homicides known to us at the time of this report.

From Georgia Fatality Review Project Annual Report 2006

# Georgia Fatality Review Report Significant Findings

Many of the significant findings of this year's Fatality Review Project echo findings from 2004. As these patterns begin to develop, the findings take on additional significance. Here are some of the most compelling findings from this year's reviews:

## **Employment**

74% of the intimate partner victims were employed outside the home at the time of the homicide, the great majority of them in full-time jobs. This high rate of employment suggests that employers and coworkers are an important target audience for collaboration, training, and education, as they are well positioned to play a role in homicide prevention. For more information on how employers can best respond, see *The Workplace Responds to Domestic Violence: A Resource Guide for Employers, Unions, and Advocates* by the Family Violence Prevention Fund.

## **Life Movement and Degrees of Separation**

In almost all of the reviewed cases, victims had taken steps toward independence just prior to the homicide that indicated an increasing desire to separate from their batterers – whether filing for divorce, considering relocation for a job, or changing the locks on her residence. These findings about life movement have implications for advocates and others responsible for safety planning with domestic violence victims; namely, that all steps toward independence should be considered in terms of their potential safety implications. Throughout the “Findings and Recommendations” section, you will see a number of vignettes that detail victims’ attempts at getting safe.

## **Visible Injury**

In 83% of the cases, no visible injuries were documented by law enforcement prior to the homicide. This finding suggests the need for a critical awareness on the part of law enforcement, courts, and service providers that assessment of risk for lethality cannot rest solely on the level of prior injury to the victim.

## **Friends and Family**

Of all the sources of information and public records, the family and friends of the victim had the most comprehensive knowledge of the history of abuse. This finding affirms the importance of developing strategies to involve everyday citizens in domestic violence intervention and homicide prevention. Friends, co-workers and family members who are not part of a system that responds to family violence cases have been largely overlooked as a resource for intervention. The findings in these cases indicate that they are a rich potential resource for increasing victim safety and offender accountability, if they can be empowered, informed, and mobilized to act.

### **Language Accessibility**

In several of the reviewed cases, both victims and perpetrators had difficulty with the English language, and Fatality Review Committees noted consequences for safety as a result. In each of these cases, the perpetrator's grasp of English slightly exceeded his victim's. Only one of these perpetrators had limited conversational English skills; the others relied on interpreters at trial. This finding highlights the necessity of language accessibility within courts, service providers, and all other systems that have contact with victims and batterers. Being served with a protective order in English, for example, will likely have little effect on the behavior of a batterer who cannot read it.

*Significant findings from 2004: 68% of the intimate partner victims and 60% of the perpetrators were employed outside the home; over 40% of the perpetrators were known to have made threats to commit suicide prior to the homicide; in reviewed cases, 28% committed suicide after the homicide and 4% attempted suicide at the homicide; in 43% of the cases, the victim did not have injuries during prior calls to the police.*

### **Children Witnessing Homicides; Children Losing their Parents**

Minor children were present at 42% of these homicides. Of all the minor children living with the victims at the time of the victim's death, 56% were ten years old or younger. The implications of these findings are twofold. First, domestic violence homicides more often than not cause very young children to lose parents – often their primary caregiver. If the perpetrator had been a secondary caregiver, children often lose that person as well, whether to jail or to suicide. Second, it is often the case that domestic homicides are witnessed by minor children. Given these realities, resources for these children should be abundant, yet our Fatality Review Committees found them instead to be almost nonexistent. One of the Fatality Review Committees has decided to address this problem directly – see the “Transforming Communities” section for more details on their plan.

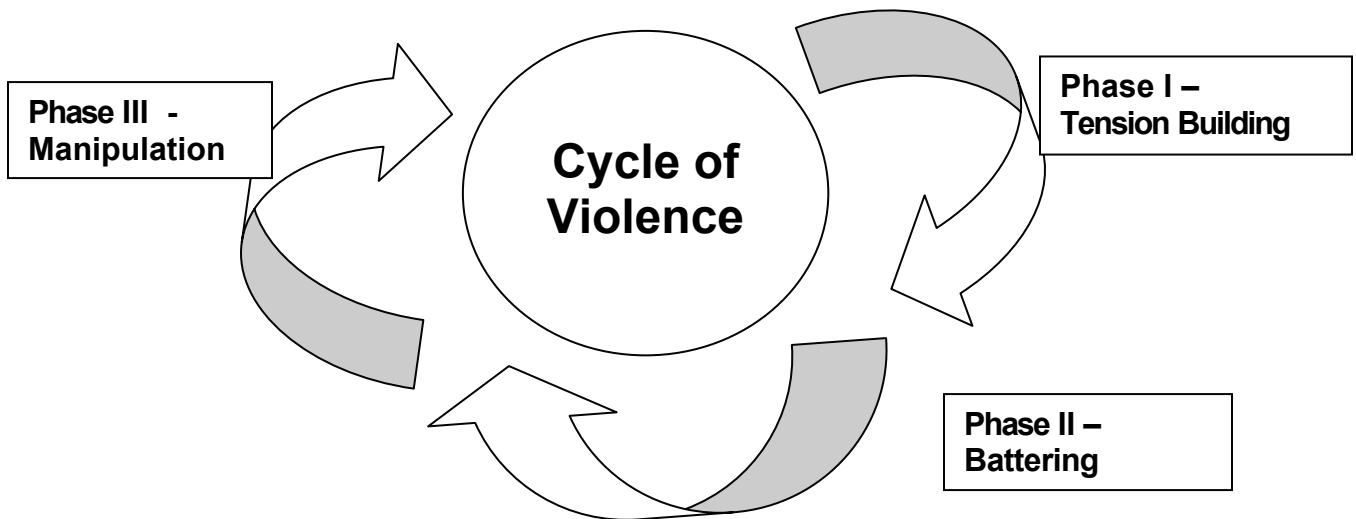
### **Prior Contact with Law Enforcement**

In 74% of the reviewed fatalities, either the victim or the perpetrator had prior contact with law enforcement in the five years prior to the homicide. This finding highlights the urgent necessity for law enforcement to be well-trained on the issue of domestic violence and skilled at lethality assessment. Likewise, the high rate of prior contact with law enforcement agencies suggests that this system represents a crucial opportunity for intervention before cases become fatal.

### **Suicide**

37% of perpetrators in the reviewed cases were known to have either threatened or attempted suicide prior to the homicide, and 38% attempted or committed suicide at or after the homicide. These findings have implications for everyone who interacts with victims and batterers who would be in a position, upon knowing of a batterer's suicidal ideation, to warn the intimate partner of possible danger and link the batterer to the help he needs.

# CYCLE OF VIOLENCE



## **Phase I – Tension Building**

This phase is characterized by verbal, psychological, material and emotional abuse which increase in severity and frequency. In addition, there may be some physical aggression, such as breaking or throwing things, pushing or grabbing. The victim may feel as if she is “walking on eggshells,” doing everything she can to stop the cycle from continuing. The tension continues to build until the perpetrator physically assaults the partner. This is often engineered by the batterer making a demand which cannot be met, or placing the victim in a "no win" situation.

## **Phase II – Battering**

This phase is characterized by at least one severe beating, often resulting in visible injuries to the victim. The batterer's intent is to "teach the person a lesson" and emphasize his or her power and control over the victim. This episode is often short in duration and is generally the point where society might intervene through police involvement, reporting by neighbors etc.

## **Phase III – Manipulation**

In this phase, the batterer appears remorseful. He tends to be calm, kind, loving, and apologetic. The batterer may do one or more of the following: cry, admit he overreacted, apologize, beg for forgiveness, try to take care of the victim (meals in bed, do housework and child care), offer sex, provide flowers and other gifts and/or offer to go to counseling. Although this phase exists in most battering relationships, it is not always present and tends to diminish as the cycle of abuse continues.

## **Ongoing Repetition of Phases I, II, and III**

The cycle then repeats itself, beginning again with the tension building phase. Typically incidents become more frequent and severe over time.



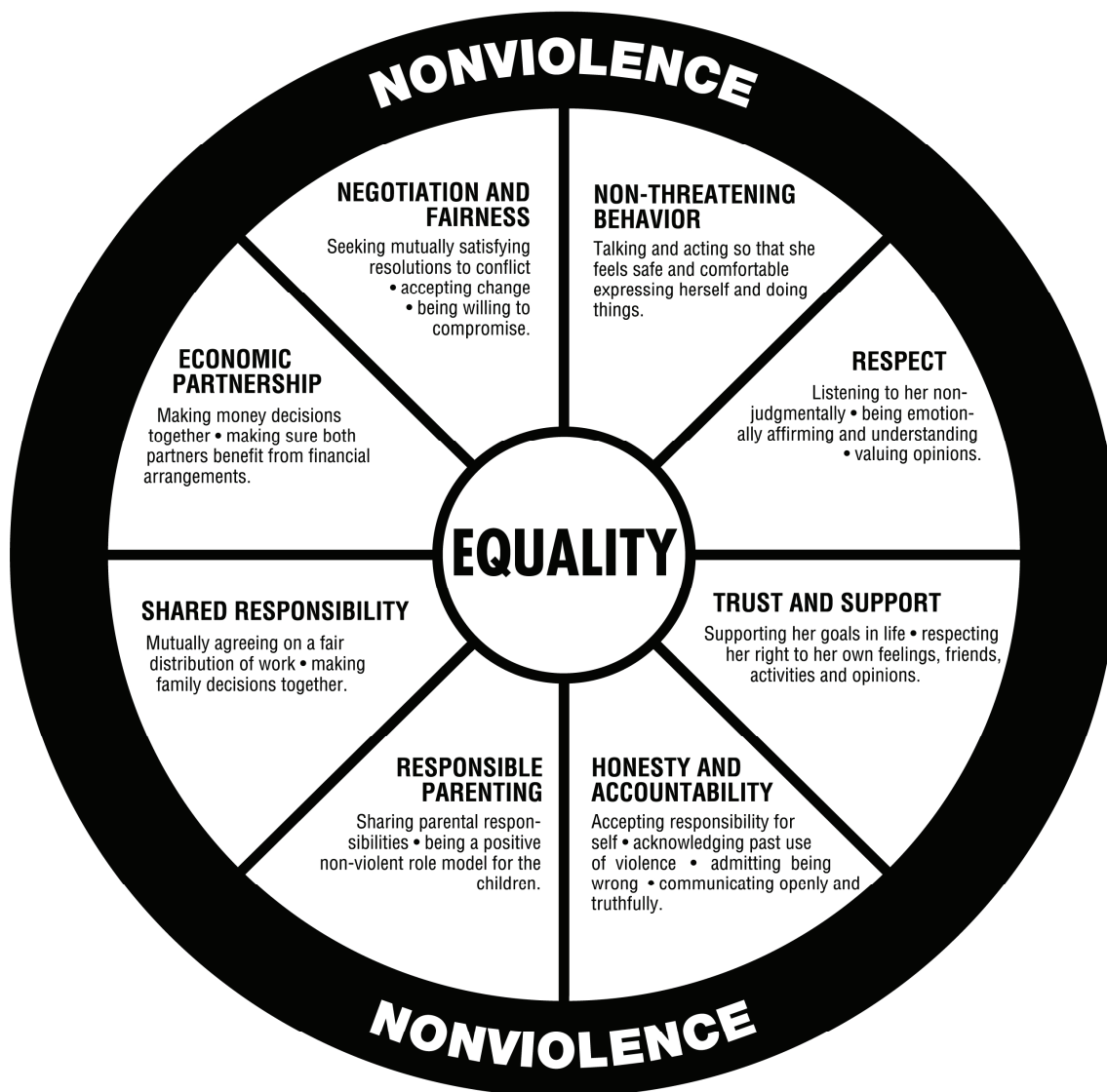
# POWER AND CONTROL WHEEL



**DOMESTIC ABUSE INTERVENTION PROJECT**

202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

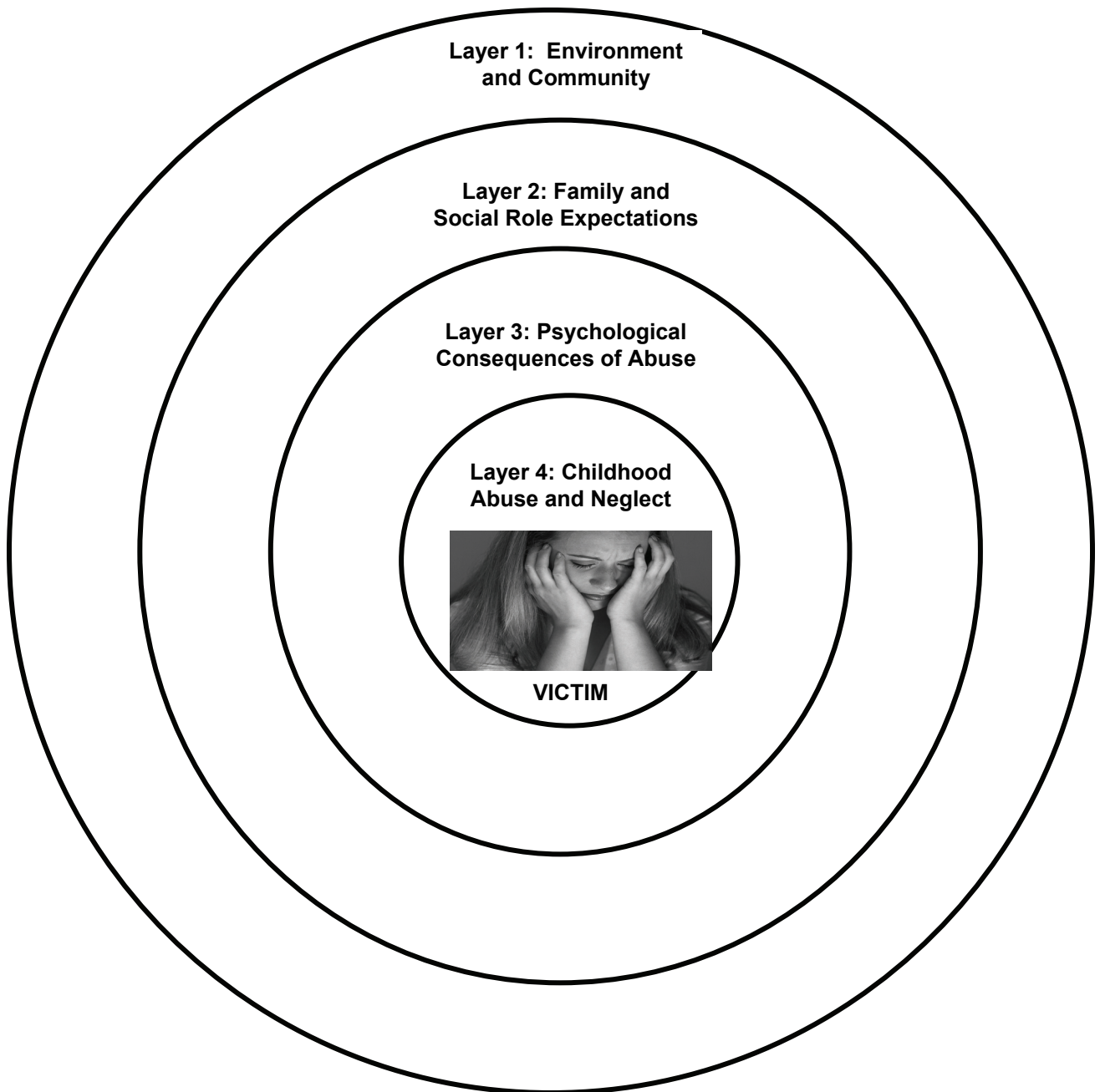
# EQUALTY WHEEL



**DOMESTIC ABUSE INTERVENTION PROJECT**

202 East Superior Street  
 Duluth, Minnesota 55802  
 218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

# BARRIERS MODEL



Reference: Grigsby, N. & Hartman, B.R. (1997). The Barriers Model: An Integrated Strategy for Intervention with Battered Women. *Psychotherapy*, 34 (4), 485-497.

# Barriers Model

<b>Layer 1 – Environment/Community</b>	
<b>Barriers to Leaving</b>	<b>Examples/ Clarification</b>

## Barriers Model

<b>Layer 2 – Socialization, Family and Role Expectations of the Victim</b>	
<b>Barriers to Leaving</b>	<b>Examples/ Clarification</b>

## Barriers Model

Layer 3 – Psychological Consequence of the Abuse	
Barriers to Leaving	Examples/ Clarification

# Barriers Model

<b>Layer 4 – Childhood Abuse and Neglect</b>	
<b>Barriers to Leaving</b>	<b>Examples/ Clarification</b>

## **MODULE TWO**

### **THE EFFECTS OF FAMILY VIOLENCE ON CHILDREN**

#### **PURPOSE**

To examine the connection between family violence and child abuse. Also, to help case managers learn to identify symptoms and behaviors of children who are exposed to family violence.

#### **LEARNING OBJECTIVES**

- Describe the potential negative effects of domestic violence on child development
- List symptoms and behaviors of children exposed to family violence



## ***The Children Are Watching Video***

**In what ways were the children in the video exposed to family violence (i.e. intentionally injured as a way of controlling the victim; unintentionally injured while trying to protect the victim; used as a pawn to control or coerce the victim; witnessing the abuse or the after effects of the abuse)?**

**What are some of the behavioral/emotional effects of family violence you saw depicted in the children on the video?**

**The video depicted children of varying ages. In what ways, if any, did the reactions to the violence differ in children of different ages?**

## Effects of Family Violence on Children

**Directions:** Work together with your partner to develop a list of effects of family violence on each age group listed. You should consider your knowledge about child development, family violence dynamics, and the children depicted on ***The Children are Watching*** video. Both partners should fill in a worksheet so that there are two copies of your list. You will exchange one copy with another team.

<u><b>Infants</b></u>	<u><b>Toddlers and Preschoolers</b></u>
<u><b>School Age Children</b></u>	<u><b>Adolescents</b></u>

## **MODULE THREE**

### **INTERVIEWING AND ENGAGING FAMILIES EXPERIENCING FAMILY VIOLENCE**

#### **PURPOSE**

To develop and practice interviewing skills which are effective with families experiencing family violence

#### **LEARNING OBJECTIVES**

- Identify strategies for engaging and interviewing family members who are experiencing family violence
- Describe how a victim might use denial as a coping mechanism
- Describe how a lethality assessment can be used to address denial

# General Guidelines for Sensitive Questioning

## Avoid loaded words

Some people who are dealing with a violent relationship do not define their situations as being "**abuse**" or "**domestic violence**". It is better to ask about behaviors & feelings, rather than using a label.

For example, you can ask:

- What happens when you and your partner have a disagreement?
- Have you ever been afraid of your daughter?
- Is there anyone in your life that is harming you?

You can also start with more general questions, such as:

- How would you rate your stress level?
- Have you noticed any changes in your eating/sleeping habits or how you spend your free time?
- If the person describes a situation that you feel might be abusive, you can ask more specific questions about what happens in the relationship.

For example, you can ask:

- How often does your partner scare you?
- What was the scariest time you have had with your partner?
- Have you ever felt afraid you would be seriously injured or killed?
- Has your son ever hit you or hurt you physically?
- Does your boyfriend have access to, or has he even threatened you with, weapons?

## Avoid questions that begin with "why"

Questions that begin with "why" can often sound accusatory to the individual being asked. A lot of battering behavior is geared towards making the victim feel responsible for the violence in their lives, so most survivors will have a heightened sensitivity to anything that might confirm feelings of self-blame.

Remember that the batterer is the one who is responsible for the violence, and is the one that must be held accountable. So, we need to be carefully about doing or saying anything that might suggest that the victim is to blame.

## Ask questions that elicit broad responses

Try to get as full a picture of the relationship and the survivor's supports as possible. This will help you with safety planning and with determining how you can best help the individual with being safe.

## Interviewing Children about Family Violence

**Directions:** The following are statements related to practice guidelines for interviewing children who've been exposed to domestic violence. Read each statement and fill in the blank.

1. Interview children \_\_\_\_\_ the presence of their parents.
2. Provide an atmosphere that will help make it more \_\_\_\_\_ for children to discuss these sensitive issues
3. \_\_\_\_\_ the children's feelings during the assessment interview
4. Promote safe and healthy \_\_\_\_\_ skills and responses to domestic violence
5. Beginning the discussion about domestic violence with a general statement is one \_\_\_\_\_ to use with children.

# Lethality Assessment

- Has your partner threatened to kill you?
- Are you afraid that your partner is going to kill you?
- Has your partner threatened you with a gun, knife, or any other weapon?
- Has your partner ever choked (strangled) you?
- Has your partner abused animals in front of you?
- Has your partner threatened to kill his or herself?
- Is your partner keeping track of your movements (i.e. stalking)?
- Have you recently separated from your partner?
- Does your partner have a history of mental illness?
- Does your partner have a history of substance abuse?

# Domestic Violence Assessment: Victim

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. Instead, talk with the victim about her situation, which helps engage the victim in the process. Then, begin to ask specific questions to determine the level of domestic violence affecting the victim.

## 1. Types and patterns of abusive tactics.

### a. Controlling, coercive, and threatening tactics

- Does your partner prevent you from visiting friends and family?
- Does your partner prevent you from going to school or work?
- Does your partner tell you what to wear, what to do, where you can go, or whom you can talk to?
- Does your partner control the household income?
- Does your partner follow you to "check up" on you or check the mileage on your car?
- Does your partner telephone you constantly while you are at work or home?
- Does your partner give you threatening looks or stares when he does not agree with something you said or did?

### b. Verbal, emotional, sexual, or physical abuse

- Does your partner call you degrading names, put you down, or humiliate you in public or in front of friends or family?
- Does your partner blame you or tell you that you are at "fault" for the abuse or any problems you are having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions? Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?
- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?
- Has your partner ever forced you to commit illegal activities, use illegal drugs, or abuse alcohol?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

## **2. Risks and impact on the adult victim.**

- How has your partner's abusive behavior affected you?
- Do you suffer from anxiety or depression?
- Do you have difficulty sleeping, eating, concentrating, etc.?
- Do you suffer from headaches, stomachaches, breathing difficulties, or other health problems?
- Have you had to seek medical assistance for injuries or health problems resulting from your partner's violence?
- Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
- Do you abuse alcohol or other substances?
- Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication?
- Have you ever thought about or tried to hurt yourself or someone else?

## **3. Risks and impact on the children.**

- Has your partner called your children degrading names or verbally threatened them?
- Has your partner ever threatened to make a report to CPS, take custody of the children, or kidnap the children?
- Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
- Has your partner ever asked the children to report your daily activities or to "spy" on you?
- Has your partner ever forced your children to watch or participate in his abuse of you?
- Has your partner physically hurt you in front of the children?
- How do you think the violence at home affects your children?
- Do your children exhibit problems at school or at home (e.g., sleeping and eating difficulties, difficulty concentrating in school, aggressive behaviors)?
- Have your children ever intervened in a physical or verbal assault to protect you or to stop the violence?
- Do your children behave in ways that remind you of your partner?
- Has a school or daycare center ever contacted you regarding behavioral problems of your children?



#### **4. Help seeking and protective strategies.**

- Have you told anyone about the abuse? What happened?
- Have you ever left home because of the abuse? Where did you go and what happened?
- Have you ever called the police or 911? What was their response?
- Have you ever filed a restraining order or criminal charges? What was your partner's response?
- Have you ever used a domestic violence shelter or services? Was it helpful?
- Have you fought back? What happened?
- How do you survive the abuse?
- What have you tried to keep you and your children safe from your partner?
- What has made it difficult for you to keep you and your children safe?
- How will your partner react if he finds out you talked with me?

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

# Domestic Violence Assessment: Child

In order to obtain accurate and reliable information from a child regarding a domestic violence situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

## 1. Types and frequency of exposure to domestic violence.

- What kinds of things do mom and dad (or girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they yell at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mom and dad argue or hit?
- Have the police ever come to your home? Why?
- Have you ever seen your mom or dad get hurt? What happened?

## 2. Risks posed by the domestic violence.

- Have you ever been hit or hurt when mom and dad (or girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mom or dad hurt your pet?

## 3. Impact of exposure to domestic violence.

- Do you think about mom and dad (or girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
- Why do you think they fight so much?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?
- Do you think it is okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mom? How would you describe your dad?

#### 4. Protective factors.

- What do you do when mom and dad (or girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
  - Stayed in the room
  - Left or hidden
  - Gotten help
  - Gone to an older sibling
  - Asked parents to stop
  - Tried to stop the fighting
- Have you ever called the police when your parents are fighting?
- Have you ever talked to anyone about your parent's fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parent's fighting?

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

# Domestic Violence Assessment: Alleged Perpetrator

Increasingly, CPS develops service plans with perpetrators, as appropriate. These plans not only work toward holding the perpetrator accountable for the abuse, but also guide decisions about involvement and interaction with the children. It is as equally important to engage the perpetrator, as it is the victim and children, in order to obtain accurate and useful information.

## 1. Expectations of the abused partner and the relationship.

- Describe your relationship with your partner? For example, how do you communicate with one another?
- What type of things do you expect from your partner?
- How would you describe your partner?
- What do you do when you and your partner disagree?
- What do you do when you become angry?

## 2. Types of abusive behavior and tactics.

- Have people told you that your temper is a problem? Who? And why did they tell you that?
- How do you feel about your partner visiting his or her friends and family?
- How do you and your partner manage your household duties and income?
- Do you ever yell at your partner? Call your partner degrading names? Put your partner down?
- Have you ever physically harmed or used force on anyone in your family? In what way? When?
- Has your partner made you so mad that you pushed, kicked, or slapped him or her? Held him or her down? Grabbed him or her by the neck?
- Have you ever threatened to harm or kill yourself, your partner, your children, or your pet?
- Have you ever threatened or used a weapon or gun against your partner? Do you have access to a weapon or gun?
- Have the police ever come to your home? How many times? Why? What happened?
- Have you ever been arrested, charged, or convicted of a domestic violence assault? If so, what happened?

### **3. Risks to the children.**

- How would you describe your children?
- What kinds of things do you expect from your children?
- How do you discipline your children?
- How do you think the children are affected when they see or hear you and your partner fighting?
- Have your children ever had to intervene during an argument with your partner? Why and what happened?

### **4. Risk factors that may increase levels of dangerousness.**

- Did you ever see either of your parents harmed by a spouse or significant other? If so, what did you do and how did it make you feel?
- Were you ever harmed as a child?
- When was the last time you drank or used an illegal substance? How much?
- Have you ever attended a substance abuse program or been arrested for DUI?
- Have you ever been treated for depression?
- Have you previously been violent with your partner? With others?
- Have you experienced pervasive thoughts of homicide or suicide? Attempts?

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

# Dangerousness Assessment

Dangerousness is defined as the demonstrated capacity to continue inflicting severe violence. Child protection personnel should keep in mind that determining dangerousness is not a one-time judgment, but an ongoing assessment which is modified as new information comes in. This determination should be based on the indicators outlined below, which specify the various areas that should be explored when assessing dangerousness.

## Indicators from Information Provided By Non-Family Collateral Sources

- **The use of and access to weapons, including the use of martial arts and similar training during violent incidents.**
- **History of violent crimes and previous violations of protective orders.**
- **History of motor vehicle violations involving alcohol intoxication and other arrests related to substance abuse.**
- **History of severe violence with spouses or children.** Indications of repeated injuries of partners or children in the medical record are an obvious indicator of dangerousness. Severe violence can include choking, rape and other forms of assault that may not cause severe physical injury, but which are suggestive of potential harmfulness.
- **History of having attended an abuser intervention program previously (e.g., while on probation) that was not followed by subsequent cessation of violence.**
- **History of suicidality or of suicidal ideation** (as recorded in mental health records).

## Indicators from Information Provided By Partners, Children or Other Family Members

The following indicators of the potential for future violence mention partners specifically, but similar types of information can be obtained from children and other family members.

- **The partner's report of the history of violence in the relationship and her fear of further violence.** This factor is extremely important, even in the absence of convictions, arrests or prior protective orders in the abuser's criminal record.

- **Severe and irrational jealousy**, which goes beyond occasional suspicions or accusations of infidelity to unremitting suspicion and improbable accusations of unfaithfulness.
- **Threats to injure or punish her, the children or her family if she leaves**, as well as threats of suicide, are strong indicators of dangerousness, even in the absence of previous physical abuse, or when physical abuse has been minimal.
- **Severe and persistent monitoring and stalking**
- **Severe isolation**
- **Situations where the abuser fears he may lose his partner.** There are many potential triggers: intervention by child protection agencies, obtaining a restraining order, separation, a filing for divorce after a separation, the partner's decision to go to shelter, or even the partner's beginning a new relationship after years of separation.
- **Recent instability** is another factor that is emerging in current research. If an abuser whose behavioral profile fits any of the factors stated above becomes severely dejected or paralyzed after a separation or after his partner begins to talk about leaving, and he has lost his job and/or begun drinking, then his dangerousness may escalate sharply.
- **Substance Abuse.** Even in the absence of arrests related to drinking or substance abuse, the partner's or children's report of binge or chronic substance abuse is a strong reason for concern if other indicators are present. Typically, they are people who are low or moderate alcohol or drug users, but who intensify drinking or drug use prior to an assault. The key factor is that alcohol or drug intake coincides with violent episodes.

*Excerpt from Chapter Four, Interviewing Abusers, Accountability and Connection with Abuse Men: A New Child Protection Response to Increasing Family Safety, Massachusetts Department of Social Services Domestic Violence Unit. Published by the Family Violence Prevention Fund. The entire handbook is available from [www.endabuse.org](http://www.endabuse.org)*

NOTE: The full text on Dangerousness Assessment is included in the Additional References Section of the Participant Guide.

## Interview Skills Checklists

### Interview with the Mother

Directions: Use the checklists below to indicate which skills you saw demonstrated in the interview with Ms. Polk. Where indicated, provide a specific example of how the interviewer demonstrated the skill.

#### General Skills

Did the interviewer.....

- Introduce herself or himself to family member
- Explain his or her role with the agency
- Communicate purpose of interview
- Address family member by name
- Make efforts to develop rapport with family member (small talk, compliments, offering needed resource, etc.)
- Avoid why questions
- Ask open-ended questions
- Use minimal encouragers to encourage family member to talk
- Allow family member to tell the story in his or her own words, then ask clarifying questions
- Avoid loaded words .....asked about behaviors and feelings rather than using a label

#### **Give an example from interview:**

- Take a non-judgmental tone
- Gather needed information to begin the process of assessing safety and risk (e.g. types and patterns of abuse, risks and impacts on the child and the victim)



## **Skills Specific to Interviews with Victims**

Did the interviewer.....

- Resist giving his/her personal opinion about what the victim should do
- Attempt to assess dangerousness or lethality with the victim

**Give an example from interview:**

- Try to engage the victim in a discussion about safety and safety planning

**Give an example from interview:**

- Provide victim with information about resources

## Interview Skills Checklists

### Interview with the Child

Directions: Use the checklists below to indicate which skills you saw demonstrated in the interview with Mark. Where indicated, provide a specific example of how the interviewer demonstrated the skill.

#### General Skills

Did the interviewer.....

- Introduce herself or himself to family member
- Explain his or her role with the agency
- Communicate purpose of interview
- Address family member by name
- Make efforts to develop rapport with family member (small talk, compliments, offering needed resource, etc.)
- Avoid why questions
- Ask open-ended questions
- Use minimal encouragers to encourage family member to talk
- Allow family member to tell the story in his or her own words, then ask clarifying questions
- Avoid loaded words .....asked about behaviors and feelings rather than using a label

#### **Give an example from interview:**

- Take a non-judgmental tone
- Gather needed information to begin the process of assessing safety and risk (e.g. types and patterns of abuse, risks and impacts on the child and the victim)

## **Skills Specific to Interviews with Children**

Did the interviewer.....

- Avoid jargon .... use language and questions that are developmentally appropriate for the child

**Give an example from interview:**

- Gather information about the impact of the domestic violence on the child

**Give an example from interview:**

- Gather information about child's ability to protect himself

**Give an example from interview:**

- Avoid suggesting responses to questions

- Assure the child he is not at fault for what is happening in his family

## Interview Skills Checklists

### Interview with the Father

Directions: Use the checklists below to indicate which skills you saw demonstrated in the interview with Mr. Polk. Where indicated, provide a specific example of how the interviewer demonstrated the skill.

#### General Skills

Did the interviewer.....

- Introduce herself or himself to family member
- Explain his or her role with the agency
- Communicate purpose of interview
- Address family member by name
- Make efforts to develop rapport with family member (small talk, compliments, offering needed resource, etc.)
- Avoid why questions
- Ask open-ended questions
- Use minimal encouragers to encourage family member to talk
- Allow family member to tell the story in his or her own words, then ask clarifying questions
- Avoid loaded words .....asked about behaviors and feelings rather than using a label

#### **Give an example from interview:**

- Take a non-judgmental tone
- Gather needed information to begin the process of assessing safety and risk (e.g. types and patterns of abuse, risks and impacts on the child and the victim)

## **Skills Specific to Interviews with Batterers**

Did the interviewer.....

- Gather information about his abusive behaviors and the degree to which he accepts responsibility

**Give an example from interview:**

- Respectfully hold the batterer accountable for his actions

**Give an example from interview:**

- Attempt to gather information about dangerousness

**Give an example from interview:**

- Avoid revealing information provided by the victim

- Attend to his/her own safety.....notice batterers tone of voice, body language, gestures, demeanor and respond accordingly to insure safety

# Practice Guidelines for Family Assessments

## Step One: Information Collection

- Conduct a criminal records check for domestic violence-related charges or convictions, civil protection or restraining orders, or probation violations.
- Review the agency's case file for prior allegations or a history of domestic violence.
- Contact the local police department to inquire about domestic violence-related service calls (911) made from the home.

Collecting this information can inform case managers about the alleged perpetrator's level of dangerousness and the precautions to consider in preparation for their interviews with individual family members. This will inform how and where you interact this person, your assessment of safety and risk for the children in the home, and form a basis for talking with other people involved, who may be afraid to disclose the abuse.

## Step Two: Initial Contact with the Family

Inquiry into private family matters often is viewed by the abuser as a threat to his or her control over the family. Promoting safety for all parties is the primary goal when intervening in cases where there are allegations of domestic violence. Thus, it is critical that case managers ensure that their involvement does not compromise their own safety or the safety of anyone in the family.

To safeguard domestic violence information from the alleged abuser, case managers should not leave domestic violence resource information, letters, or voice-mail messages asking to speak with the alleged victim about the abuse. Such information can jeopardize not only the alleged victim's safety, but also the nature of the caseworker's interview with family members who may be threatened or forced to deny the allegations. Case managers need to make direct contact with the alleged victim to avoid any attempts by the alleged abuser to sabotage their efforts. If caseworkers are not able to make initial contact with the alleged victim, they should find alternative,

creative means of contact (e.g., at the alleged victim's place of work or through the children's school).

Ideally, separate interviews should be conducted with the children, alleged victim, and alleged perpetrator of domestic violence. Separate interviews allow adults and children to talk safely about the violence. But, there may be times when caseworkers arrive at the home and find both partners present. In these instances, caseworkers should collect general family information and refrain from direct inquiry about the domestic violence. Case managers can use their authority to request separate, follow-up interviews and inform family members that it is a routine agency procedure.

### **Step Three: Collaborate with Service Providers**

Case managers are expected to assess a number of risk factors in addition to domestic violence. Families involved with the CPS system often have multiple needs requiring complex interventions. Case managers are not expected to have specialized knowledge on every social problem affecting their clients. Therefore, in cases involving domestic violence, case managers are strongly encouraged to seek the expertise of service providers who can provide consultation regarding assessment and intervention techniques and assistance with accessing relevant services. Also, enlisting the help of other service providers, such as substance abuse and mental health services, when appropriate, can make these challenging cases more manageable.

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

## **MODULE FOUR**

# **ASSESSING RISK AND SAFETY IN CASES INVOLVING FAMILY VIOLENCE**

### **PURPOSE**

To apply course content to a case situation and engage in decision making

### **LEARNING OBJECTIVES**

- Assess safety and risk in families experiencing family violence
- Determine the most appropriate intervention for the family based on the assessment of safety and risk, agency policy, and best practice
- Develop case plan goals and steps that reflect best practice for cases involving family violence



# Safety Planning Activities

Specific safety planning activities can include:

- Engaging the victim in a discussion about the options available to keep her and the children safe, including what has been tried before.
- Exploring the benefits and disadvantages of specific options, and creating individualized solutions for each family.
- Collecting and gathering important documents and various personal items that will be necessary for relocation of the victim and the children.
- Determining who to call, where to go, and what to do when a violent situation begins or is occurring.
- Developing a security plan that might involve changing or adding door and window locks, installing a security system, or having additional outside lighting.
- Informing friends, coworkers, school personnel, and neighbors of the situation and restraining orders that are in effect.
- Writing down a list of phone numbers of neighbors, friends, family, and community service providers that the victim can contact for safety, resources, and services.

Additionally, case managers can help victims develop a safety plan with their children. This often depends on the child's age and circumstances. Children's safety plans can include how to:

- Find a safe adult and ask for help whenever they experience violence. This may involve calling supportive family members, friends, or community agencies for help.
- Escape from the house if an assault is imminent or in progress. If they cannot escape, discuss where they can go to be safe in the house.
- Avoid being in the middle of the domestic violence.
- Call the police.

Safety plans are not intended to hold victims responsible for possible future abuse. Instead, these plans can help victims feel empowered and provide concrete steps to help avoid or positively respond to abusive actions. Incorporating domestic violence safety plans into service plans provides realistic and relevant actions for family members living with abuse. In some cases, safety planning can be conducted with the abuser as a way to hold him responsible.

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

# SAMPLE DOMESTIC VIOLENCE SAFETY PLANS

## Safety Plan—Victim

**I, Jane Smith, can do the following to pursue safety prior to and during a violent incident:**

1. I can have my purse and car keys ready and place them in a closet near an exit door so that I can leave quickly.
2. I can tell my neighbors about the violence and ask that they call the police if they hear yelling, screaming, or loud noises coming from my house.
3. I can teach my children how to use the telephone to call 911 and provide our address and phone number.
4. I will use "TIME" as the code word with my children, relatives, and friends so they can call for help.
5. If I have to leave my home, I will go to the shelter for battered women or my friend's home.
6. When I expect we are going to have an argument, I will try to move to a space that is lowest risk such as the foyer or back hall where the doors are located.
7. I will tell my children to go to their room or to my neighbor's home. I will tell them NOT to intervene when we are arguing or if a violent incident occurs.

## Safety Plan—Child

1. When my mom and I are not safe, I will not try to stop the fighting. I will go to my room or to my next-door neighbor's home.
2. If I call the police for help, I will dial 911 and tell them:
  - My name is Jack Smith.
  - I need help.
  - Send the police.
  - Someone is hurting my mom.
3. My address is 5011 Crooked Oak Lane. I will remember not to hang up until the police get there.
4. A code word for "help" or "I'm scared" is \_\_\_\_\_.
5. I will practice this with my mom every night.

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

## **Risk Considerations**

- The nature and extent of the domestic violence
- The impact of the domestic violence on adult and child victims
- The risk to and protective factors of the alleged victim and children
- The help-seeking and survival strategies of the alleged victim
- The alleged perpetrator's level of dangerousness
- The safety and service needs of the family members
- The presence of other issues, such as substance abuse or mental illness
- The availability of practical community resources and services

*From U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

# Case/Assessment Decisions

## **FACTORS: CHILD REMAINING SAFE WITH FAMILY**

Factors which together can lead to a child safely remaining with the family or non-offending parent include:

- Non-offending caregiver acknowledges risk to children and demonstrates protective capacities.
- Non-offending parent and children are in a shelter or other safe location.
- Perpetrator's access or activities are restricted (e.g., in jail, complying with restraining order or no-contact order).
- Perpetrator demonstrating responsibility for his behavior and actively engaging in intervention programs.
- Children show minimal behavioral or emotional effects.
- Children have a supportive adult.
- An older child(ren) has a plan to be safe and the ability to carry out the plan.
- Violence is not escalating and perpetrator's prior history does not include known serious violence.
- Other issues (A&D, mental health, etc) do not pose safety threats.
- Non-offending caregiver has supportive extended family or community ties.

## **PLACEMENT**

Whenever possible, keeping children at home is preferable. However, there are situations in which removal of children is the only way to assure child safety. The safety plan may include use of a safety resource, voluntary placement with a relative, or if necessary placement through juvenile court involvement.

## **FACTORS: CHILD NEEDS OUT-OF-HOME PLACEMENT**

Factors which might determine whether child safety can only be provided through out-of-home placement:

- No other workable plan can be put in place.
- Other types of child abuse create safety threats.
- Perpetrator continues to expose children to serious violence despite intervention.
- Perpetrator continues to have unauthorized contact with child which presents safety threats.
- Perpetrator's history includes known serious domestic violence.
- Child has reduced ability to manage circumstances or has conditions that increase vulnerability.
- Adult abuse of alcohol or other drugs presents safety threats.

*Excerpt from Child Welfare Practices for Cases with Domestic Violence, Oregon  
Department of Human Services*

# Safety and Risk Case Study

## Ms. Winter and Mr. May

### Family members:

Mother: Ms. Winter

Putative Father: Mr. May

Maternal Grandmother; infant male; three other children in foster care

### Background Information:

Ms. Winter is the mother of 4 children. Her older children were removed from her care and placed in foster care. The reason for the removal was substance abuse and unstable housing. She was receiving family preservation services (i.e. CPS ongoing services) prior to the removal of the children. The children are placed with Ms. Winter's mother.

The agency received a new intake report from the local hospital on June 12. The report stated that Ms. Winter had delivered a baby boy and has other children in foster care. The case was accepted for investigation and assigned a 24-hour response time. The following are summaries of the contacts in this case.

### Investigation:

#### Hospital social worker:

Mother and baby tested negative for drugs and thus far, mother has done well caring for the baby while in the hospital.

#### Mother:

Ms. Winter interviewed in the hospital. Her boyfriend, the baby's putative father, was also present. Baby weighted 5 pounds, 12.5 ounces and was born at 36 weeks gestation via vaginal delivery. Baby has no medical problems and is feeding well. Mother stated her other children were removed for "marijuana in my system." She denies there was any other reason for the removal. Ms. Winter states she has been drug free for 8 months. She completed in-patient treatment and is currently attending day treatment with a community service provider. She is unsure how much longer she will be attending this program. Ms. Winter stated that she is currently living with her boyfriend, Mr. May. She explained that this is a temporary arrangement and she should be moving into her own Section 8 apartment over the weekend.

Ms. Winter's boyfriend, Mr. May, denies having any criminal history. His grandmother also lives in the home.

The case manager completed paperwork to request temporary custody of the baby per county protocol. The juvenile court intake officer denied the request. The case manager developed a safety plan with Ms. Winter and Mr. May. The safety plan

included: not using drugs or allowing anyone else to use drugs around herself or the baby; providing for the baby's basic needs; making and keeping all medical appointments; and remaining with the baby's father, Mr. May, until she is able to move into her own apartment.

**Additional information obtained:**

Counselor at outpatient treatment center:

Ms. Winter has been doing well in treatment. She has no concerns about the baby going home with Ms. Winter. Ms. Winter has obtained her own housing through Section 8 and was supposed to move this past weekend but went into labor. Treatment center is providing Ms. Winter with a crib for the baby.

Current Foster Care case manager:

Ms. Winter has been doing well in treatment. There was an issue with her being evicted from the halfway house sponsored by the treatment center for violating curfew, but she is now staying with her boyfriend. There is a possibility that she has limited intellectual functioning. The case manager believes that with regular CPS supervision Ms. Winter will do okay with this baby.

Criminal background check on Mr. May:

4 years ago: Possession/manufacturing/distribution of marijuana – convicted  
1 year ago: Simple battery, false imprisonment – convicted  
1 month ago: Theft by taking auto, obstruction of officers, probation violation – no disposition data available

Maltreatment was unsubstantiated but the case was transferred to family preservation for ongoing services because of high risk to the child.

**Family Preservation Services (i.e. CPS Ongoing)**

6/29 Transfer to family preservation:

Ms. Winter moved into 2-bedroom apartment and continued to attend the outpatient substance abuse treatment program. She continued to express a desire to remain clean and to take care of her new baby. She began taking GED classes available at the treatment program.

7/24 Home visit:

Ms. Winter was holding the baby in her lap when case manager arrived. She informed case manager that she is sleeping on the floor on a futon mattress because she doesn't have a bed. Baby is still sleeping in the crib. Someone gave her a sofa and rocking chair but the sofa has roaches in it. States she wants to get new furniture because she is afraid to put the baby down. Case manager did not see any roaches and stated the house was clean and well kept and there was plenty of food in the home.

Case manager discussed household management with Ms. Winter. She is not working. She is receiving WIC for the baby and is living in Section 8 housing. Case manager states she will refer Ms. Winter to the family independence program so she can apply for TANF and Food Stamps.

8/17 Field visit:

Case manager saw Ms. Winter and baby together at the treatment center. Ms. Winter states she will have 10 months drug free in September. The baby now weighs 9 lbs and 3 ounces. She feels she has improved and wants others to tell her that or to understand that she is a changed person. States she is in the process of getting new furniture. The treatment program is helping her with this. States baby needs clothing. Also, asked case manager for a referral for daycare. Case manager agreed to do the referral for daycare and for clothing for the baby. Also, advised Ms. Winter not to put her Section 8 in jeopardy by having Mr. May living in her apartment. Ms. Winter states she went in to apply for TANF and Food Stamps.

8/23 Contact with treatment program counselor:

Ms. Winter has been bringing the baby with her to the program. He was sick today. For past couple of days he has had what seems like a stomach ache, and was making loud groaning noises. A staff member went with Ms. Winter to take the baby to the health center.

8/29-8/30

Ms. Winter states the doctor said the baby had colic and acid reflux because of gas on his stomach. The doctor prescribed medication and changed the baby's formula. Case manager contacted the pediatrician who explained what happened and the treatment for the baby. He stated Ms. Winter was taking good care of her child. He will continue to follow up on the child's care.

8/31

Counselor at the treatment center reported to case manager that Ms. Winter confessed in group that Mr. May beat her up last night. She stated the confrontation occurred because he didn't want her to request child support from him. Ms. Winter said he "fought me so bad my head is hurting and I'm real sore." She told the counselor that she was tired of Mr. May mistreating her.

Case manager interviewed the MGM and asked about Ms. Winter and Mr. May's relationship. MGM stated that Ms. Winter needs to leave Mr. May alone and not even associate with him. States she is proud of her daughter for becoming drug free, but she wants her to not be bothered with Mr. May. MGM states that she will hurt Mr. May if he ever hurts her child again.

9/11 Case plan developed with Ms. Winter:

The case plan included steps for her to complete the outpatient treatment program, submit to ongoing drug screens, file for a temporary protective order against Mr. May, and attend counseling to address the domestic violence issues.

9/22 Unannounced home visit:

Ms. Winter reported she is still attending the treatment program and would be graduating soon. States she has been avoiding her boyfriend and does not want to have any more trouble than necessary. Case manager spoke to her again about taking out a restraining order against him.

9/27 Field visit:

Ms. Winter expressed that she was tired of going to the treatment program and tired of doing what other people tell her to do. States she does not want to use drugs again and will not relapse by any means necessary. She just wants to get her GED and be left alone. She has been hurting in her abdomen and does not know why. She wonders if she has gotten another infection.

Case manager advised her to make arrangements for Mr. May to visit the baby at her mother's house to try and avoid any violence occurring. Ms. Winter stated she feels that if she took out a restraining order it would only cause problems. She informed case manager that Mr. May provides transportation for her to and from NA/AA meetings. Ms. Winter agreed to go to the health department to address her health issues, and agreed to have the restraining order completed.

9/27 Contact with child's day care provider:

Ms. Winter really loves her child and takes good care of him. He comes to daycare on a daily basis dressed very nice. Ms. Winter seems very concern about not doing anything wrong with the baby.

9/27 Contact with treatment program counselor:

Ms. Winter is still doing well, but she wants her to get a support system. Concerned she will relapse because she doesn't have a sponsor. The program counselor states Ms. Winter caught a sexually transmitted disease and never got treatment for it. She doesn't seem to understand the need to take care of her body and well-being. She has improved but still has a long way to go.

10/12 Contact with MGM:

Her daughter needs to stop messing with Mr. May. Informed case manager that one time he came to the house with his grandparents and would not leave the property. She called the police and threatened to beat him with a hammer. Has told her daughter all his girlfriends have been caught up in a fight with him. Stated she was going to talk with her daughter and let her know that she is putting her child at risk and will probably get this child taken too.



10/13 Contact with Ms. Winter:

Case manager discussed concerns about Mr. May. Ms. Winter informed case manager that he still comes to her house to see the baby and he spends about 1 or 2 hours at her house everyday. He is still taking her to NA/AA meeting in the evening. He helps her a little bit financially but does not assist her regularly with child support. She has told him that he can't be around the baby unless he participates with DFCS. Told case manager she does not want her baby to come into foster care.

10/31 Unannounced home visit:

Ms. Winter informs case manager that Mr. May is outside and she wants case manager to talk to him. Mr. May was sitting in his car looking very upset. Case manager asked him to meet with her and Ms. Winter for a minute. He came out of the car and into the driveway to talk. Case manager informed him that in order for him to be with Ms. Winter and the baby he would have to submit to random drug screens as well (Ms. Winter is already doing this). He stated this was the first time he was hearing of this requirement. While they are talking, he is getting more upset by the minute. He yelled at Ms. Winter and asked her why she had not told him this before. He wanted to know why he could not take the baby on his own. Case manager informed him he would first have to submit to a drug screen. If it comes back negative, they could discuss his visitation with the baby.

Case manager referred Ms. Winter. to domestic violence service provider.

Additional information learned from collaterals:

Ms. Winter has not been attending the treatment program and still has not graduated from the step down program. Her drug screens continue to be negative. She also has not completed the GED program.

Ms. Winter had a psychological evaluation to assess her ability to provide ongoing care for the baby. The evaluator concludes that Ms. Winter has serious limitations regarding her ability to care for this child and to care for her self.

11/15 Contact with domestic violence advocate:

Ms. Winter reported to her that Mr. May hit her in the face and left another mark on her cheek. Ms. Winter wanted to know ways she and her child can be kept safe. The advocate advised her she should request a protective order and explained she will have to go to court on this.

After this incident, Mr. May was arrested on a probation violation charge (not related to the incident with Ms. Winter). They are unable to proceed with the restraining order because he can't be served while in jail. Ms. Winter is told that they can get the protection order once he is released.

11/21:

MGM tells case manager that Mr. May is calling from jail on a regular basis. He told Ms. Winter that he will be in jail about 6 months, and after he gets out they should get

together for the baby. MGM told Ms. Winter that he is only talking nice because he'll need a place to stay when he gets out.

1/11 Home visit:

Case manager discovers that Mr. May has been released from jail. When case manager confronts Ms. Winter about why she did not inform her, Ms. Winter says that she was going to tell case manager, she just did not know when. States Mr. May is now on house arrest and has to report to probation on a daily basis. Case manager gets mother to agree to have a family member at home with her when Mr. May comes over to see the baby. Ms. Winter says she is tired of her case being open because she has done everything she was supposed to do.

1/19 Home visit:

Case manager informs Ms. Winter that her child is in danger because Mr. May is residing with her and her child. Ms. Winter states that he is not living with her but does come to the house to help her with the baby. States she still loves Mr. May and just wants everything to be okay. Claims there have been no problems since he has been released from jail and thinks he has learned his lesson. States he has been ordered by the court to take drug treatment classes since he violated his probation.

Mom continues to take two drug screens per month and to test negative. Baby appears well at visits. No marks, bruises or signs of neglect are noted. The house is clean and no environmental hazards are noted.

1/22 Telephone contact:

Case manager attempts to talk with Mr. May about developing a case plan. Case manager believes he is living in the home, despite what Ms. Winter says. Mr. May becomes very upset and states that he has legal issues he must complete and can't do anything DFCS wants him to do. Already has a case plan with the court. States he has to attend drug treatment from 8 a.m. to 5 p.m. and be in the house no later than 7 p.m.

1/22 Contact with Mr. May's probation officer:

Probation officer states Mr. May has a history of possession of cocaine and marijuana, and also has a history of alcoholism. Confirmed he is supposed to report daily to a treatment program. The address he gave the probation officer is different from where he is actually living (with Ms. Winter).

1/31 Contact with domestic violence advocate:

States that Ms. Winter reported that Mr. May pushed her down on the bed and placed his hand over her mouth and nose to the point she could not breathe. Ms. Winter states she doesn't want him to go to jail; she just wants him to understand that he can't hurt her anymore. Ms. Winter told advocate that she was ready to get the restraining order.

**Your assignment:**

Consider the facts you have just read and complete the case study assignment sheet. You will work on your own to complete the assignment sheet, then, you will work in small groups to discuss the case and come to an agreement about the decisions.

You should use your practice experience, information you have learned about family violence dynamics, and any references in the Participant Guide you think will be helpful. For the purpose of this exercise, only use the information provided. Don't add or assume things that are not included. Focus on the issues of safety and risk, not on country process or procedures.

## Case Study Assignment Sheet

### Ms. Winter and Mr. May

#### **Safety**

What, if any, safety factors/concerns did you identify in this case?

At this point, do you think this child can still safely remain in this home? Why or why not?

If your decision is that the child can remain safely in the home, what are some possible goals/steps/actions you would integrate into the mother's case plan? Consider actions that will address the domestic violence as well as other safety factors.

#### **Risk**

What, if any, risk factors/concerns did you identify in this case?

How significant is the risk of maltreatment in the foreseeable future to the child that is still in the home? Explain your answer

# Case Study Assignment Sheet

## Ms. Winter and Mr. May

### Case Actions

Based on your current assessment of safety and risk, what actions would you take at this point in this case? Explain

What other information would you like to have had to help you make this decision?

# Service Planning with Victims

## Case planning services for victims should include:

- Safety planning with child protection and service providers
- Individual or group counseling with a domestic violence program
- Specialized assessment services or crisis counseling with a victim's advocate
- Legal advocacy, housing, medical, economic and daycare services
- Shelter or transitional living services
- Visitation or supervised exchange services
- A review of domestic violence information regarding the dynamics of domestic violence, victim resources, and its effects on the children
- Mental health or substance abuse referrals, if applicable
- If both parents will be required to attend parenting classes, drug/alcohol treatment, or mental health services, arrange for these services to be delivered separately to ensure safety

## Services that are not appropriate for victims:

**Joint counseling services or marital counseling.** By the time domestic violence has reached the severity of involving DFCS, any joint counseling has a great potential to endanger the victim and the children and is prohibited in some situations by Georgia law.

**Family Violence Intervention Programs.** These are designed for batterers not victims (see Service Planning for Batterers).

*Note: Be careful about requiring evaluations for victims of domestic violence. Some evaluations may be necessary, but only order what is relevant to the safety of the children, and focus on the real issue that brought the family to the attention of DFCS. **Routinely** requiring drug testing, mental health evaluations or parenting classes is not appropriate.*

*Compiled from:*

*U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

*Toolkit: Domestic Violence Cases. This toolkit is a work in progress, and is a joint effort of the Georgia Coalition Against Domestic Violence (GCADV), the Family Violence Unit of the Georgia Department of Human Resources (DHR), the Georgia Commission on Family Violence (GCFV), the Georgia Legal Services Program (GLSP), various Child Protective Services units and various domestic violence advocates and shelters throughout the state of Georgia. This publication is available on the internet: <http://www.gcadv.org/pdf/GCADV%20Tool%20Kit.pdf>*

# Service Planning with Children

## Case planning services for children should include:

- Safety planning with the CPS caseworker, battered parent, or domestic violence service provider (see note below)
- Safety skills development
- Specialized individual or group counseling for children exposed to domestic violence
- Mentoring and after-school program referrals
- Daycare or Head Start referrals
- Safe visitation and exchange services
- Community-based enrichment programs

### *Compiled from:*

*U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

Note: The publication, Toolkit: Domestic Violence Cases, includes a chart on safety planning with children (Appendix B). This publication is available on the internet:

<http://www.gcadv.org/pdf/GCADV%20Tool%20Kit.pdf>



## Service Planning with Batterers

### Case planning services for batterers should include:

- Addressing their role in establishing safety for the victim and children
- Abuser intervention program referrals (see note below)
- Safe visitation and supervised exchange services
- Compliance with probation or parole, restraining orders, and custody orders
- Parenting programs that include a focus on domestic violence issues
- Substance abuse and mental health referrals, if applicable
- Fatherhood programs when appropriate

### Activities that are not recommended for batterers:

- Couples or family counseling
- Court or divorce mediation
- Visitation arrangements that endanger the victim and children or are in conflict with a restraining or custody order
- Anger management classes

#### *Compiled from:*

*U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*

NOTE: Family violence intervention programs (FVIPS) for batterers are certified in Georgia and are the best counseling resource for batterers. FVIPS are specialized programs for family violence offenders and are different from, and more effective than, anger management programs, which are inappropriate in these cases. A current list of FVIPS is included in the Resource Section of the Participant Guide.

# Draft Goals and Steps

## Ms. Winter

### **Goal: Ms. Winter will remain drug and alcohol free**

#### **Steps:**

1. Ms. Winter will resume her attendance at XYZ outpatient substance abuse treatment program by (date)
2. Ms. Winter will participate in XYZ program until she completes the program and is released by her counselor.
3. Ms. Winter will take two random drug screens per month every month from (date) through (date)
4. Ms. Winter will attend at least 5 NA/AA meetings each week from (date) through (date)
5. Case manager will provide assistance with transportation to attend NA/AA meetings
6. Case manager will assess client's progress through home visits and collateral contacts

### **Goal: Ms. Winter will build and utilize a support system**

#### **Steps:**

1. Ms. Winter will obtain a NA/AA sponsor by (date)
2. Ms. Winter will have contact with her sponsor at least twice weekly from (date) through (date)
3. Case manager will assess progress through collateral contacts and home visits

### **Goal: Ms. Winter will continue to address her domestic violence issues**

#### **Steps:**

1. Ms. Winter will complete a TPO against Mr. May to protect herself and her children
2. Ms. Winter will attend counseling at the ABC counseling center to address her domestic violence issues
3. Ms. Winter will call the police if and when needed in regards to Mr. May hurting her in anyway
4. Case manager will assess progress through collateral contacts and home visits

# FAMILY PLAN GOALS AND STEPS

## MS. WINTER

### Part 1 – Ms. Winter

Decide how you would revise Ms. Winter’s goals and steps to better integrate actions and services that you know to be best practice with family violence cases. You may revise the existing goal and steps OR develop new goals/steps. Your revision should include at least one goal and the appropriate steps for that goal. If time allows, try to come up with additional goals/steps.

<b>GOAL:</b>
<b>Steps:</b>
<b>GOAL:</b>
<b>Steps:</b>
<b>GOAL:</b>
<b>Steps:</b>

# FAMILY PLAN GOALS AND STEPS

## Mr. May

### Part 2 – Mr. May

Assume you will also develop a plan for Mr. May. Construct goals and steps that reflect best practice. Your proposed plan should include at least one goal and the appropriate steps for that goal. If time allows, try to come up with additional goals/steps.

<b>GOAL:</b>
<b>Steps:</b>
<b>GOAL:</b>
<b>Steps:</b>
<b>GOAL:</b>
<b>Steps:</b>

# Case Study Update

## Ms. Winter and Mr. May

After re-assessing the safety and risk in this case, the agency allowed the baby to remain in the home with Ms. Winter with additional supports and services that include, support groups with the domestic violence service provider and resuming her attendance at the substance abuse program. The domestic violence advocate helped Ms. Winter get a temporary protective order (TPO) requiring Mr. May to stay away from her, her home, and her workplace. He is prohibited from contacting her in anyway while the protective order is in effect. Ms. Winter and Mr. May still want to be together as a family. Ms. Winter's other children continue to live with her mother, and Ms. Winter visits with them on a regular basis.

The case manager is able to engage Mr. May, and he agrees to cooperate with the agency. The case manager works with him to develop a case plan for him. Mr. May agrees to abide by the TPO and is referred to a Family Violence Intervention Program. Mr. May begins attending the program and is also working with the court and his probation officer on fulfilling the requirements of the court regarding substance abuse treatment. (***See following pages for the case plan goals and steps that were established for Ms. Winter and Mr. May.***)

### Current Situation:

Assume you are the Family Preservation case manager (i.e. CPS ongoing) assigned to this case. Ms. Winter completes the outpatient substance abuse program and continues to test negative for drugs each month. She also completes her GED program and begins to look for work. During one of your monthly visits, she reports to you that she has gotten a job and is supposed to start working next week. You acknowledge this is a major accomplishment for her.

Also, Mr. May reports to you that he has completed his family violence intervention program. He presents you with his certificate and states that he is ready to be the kind of father that his son needs. He now wants to have visits with his son. Since he can't contact Ms. Winter because of the TPO, he wants you to arrange visits for him.

### Your assignment:

Discuss with your partner the changes reported by Ms. Winter and Mr. May and how these changes might affect Ms. Winter's and the child's safety. Then, answer the questions on the Ongoing Safety Worksheet.

## **Ms. Winter's Family Plan Goals and Steps**

**Goal: Ms. Winter will establish a safe home environment for herself and her children**

**Steps:**

1. Ms. Winter will develop a safety plan with the domestic violence advocate by (date).
2. Ms. Winter will discuss her safety plan with the case manager
3. Ms. Winter will work with the domestic violence advocate or other professionals recommended by the domestic violence advocate to obtain a temporary protective order from Mr. May. The process of obtaining this order should begin by (date).
4. Ms. Winter will call 911 immediately if Mr. May violates the TPO
5. Ms. Winter will participate in support groups provided by the domestic violence service provider beginning (date).
6. Case manager will provide Ms. Winter with transportation services to attend support group meetings and other appointments related to obtaining the Temporary Protective Order.
7. Case manager will collaborate with domestic violence advocate as needed to support Ms. Winter in these efforts

**Goal: Ms. Winter will remain drug and alcohol free**

**Steps:**

1. Ms. Winter will complete a new substance abuse evaluation with XYZ outpatient substance abuse treatment program by (date).
2. Ms. Winter and case manager will discuss the recommendations from the evaluation and agree on the recommendations that Ms. Winter will follow.
3. Ms. Winter will take random drug screens per month every month from (date) through (date)
4. Ms. Winter will attend NA/AA meetings each week from (date) through (date)
5. Case manager will provide assistance with transportation to attend NA/AA meetings
6. Case manager will assess Ms. Winter's progress through home visits and collateral contacts

## **Ms. Winter's Family Plan Goals and Steps**

**Goal: Ms. Winter will build and utilize a support system**

**Steps:**

1. Ms. Winter will obtain a NA/AA sponsor by (date)
2. Ms. Winter will have contact with her sponsor at least twice weekly from (date) through (date)
3. Case manager will assess Ms. Winter's progress through collateral contacts and home visits

## **Mr. May's Family Plan Goals and Steps**

**Goal: Mr. May will help to establish a safe and violence free home environment for Ms. Winter and her children**

**Steps:**

1. Mr. May will abide by the temporary protective order for the entire duration of the order and not contact Ms. Winter in anyway.
2. Mr. May will not contact Ms. Winter's other children or their caretaker, Ms. Winter's mother

**Goal: Mr. May will learn and use alternative behaviors to his abusive conduct**

**Steps:**

1. Case manager will refer Mr. May to the local Family Violence Intervention Program on (date)
2. Mr. May will complete intake interviews and any other intake requirements with the FVIP by (date)
3. Mr. May will attend all scheduled meetings of the FVIP and will complete the FVIP by (date)
4. Mr. May will sign a release of information allowing the case manager to obtain information from the FVIP about his participation
5. Mr. May will provide case manager with verification of completion of the FVIP within 1 week of program completion
6. Case manager will collaborate with FVIP program as needed to support Mr. W in these efforts

**Goal: Mr. May will become and remain drug and alcohol free**

**Steps:**

1. Mr. May will complete his court ordered substance abuse treatment program by (projected date)
2. Mr. May will provide case manager with verification of completion of this program within 1 week of program completion
3. Mr. May will submit to monthly random drug screens from (date) through (date) as arranged by case manager
4. Mr. May will sign a release of information allowing the case manager to obtain information from the substance abuse treatment program and his parole officer
5. Case manager will assess Mr. May's progress in all activities through collateral contacts and home visits



## Ongoing Safety in Family Violence Cases

### **Ms. Winter's new employment**

How do you think this change might affect Ms. Winter's and her child's ongoing safety?

What could you do or recommend to help her and the child remain safe?

### **Mr. May's completion of the FVIP**

How do you think these changes might affect Ms. Winter's and her child's ongoing safety?

What could you do or recommend to help her and the child remain safe?

## Ongoing Safety in Family Violence Cases

### **Mr. May's request for unsupervised visitation**

How do you think these changes might affect Ms. Winter's and her child's ongoing safety?

What could you do or recommend to help her and the child remain safe?

## TOOLS FOR DOMESTIC VIOLENCE CASES ON-GOING OR FOSTER CARE

<b>TOOL</b>	<p><b>Action/Case Plan with Perpetrator</b></p> <ul style="list-style-type: none"> <li>• No contact plan</li> <li>• Substance abuse evaluation, as appropriate</li> <li>• Mental health evaluation, as appropriate</li> <li>• FVIP Referral</li> <li>• FVIP Information Sheet</li> </ul>
<b>TOOL</b>	<p><b>Supervised Visitation Plan</b> <i>(for when children will be with the domestic violence perpetrator alone)</i></p> <ul style="list-style-type: none"> <li>• Identify appropriate supervisory resources</li> <li>• GA Code Section 19-9-7</li> <li>• Work with perpetrator, not victim, to identify supervisor which is acceptable to case worker</li> </ul>
<b>TOOL</b>	<p><b>Use Civil TPO Statute to Protect Children</b></p> <ul style="list-style-type: none"> <li>• <b>On-going cases:</b> DFCS can file on behalf of the children to get a TPO. Do this in on-going cases only when the adult victim wants such an order and believes it will increase safety. <i>Make sure the perpetrator is told that the department, not the victim, is filing the order. Never proceed against the non-offending parent/domestic violence victim for violations of her TPO.</i></li> <li>• <b>Removals, Imminent Removals:</b> Consider filing a TPO on behalf of the children even if the adult victim does not want the order, <i>only</i> when doing so will prevent a removal, or promote a reunification. Filing cases without the adult victim's buy-in is generally not appropriate. <i>Make sure the perpetrator is told that the department, not the victim, is filing the order. Never proceed against the non-offending parent/domestic violence victim for violations of her TPO.</i></li> </ul>
<b>TOOL</b>	<p><b>Use the Protection Order function in Juvenile Court</b></p> <ul style="list-style-type: none"> <li>• Request that SAAG seek a protection order from Juvenile Court to order, depending on severity, the batterer to attend a FVIP and be vacated from the home. This is a useful tool when the batterer is not a biological parent of the child.</li> </ul>

<b>TOOL</b>	<p><b>Use Criminal Justice System When Charges are Filed</b></p> <ul style="list-style-type: none"> <li>• Weigh in on conditions of no-contact orders issued against perpetrator, which will also protect the children</li> <li>• Let prosecutor know of any child maltreatment issues related to case</li> <li>• Coordinate with probation officer any limits needed on perpetrator’s contact with family which will also protect the children</li> <li>• In severe cases, ask for Intensive Supervised Probation, to get another set of eyes and ears on the case</li> <li>• In severe cases where the perpetrator must have no contact per DFCS, see if probation or parole can apply electronic monitoring devices to help DFCS know if perpetrator is coming around family</li> <li>• If perpetrator is violating conditions of bond or probation, ask probation officer to revoke probation and ask prosecutor to file any new appropriate charges</li> </ul>
<b>TOOL</b>	<p><b>Coordinate Intervention with Family Violence Intervention Programs (FVIPS)</b></p> <ul style="list-style-type: none"> <li>• If perpetrator is in an FVIP, have regular contact with program to determine what they believe is happening with the perpetrator</li> </ul>
<b>TOOL</b>	<p><b>Use Civil Filings (Divorce or TPO) to Increase Child Safety</b></p> <ul style="list-style-type: none"> <li>• If a divorce or TPO case is being filed, weigh in with the court on visitation and custody orders needed to assure DFCS of the children’s safety</li> </ul>
<b>TOOL</b>	<p><b>Ask SAAG to File Motion for Contempt</b></p> <ul style="list-style-type: none"> <li>• In cases where the case plan is ordered and the perpetrator is noncompliant, ask the SAAG to file a motion for contempt</li> </ul>
<b>TOOL</b>	<p><b>Engage Collateral Contacts in Protective &amp; Monitoring Functions</b></p> <ul style="list-style-type: none"> <li>• Educate Collaterals about lethality indicators, child safety concerns</li> <li>• Educate family and friend collaterals about possible outcomes for perpetrator if he/she becomes violent, threatening, makes prohibited contact with the family or stalks.</li> <li>• Ask Collaterals to contact worker if any lethality indicators become known (perpetrator talks about harming self, family, becomes depressed, buys a weapon, makes threats, etc. See Attachment G in the Toolkit)</li> <li>• Ask formal Collaterals (FVIPS, Probation) for monthly reports. FVIPS are used to doing this for probation and are likely to be happy to keep up updated.</li> </ul>

**Taken from *Tool Kit: Domestic Violence Cases*, Georgia Coalition Against Domestic Violence**

# **MODULE FIVE**

## **COORDINATED COMMUNITY RESPONSE: COLLABORATION AS BEST PRACTICE**

### **PURPOSE**

To examine the use of a coordinated community response as best practice in cases involving family violence. Also, to identify the case manager's role and responsibilities in a coordinated response.

### **LEARNING OBJECTIVES**

- Work collaboratively with family violence community service providers
- Identify sources of community resources and support for victims and perpetrators

# Coordinated Community Action Wheel



Developed by the Domestic Violence Institute of Michigan  
P.O. Box 130107, Ann Arbor, MI, 48113-0107,  
(313) 769.6334

# Case Manager Actions that Support a Coordinated Community Response to Family Violence

## **Hold the batterer accountable for his behavior**

One way you can do this is by requiring participation in Family Violence Intervention Programs (FVIPs) as a part of his case plan. These are specialized services for batterers.

## **Don't support victim's participation in couples/marriage counseling when there is domestic violence in the home**

Domestic violence advocates strongly advise battered women not to participate in couples counseling, family counseling, or mediation programs. It may not be safe for her to talk about her feelings in front of someone who could hurt her later and blame his behavior on what she said. Many victims say this kind of counseling does not stop the violence and often increase their danger. Also, going to counseling together suggests that the victim share's responsibility for the violence. Victims are **never** responsible for the violence.

## **Ask questions about violence between intimate partners/family members as a regular part of interviewing/assessment.**

Domestic violence may not be what is reported, but it may be an underlying cause of the child maltreatment. Asking questions about violence in the family can help to uncover the true issue that needs to be addressed in order for the child to be safe from maltreatment.

## **Develop and maintain working relationships with local family violence programs.**

Case managers should know the local domestic violence resource and make efforts to develop a relationship with these professionals.

### **Tips for developing relationships with DV professionals:**

- Invite the DV service provider to participate in Family Team Meetings, citizen panel reviews, and court proceedings
- Use the DV service provider as a monthly collateral contact (with a signed release from client) when the client is receiving services
- Consult with DV provider on cases – get their professional opinion and assistance in assessing the family and developing case plans
- Find out about trainings being offered by DV providers and try to attend
- Invite DV providers to your trainings, especially any trainings that may be offered within the agency that might be of interest to them. This provides both an opportunity for cross training as well as for networking.

- Post educational posters in your office about DV (e.g. posters, 1-800 #s, pamphlets). This will demonstrate to women that you have awareness about the issue and some sensitivity. This might make it easier for a woman to talk about what she is experiencing. Any local DV agency should be able to provide you with these materials.

### **Have representation on the local Family Violence Task Forces.**

These are coordinated by the Georgia Commission on Family Violence; there are task forces within each of the 49 judicial circuits of Georgia. Task forces are interdisciplinary community groups that devise ways to increase victim safety and offender accountability. Task forces put into place a “coordinated community response” to the problem of family violence. Task force work has resulted in decreased domestic violence homicides across the country. Anyone who wants to make a difference can join.

### **Serve on domestic violence fatality review teams.**

Ideally, each DFCS county office should have a representative on their local review team. These are organized by judicial circuit. These teams meet to go through the process of identification of deaths, both homicide and suicide, caused by domestic violence. They examine the interventions that occurred in known incidents of domestic violence occurring in the family of the deceased prior to the death. They make recommendations about how systems can better work together to protect victims and on practice and policy that needs to change or be developed to make victims safe and to avert future domestic violence deaths. One product that comes out of these teams is the Annual Report of the Georgia Domestic Violence Fatality Review Project which includes statistics about Georgia fatalities due to domestic violence.

### **Refer victims to local family violence programs for support.**

Georgia has many certified family violence shelters, operated by private, nonprofit organizations. They provide 24-hour crisis lines; legal and social service advocacy; children's programs; parenting support and education; emotional support; and community education. All of these agencies also offer emergency safe shelters. All services are free and confidential.

A statewide toll-free 24-hour crisis line: 1-800-33-HAVEN (334-2836) will automatically connect the caller to the nearest family violence agency.

All county DFCS offices have domestic violence assessors who assist DFCS staff to identify and provide crisis intervention and relocation services to domestic violence victims receiving or applying for TANF assistance.



## **Collaboration and Community Partnerships**

***If I encounter a family violence victim who needs assistance for herself and her children, what resources can I access to help the family?***

**Community partners I can identified**

**Other agencies, institutions that could contribute to the partnership**

**Barriers to a more inclusive coordinated community response in my community. How might these barriers be overcome?**

**Ideas/models from other communities**



## ***LEARNING JOURNAL***

### **MODULE ONE – THE DYNAMICS OF FAMILY VIOLENCE**

#### **Topic covered in this module:**

- Domestic violence myths and facts
- Priorities and principles for working with abused/neglected children of battered women
- Georgia family violence laws and fatality review statistics
- Key dynamics in family violence, including the Cycle of Violence, Power and Control, and the Barriers Model

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#### **My personal thoughts and feelings about the content discussed in this module**

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#### **The most important things I learned from this module**

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#### **Ways I can apply what I learned on the job**



## ***LEARNING JOURNAL***

### **MODULE TWO – THE EFFECTS OF FAMILY VIOLENCE ON CHILDREN**

#### **Topic covered in this module:**

- Ways family violence can traumatize/hurt children
- Behavioral and emotional effects related to the child's stage of development
- Behavioral and emotional indicators of a child living with domestic violence
- Factors that can moderate the effects of domestic violence on children

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#### **My personal thoughts and feelings about the content discussed in this module**

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#### **The most important things I learned from this module**

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#### **Ways I can apply what I learned on the job**

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**LEARNING JOURNAL**

**MODULE THREE – INTERVIEWING AND ENGAGING FAMILIES EXPERIENCING FAMILY VIOLENCE**

**Topic covered in this module:**

- Practice recommendations for interviewing the victim, child, and batterer
- Responding to denial and minimization, including use of the lethality assessment
- Sample assessment questions for the victim, child, and batterer
- Interviewing skill practice activity

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**My personal thoughts and feelings about the content discussed in this module**

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**The most important things I learned from this module**

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**Ways I can apply what I learned on the job**

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## ***LEARNING JOURNAL***

### **MODULE FOUR – ASSESSING SAFETY AND RISK IN FAMILY VIOLENCE CASES**

#### **Topic covered in this module:**

- Assessing safety and risk; safety planning
- Case/assessment decisions based on safety and risk
- Safety and risk case study
- Service planning with the victim, child, and batterer
- Ongoing safety considerations

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#### **My personal thoughts and feelings about the content discussed in this module**

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#### **The most important things I learned from this module**

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#### **Ways I can apply what I learned on the job**

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## ***LEARNING JOURNAL***

### **MODULE FIVE – COORDINATED COMMUNITY RESPONSE/COLLABORATION**

#### **Topic covered in this module:**

- DFCS role in a coordinated community response
- Collaboration between DFCS and domestic violence service providers
- Community-based partnerships

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#### **My personal thoughts and feelings about the content discussed in this module**

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#### **The most important things I learned from this module**

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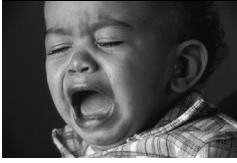
#### **Ways I can apply what I learned on the job**

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## Effects of Family Violence on Children

### Infants

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- Tend to be irritable
- Can be frequently ill and/or have diarrhea
- Have difficulty sleeping or eating
- Have tantrums and anxiety
- Difficulty developing attachments with their caregivers and in extreme cases can suffer from failure to thrive

### Toddlers and Preschool

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- Physical complaints such as stomach aches and headaches
- Fearful of being alone, afraid of leaving their mothers
- Irritable, tantrums, anxiety
- Regress to earlier childhood behaviors such as bedwetting
- Eating and sleeping difficulties, including increase in nightmares
- Frequent illness and injuries
- More aggressive than other children OR more withdrawn than other children
- Learning difficulties
- Delays in verbal development
- Poor motor abilities

### School Age

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- Eager to please adults and make new friends
- Problems in school, or drop in academic performance
- Wants to be home to protect mother
- Physical complaints, frequent injuries
- Tantrums and anxiety
- Eating difficulties and digestive problems
- Sleeping difficulties, including nightmares
- Overly aggressive; violent outbursts of anger; bullying
- Withdrawn or dependent
- Regressive behaviors (bedwetting, thumb sucking, etc.)

## Adolescents and Teenagers

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- May be very protective of mother; feels responsible for protecting mother
- May become aggressive and violent with mother, siblings, and other children
- May become a victim of teen dating violence
- Secretive, often deny violence in the home
- School problems such as absenteeism, failing or hostile behavior
- Depression and self mutilation
- Physical complaints (headaches, stomach aches, digestive problems)
- Eating disorders, alcohol or drug abuse
- Low self esteem
- Poor judgment; irresponsible decision making
- Withdrawn; few friends
- May accept blame for the family violence ("it's all my fault")

## Warning Signs

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The following behaviors in children may indicate that they are living with domestic violence:

- Refusal or reluctance to discuss their own or parent's injuries
- Withdrawal from physical contact and fear of closeness or being humiliated
- Fear of returning home/leaving home OR may run away from home
- Self-harming tendencies or aggression towards others
- Lack of social relationships and friendships
- Sudden speech disorders or changes of demeanor
- Caretaking (parent substitute for younger siblings), more concerned for others than self
- Anxious behaviors (i.e. hair twisting, rocking)

*Compiled from several sources including: Safehouse for Battered Women, Texas Council on Family Violence, and U.S. Department of Health and Human Services, Child Abuse and Neglect User Manual Series, "Child Protection in Families Experiencing Domestic Violence"*





## **Recommendations for Interviewing and Assessing the Victim**

### **Techniques**

- Interview the victim separately from the batterer.
- Ask only one question at a time, and wait for the answer. Listen carefully to the victim's answers, and do not interrupt. Allow her to describe the incident in her own terms, and then ask clarifying questions.
- If she is shaking or crying, acknowledge this. Be prepared for her to be angry, as well.
- Remember that victims may often use minimizing language to describe extreme acts of violence. Follow up by asking them to expand on what she just said.
- Ask the victim about any history of abuse, whether it was reported or not. Remember that victims may not remember all instances of abuse; they are more likely to remember the first, the last, and the worst incidents.
- Be patient and reassuring, and try to avoid unnecessary pressure. The victim may feel a combination of both fear of and loyalty to the alleged batterer.
- Do not judge victims and listen with non-blaming feedback. Try to avoid making assumptions about the situation or her experience.
- Resist giving your personal opinion about what the victim should do.
- Reassure her that she is not to blame and that help is available.
- Ask the victim whether she has injuries that are not apparent. Sometimes, it may be necessary to ask an open-ended question, such as: "Where did he put his hands?"
- Conclude the interview in such a manner that the victim feels comfortable contacting you again.

## **Noticing Strengths**

- Most victims have some sense of what has been helpful to them in the past, although they may need someone to remind them of what they do and have done "right".
- Ask questions that help you to learn about useful coping strategies and resources. Ask what the person has done in the past and what the outcome was.
- As the victim tells her or his story, be sure to acknowledge out loud times he or she showed courage, resourcefulness, or strength. Note, for instance, how remarkable it is that, in spite of the abuse and how they might be feeling, they get up in the morning, take care of their children as well as they do, hold down a job, maintain friendships, or whatever "every day thing" the individual accomplishes.
- Ask specific questions about coping and self care-what activities, places, or people can and/or have functioned as an oasis for them, and is it possible to build on that oasis experience.
- Let the victim know that she has a right to feel the way she does, whether it is overwhelmed, terrified, angry, bitter, exhausted, tearful, desperate, or some other emotion.
- Let the person know that you know how much courage and strength it is taking for her to be talk with you about her situation.
- Ask specific questions about support people-does anyone in the her life know about the violence, can she think of even just one person whom she would trust to start talking to about her situation, how have the other people in her life reacted to the situation.
- Work with the victim on a plan to further develop the strengths that have been identified.

## **A word about anger**

A victim may be very angry, volatile, and demanding. It is important to remember that the rage that the person is expressing is a coping strategy and is justified, even if it appears misdirected at you. Anger is energy, and, by understanding the root of the anger, you can help the person channel this energy in a way that will help her take steps.

Compiled from Minnesota Advocates for Human Rights (<http://www.stopvaw.org>); and U.S. Department of Health and Human Services, Child Abuse and Neglect User manual Series, *Child Protection in Families Experiencing Domestic Violence*



## Recommendations for Interviewing Children

- Interview children outside the presence of their parents.
- Conduct the interview in a place that is comfortable for the child.
- Attempt to place yourself on the child's level by sitting or kneeling.
- Begin the interview with non-threatening questions.
- Avoid suggesting responses to questions.
- Understand that children may feel responsible for what happened, or guilty about telling the police about the incident. Reassure children that you only want to help and that they would not be doing anything wrong by talking about what happened.
- Consider asking the victim about how she might approach talking to her children about the violence so that you can get an initial understanding of the children's likely attitude or behavior.

NOTE: Older children are more likely to minimize reports of parental fighting out of loyalty to parents. Younger children may be more spontaneous and less guarded with their reports.

Compiled from Minnesota Advocates for Human Rights (<http://www.stopvaw.org>); and U.S. Department of Health and Human Services, *Child Abuse and Neglect User Manual Series, Child Protection in Families Experiencing Domestic Violence*



## **Recommendations for Interviewing and Assessing the Batterer**

Interviewing and maintaining ongoing contact with the abuser in the context of good case practice allows the case manager to:

- Maximize the safety of battered women and their children
- Establish a working relationship with the abuser
- Understand how to motivate him to seek help
- Facilitate service planning and dangerousness assessment
- Assess his readiness to change and to accept responsibility for his conduct
- Assess his capacity to admit physical and other forms of abuse and to document disclosures of past violent or abusive behaviors
- Document instances of controlling and abusive behaviors toward cps staff and family members (as observed in interviews, home visits or supervised visitations)
- Assess his understanding of the impact of his behavior on children
- Observe and assess his capacity for appropriate parenting, and
- Document his progress in making change

### **INTERVIEW FORMAT**

Two types of interviews are presented. The first type is a highly focused interview that can be used to gather information and to ask the man to get help. The second interview format is a generic interview that can be used to establish rapport and to begin to explore issues about relationships. The abuser should be interviewed when his partner is not present. It is useful to divide the interview into three parts.

#### **Interview Type Highly Focused**

1. The interview should begin with an **introduction and explanation of the purpose of the interview**. The worker should start by explaining a social worker's information gathering function:

a) “I am here to hear your side of things. My job is to understand what happened and to make recommendations for services for you and for your family. How are things going right now?”

(b) If he is cooperative, the case manager can ask: “I have a (police) report that states that X took place. Can you tell me in your own words what happened?” If he only wants to talk about what his partner did, the case manager can listen and say, “Okay, this is what you remember that she did. What did you do after that? And after that? Looking back on what happened, would you have done anything differently?”

(c) If he continues to be cooperative, the worker can go on to the questions in the next section (*item 2 below*).

(d) If he becomes agitated or goes on to complain about his partner at length, the worker should attempt to redirect: “I would like to hear more about what happened. Can we go back to what you did? I’ll be able to help you better if I hear from you about what happened. We were at this moment (explain). What happened next?” Another form of redirection (and of initiating some education about domestic violence and its effects) is to say: “When there has been an allegation of domestic violence, it is a difficult thing. Some people feel blamed and accused. In my experience, it’s not about terrible people but about serious actions that can really hurt families. Men who do this can change. It will help you and your kids. If we can talk about what happened, maybe I can help you.” It is not unreasonable to attempt redirection two or three times if the encounter is not threatening or abusive.

(e) If the abuser does not respond to redirection, limit-setting is the next step: “I need to be able to continue this conversation in a way that is good for both of us. I don’t know if you are aware of it, but you are (interrupting, refusing to talk about yourself, getting very loud, making threatening gestures, etc.). I cannot continue the interview this way. It has to be a two-way conversation. I want to listen to your side of things, but I also need to ask you some questions. Can we continue with questions?”

(f) If he does not respond to the first limit-setting attempt, another attempt may be useful: “I need to continue talking with you and this is not working. If we cannot proceed with this interview, I am going to have to stop and document this in the case file. I would really like to hear your side of things, but I can’t do it this way.” If he does not respond, the worker can say: “I will have to leave now. Maybe we can talk later.”

(g) If the abuser becomes threatening or agitated to such a degree that the worker feels endangered, then the interview should be terminated immediately: “I am sorry, I can’t talk like this. I will call you later.” If the social worker encounters situations described in items (d) through (g) above, it is important to

document the conversation and the abuser's demeanor and to discuss the events with a supervisor.

**2. Inquiry about violent behavior and other forms of abuse.** As stated earlier, questioning should always proceed from the general to the specific, and from inquiry about less severe forms of abuse to more severe forms. The sequence of questions below illustrates these principles. Social workers can adapt it to interviews as needed.

(a) For a general conversation (if this is screening for domestic violence):

- What happens when you get mad at her?
- Do you ever yell? Call her names? Throw things?
- Have you ever used force with her? What happened?
- Where were the children?

(b) Then, if this is an inquiry pursuant to a specific incident:

- Did you use force with her? Or touch her in any way? What happened?
- Did you push her? How hard? Was she injured? How many times?
- Slap her? How many times? How hard? Was she injured? (The same cycle of questions should be used with other violent behaviors such as punching, choking, hitting with objects and using weapons. Also, this same sequence of questions should be pursued with different incidents).

**3. Willingness to change and views of relationships and parenting** can also be explored in the interview. One can inquire about these issues with the following questions:

(a) The best way to find out whether he accepts responsibility for his behavior is to ask what he is willing to do in order to change:

- Are you willing to go to a group to get some help?  
(If he agrees, he should receive the name and number of the nearest BIP. If he is doubtful, the worker can suggest that he make a commitment to attend for 12 weeks and then assess continuation with you and with program staff).
- If he is not willing to go to a group, the interviewer can say:  
“I want you to know that your service plan will require that you attend one of these groups. I would really like you to go. You will probably learn things that will help you. I know you want to be a good father. This is part of being a good dad. If you are not ready to say yes, do you want to take a week to think this over? I will call (or write) you.”
- If he insists that he will not go to a group unless his partner also does, the interviewer can respond with:  
“Getting help for yourself does not mean that she does not have issues of her own. The problem is that when someone has been physically abusive, they have crossed the line in a relationship.

People are going to expect you to do this. It will help you. If you do it and work at it, it will become part of the case record.”

(b) Parenting issues can be explored through these questions:

- “Do you think that your physical abuse of your partner has had any effect on the kids?” “Has any child ever tried to intervene in an incident of violence?” (If he can provide information, does he think it has affected all the children in the same way?)
- If he cannot describe any effects on children, asking about the following signs of traumatic impact on children may be useful:  
“Have you observed fearfulness? Violent play or hitting by the children? Sleeplessness or nightmares? Problems going to school? Withdrawal? Too much crying? Constant problems with you? With the mother? With teachers or school authorities? With the police? Has any child stopped listening to you or to their mother?” These questions serve an educational purpose even if he denies all effects.

### **Interview Type Establishing Rapport**

**Establishing rapport** involves a series of steps that can be used to create a positive relationship. These questions are helpful in connecting with the interviewee and in exploring his understanding of and capacity for relationships, productive conflict and tolerating differences, and his understanding of fatherhood. It is important to probe and ask for details after asking the key questions:

(a) “How did you meet her? Tell me what happened. Did you like her right away or later? What did you like about her? Tell me more about that...” Does he see her as a three-dimensional person or does he have a very limited view of her?

(b) “As time has passed are there other things you like about her? What are they? Can you tell me more about that?” These questions also explore capacity for relationship.

(c) “Are there things you don’t like about her? What? Is this something that was there from the beginning or did you see it later? Do you talk about it with her? How does the conversation go? When was the last time you tried? What happened? Would you have wanted to do it differently?”

(d) “Is there something that really sets you off in arguments or in disagreements? What is it? What helps to keep you from flying off the handle? Does it work?”

(e) “Do you ever have fun with your kids? What do you do? Is there a part of each day or a part of the week when you enjoy being with them?”

(f) “Are your kids respectful? Do they listen? Do they disobey often? What do you do when it happens? What works?”

(g) “What do you do to relax? Do you do it often? What else do you do? Do these things work? Do you have a lot of stress or things that are hard or difficult in your life? Tell me about it...”

## **PRINCIPLES TO GUIDE THE INTERVIEW PROCESS**

- An appropriate approach
- Safety
- Prudence
- Respect
- Rapport
- Attention to race/ethnicity/class issues
- Attention to fatherhood
- Limit-setting
- Documentation
- Accountability, and
- The need to carefully structure the interview.

An **APPROPRIATE APPROACH** involves asking a series of questions to find out how best to initiate and maintain contact with an abuser in order to minimize risk to his partner, their children, and social workers. How has the abuser reacted in the past to disclosing his violent behavior? Does he retaliate against his partner even if he is responding to information that comes from other sources? Does he have a history of assaulting, threatening or acting in a highly intimidating fashion with authority figures? How dangerous is the abuser—what is his history of violence? Has he ever used a weapon? What kind of approaches have worked well with him? Is he concerned about the incident and CPS involvement? Afraid? Is substance abuse a factor? When and where can he be reached? Social workers should speak to partners, service providers, other child protection workers who have had contact with the abuser and the reporters of child abuse/neglect to orient themselves and plan their approach accordingly.

**SAFETY** is the first consideration for CPS workers, partners and children. The information obtained in the initial approach described above should be used to assess the safety risks associated with interviewing the abuser. In addition to interviewing informants such as partners, service providers, other child protection workers who have had contact with the abuser and the reporters of child abuse/neglect, it is important to examine the case record prior to an interview, to consult collateral sources such as the abuser’s criminal record, police arrest reports and other informants, such as the child’s teacher or pediatrician when appropriate. If the level of risk appears low, the social worker may interview the abuser at his home (by himself if possible); if there is higher risk or the risk is unknown, the social worker can conduct the interview accompanied by a peer. If a home interview seems unsafe,



the social worker can ask him to come to the office and interview him there with a colleague or supervisor present or with security/police presence nearby. The social worker should assess the risk of the abuser's retaliating against his partner as a result of the interview — for example, if the man has threatened retaliation, the woman fears it, or there is a past history of retaliation in the relationship. In the rare instances that it is not safe to interview the abuser because of severe safety risks to the partner and to the children, the decision must be fully documented in the case record.

In the vast majority of cases, CPS workers are not placing themselves in danger when interviewing men who have been violent towards their partners. However, it is always best to err on the side of caution. When interviewing men at their homes or elsewhere, it is advisable to carry a cell phone and to remain in the front rooms of the house. Workers should always be aware of the clearest exit route. A key safety measure is to watch the abuser. Has he become agitated? Is he standing up? Gesturing angrily? Making threats? Shaking? If there are grounds for concern about safety and the exits are blocked, it may be best to avoid inflammatory topics and terminate the interview quickly.

Some approaches are:

- “It looks like we have gone as far as we can in this discussion. Let’s continue it at another time.”
- “It looks like we don’t agree about all things. I think it makes sense to think it over and come back to this later.” (There are other possible responses under LIMIT-SETTING.)

It is good case practice to leave or terminate an interview when there are signs of escalation that go beyond a reasonable level of anger or other intense emotions. Otherwise, the social worker may expose him or herself to danger or adapt to the threatening climate by becoming overly accommodating or shifting the focus of case practice onto the partner. If a social worker has felt endangered, it is important to document this event in the case record, consult with a supervisor about what has happened and assess the risk of the abuser's retaliating against his partner as a result of the interview. It may be necessary to warn the partner immediately or to address a heightened sense of risk in safety planning.

**PRUDENCE** means minimizing escalation of the situation while making a sustained effort to establish rapport, obtain information, and communicate some basic ideas about the unacceptability of violence. The social worker is responsible for facilitating disclosure and acceptance of responsibility by the abuser, but it is impossible to compel the abuser to take these steps. It is sufficient to have him hear another point of view (such as that violent conduct is never justified) without pressuring him to accept that view. Prudence calls for avoiding debates once positions are fixed. If there is a clear disagreement, the worker can say: “We may have a difference of opinion that we cannot resolve right now.” In line with the goal of minimizing escalation, questioning should always proceed from the general to the specific and from inquiry about less severe forms of abuse to more severe, as illustrated below in structured interviews.

**STRUCTURED INTERVIEWS** This procedure minimizes defensiveness by beginning inquiry on less controversial issues and allowing an abuser to get used to a line of questioning gradually.

**RESPECT** is essential to lower defensiveness. It involves maintaining a calm demeanor in a provocative encounter and treating the abuser (who may be denying his behavior) not as a liar or a cruel person, but as someone who has made damaging choices about his behavior in relationships. The crucial issue is to avoid labeling and to focus instead on his responsibility for harmful behaviors:

“Most men who have been physically abusive are really regular people who end up doing harmful or hurtful things to their families.” However, they are responsible for their behavior. But people can change their behavior. It’s not about bad people; it’s about harmful behavior.

**RAPPORT** Above all, the interview is an opportunity to establish a working relationship with the abuser. Some men are highly defensive or hostile and provide no openings for establishing even a limited level of rapport despite capable efforts by social workers. However, if there is some level of rapport, there is a better chance that the abuser will listen to the worker and take into account recommendations for services. Rapport is based on demonstrating interest in the other person, sympathetic listening, and on providing a clear explanation of the worker’s role and expectations. Demonstrating interest involves questioning the abuser about parts of his life that he may be willing to talk about. For example: How did he meet his partner? What did he like about her? What does he like about her now? What goes well in the relationship? What do they disagree about? Do he and his partner have conflicts? About what? What happens when they have a conflict or strong disagreement? What does he think is the most important aspect of being a father? What does it take to be a good father? Sympathetic listening does not call for agreement. It involves active listening and a sustained attempt to understand the other person. Understanding can be conveyed by listening carefully and paraphrasing or summarizing what the other person has just said without adding much interpretation. Finally, the worker should explain any concerns and state expectations clearly. This could include: “I am here to make sure your children are safe. We have a report that your children... (had bruises, said that they were hurt or saw their mother get hurt, etc.). I can provide you with recommendations for services and to help you do whatever you can to make sure your children are safe.” It should be kept in mind that rapport with an abuser does not imply that there is no disagreement or conflict between him and the social worker. The key issue is that the person being interviewed feels he can say what he wants to say and be heard and that he gets clear explanation of child protection concerns about him and of what he is expected to do.

**ATTENTION TO RACE/ETHNICITY/CLASS ISSUES** is a crucial practice issue.

There is a high risk that the encounter between a social worker (a Caucasian college graduate) and a man of color, an immigrant or a poor Caucasian may reproduce oppressive and stereotypic relationships that these men experience in encounters with systems and in society. If this happens, the chance of a positive outcome is significantly lowered. Factors related to culture, race, ethnicity, and class can act as obstacles to the change process and can give abusers what they feel are excuses for their behavior. They can also be used by case managers who ignore these issues as excuses to fail to hold men accountable or to take a harsh, distant approach. On the other hand, these same factors can be used to facilitate the process of change and for helping abusers to take responsibility and remove obstacles to change.

Here are some key practice issues:

a) Social workers must resist adopting or perpetuating stereotypic views about masculinity and oppressive male behaviors within certain racial/ethnic groups and with low-income men in general. Do they believe that violence toward women and exaggerated self-entitlement is more deeply rooted in some cultures? Do they think that men from certain groups cannot change? Can they accept that there are values, traditions and common life experiences that facilitate oppressive relationships in all cultural/racial groups and socio-economic levels? If child welfare practitioners harbor stereotypic views, they will tend to think of some men in a more negative way and expect too little from them. They will too easily shift their attention away from such men to place responsibility for safety on partners or move toward removal of children.

b) Social workers must be able to understand and point out positive and functional models of how men relate to women in different cultures. They must be able to present alternative and non-abusive ways of relating that are imbedded in the man's cultural background. For example, a worker can say confidently, "There are men in your community who are respected and who treat their partners with respect. Many Latino men worry a lot about being a good example to their children. They tend to stay home with their families after work and they treat their wives — their children's mother — with respect." Can the worker bring in culturally appropriate kin and community supports for men? For instance, is it common practice to connect men with cultural affinity organizations that can help him? Or to search out family and community members who might help him? Is the worker aware of particular challenges that men from certain backgrounds face, such as immigration/legalization issues, exposure to violence in the community or in the country of origin or elsewhere, unemployment, low educational attainment, or illiteracy? Is the case manager prepared to recognize issues such as these as potential obstacles for change and achieving stability? Is the case manager prepared to help obtain referrals for services? Integrating these practices calls for case managers and administrators to become more knowledgeable about the cultural background and life experiences of the men they work with, to connect with key informants and cultural affinity agencies from the specific populations that they serve and to become knowledgeable about culturally appropriate service providers, where such are available. Changing practice in this

fashion should be a shared responsibility between social workers, supervisors, managers and throughout the leadership of the agency.

**FATHERHOOD** can be a prime motivator for abusers to change if approached in a helpful fashion. Most men have a strong aspiration to be good fathers. Their childhood experiences with male caretakers (fathers, stepfathers, mother's boyfriends, male relatives who took a paternal role, etc.) are often quite vivid for them, both in a negative and positive sense. They readily admit that male caretakers (or the absence of a male caretaker) had a strong and formative impact on them. They usually aspire to be good fathers and they tie success in fatherhood to a positive sense of manhood. This opens the door to using education about the impact of domestic violence on children to help men understand the effects of their behavior in general, to accept the need to get help and to motivate them to change.

Here are some approaches:

- "I know you want to be a good father. How do you think your children were affected by what you did?"
- "Even if you don't think your kids have seen anything, here are some examples of how living in a home where there is violence can affect kids: they may become violent or victimized in future relationships, be angry with you for a very long time, or do poorly in school. Have you seen this in your children? Even if they are silent and don't show anything, it will affect them. I know you are not trying to scare them and leave them with bad memories, but this is what is likely to happen. Please get help. Do it for your children. Go and try the (name of the Batterer Intervention Program)."
- "I know that you want to see your kids and you feel really angry at your partner. Please get some help and show that you are willing to do some work."
- "If you violate the restraining order because you want to see the kids, how are you going to see them if you are in jail?"
- "I know you want to be a good father, but it's not safe for your kids if you're around right now. You don't seem able to manage your behavior. You need to get out for your kids' sake and make sure you can do some work on changing the way you sometimes act. Do you have a place to stay? Can I help you find a place?"
- "Let's talk about the difference between respect and fear. Did people use fear with you when you were a kid? What is respect? How do you earn your kids' respect?" These approaches will work best if there is already a positive relationship. Many of these statements are challenging, but they reflect a strength-based approach. Their underlying assumption is that the man can change and he needs more information and education and that it is up to him to make good choices.

**LIMIT-SETTING** involves maintaining an environment where the social worker can converse without being subject to intimidation, threats or disruptive behavior. It is necessary to do this whenever such behaviors occur. If workers do not respond to threats or intimidation with appropriate limit-setting, they begin to back off, sometimes without being aware of what they are doing. Therefore, the following responses to disruptive or threatening behavior options are advisable:

(a) If the behaviors are not extremely threatening, the caseworker can say, “When you behave in this way (describe what just happened) it is threatening (highly disruptive) and I cannot work when things are like this. I know that you are upset (mad), and that this is unpleasant, but if this continues, I will have to leave and document the reason why I could not continue the interview in the case record. I want to get your side of things.” The worker must be prepared to terminate the interview if the abuser cannot desist.

(b) If the behaviors are more threatening and persistent, the interview should end. In both instances, social workers should document abusive and disruptive behaviors as faithfully as possible in the case file. It is not a failure on the social worker’s part if the abuser cannot respond to reasonable limits; it is a reflection of the severity of the abuser’s coercive control.

**FOCUS ON ACCOUNTABILITY** calls for maintaining a firm emphasis on the concept that violence and abuse are not justified, no matter what the circumstances are, and that it is up to him to get help or to leave the home. If he wants to talk about his partner and how he sees her as the source of the problem, the case manager can listen without agreeing, but it should be made clear in a respectful manner (if it is safe) that violent and abusive behaviors are deeply destructive of relationships and harm children and that nothing else can be resolved unless he gets help and changes his behavior. Being able to do this supportively, without blaming or engaging in pressured argument, creates the basis for an alliance framed in respect and responsibility.

**DOCUMENTATION** The interview is a valuable opportunity to observe the abuser, document his behavior, and document how he explains his behavior with his family. Documentation involves quoting the abuser and describing his conduct in interviews. This can be accomplished by writing brief one or two-word notes of key issues or statements during an interview and/or by preparing a more detailed process recording as soon after the interview as possible. Detailed documentation may provide corroboration of information obtained from the partner, children and collateral sources, and may strengthen the credibility of CPS’s position in service plans and in court. Many abusers may deny certain behaviors and statements in a judicial setting, but it is often very convincing if there are detailed notes in the case record about the abuser’s statements and behaviors. The social worker should note and document any coercively controlling behaviors in the case record: Does the abuser become agitated, threatening or loud? Does he interrupt or insult the worker? Does he repeat himself as if he expects to obtain agreement through repetition? Are there threatening remarks, gestures or body language? Also, if he is disruptive and loud, can he respond to a

respectful, limit-setting request to change the tone of the interview, or does he escalate? If he denies violence and abusive behavior or blames and demeans his partner, this should be documented. If he is avoidant, this should also be documented. It is important to note the difference between documentation and opinion. For example, “The abuser intimidated this social worker” is opinion; on the other hand, “The abuser stood up and paced, waving his arm. When invited to sit down, he refused and became louder. He yelled that no one was listening to him and that this worker is ignorant. He came toward me and stopped three feet away” is descriptive documentation.

## **CONCLUSION**

Interviewing physically abusive men in the CPS caseload is an essential and basic aspect of practice. Skillful interviewing provides an opportunity to connect with the man in a more effective way, assess his capacity to change and, above all, to maximize the safety and well-being of women and children.

*Excerpt from Chapter Five, Interviewing Abusers, Accountability and Connection with Abuse Men: A New Child Protection Response to Increasing Family Safety, Massachusetts Department of Social Services Domestic Violence Unit. Published by the Family Violence Prevention Fund. The entire handbook is available from [www.endabuse.org](http://www.endabuse.org)*



## **Dangerousness Assessment**

- Assessing dangerousness is not a science, though more reliable indicators of continued assaultive behavior are beginning to emerge from research. It is crucial to treat dangerousness assessment as an ongoing activity rather than a one-time determination.
- Practitioners who have long-term experience with abusers and with battered women have offered a great deal to the knowledge base in identifying potentially lethal abusers. Emergent research has begun to support that contextual factors fundamentally contribute to femicide. A combination of these factors appears to be more significant than any individual predictor.
- Accessing a broad range of collateral sources of information is crucial for a meaningful assessment and to lessen reliance on the partner's disclosures. It is essential to consult police and criminal records, the abuser's mental health reports, a history of previous abuser intervention treatment and similar sources.
- Important indicators can be discovered in the abuser's criminal record, including arrests related to substance abuse (including driving while under the influence), prior violations of protective orders (with current or past partners), and prior mandatory attendance in an abuser intervention program without subsequent cessation of violence.
- While the abuser's criminal record is a good source of information, many abusers who are very violent have no criminal record. Family medical records and partners' and children's accounts of past violent incidents are also essential sources of information.
- Partners are often the most accurate source of data about the abuser, but care must be taken not to coerce victims of violence, including children, to provide information. Confidentiality issues must be carefully explained, and assessors should understand that obtaining and using information from partners may increase the risks for them and their children.
- It is important to take indicators of increased dangerousness into account in safety planning for victims of violence, for children and other family members and for CPS personnel.

- When the abuser's behavioral pattern fits indicators of increased dangerousness, it is appropriate to address some of these factors in casework and service planning, as long as this does not increase risk for victims of violence and children.

Abusers often deny, minimize or give misleading information about their violent behavior. Police arrest reports may be fragmentary and, at best, provide an account only of the few incidents that may enter the public domain. **For this reason, it is recommended that the following sources be consulted when making a dangerousness assessment:**

- Police arrest reports (obtain reports for each arrest, not just the most recent)
- Police records of "domestic disturbance" calls at the abuser's or victim's residence
- The abuser's criminal record
- The abuser's mental health record
- Victim's affidavits from past protective orders
- The original and subsequent child abuse report
- Information provided by probation or parole officers
- Information provided by partners or children
- Information provided by the abuser

Dangerousness is defined as the demonstrated capacity to continue inflicting severe violence. Child protection and judicial personnel should keep in mind that determining dangerousness is not a one-time judgment, but an ongoing assessment which is modified as new information comes in. This determination should be based on the indicators outlined below, which specify the various areas that should be explored when assessing dangerousness.

### **Indicators from Information Provided By Non-Family Collateral Sources**

**The use of and access to weapons, including the use of martial arts and similar training during violent incidents.** Use of weapons or of martial arts in violent incidents can indicate an increased risk of serious harm.

- **History of violent crimes and previous violations of protective orders.** A history of convictions and accusations of assault and battery (toward strangers or intimate partners) and repeated violations of protective orders are associated with continued violent behavior. There may also be indications of stalking behavior (ongoing monitoring of a partner), which is strongly suggestive of persistent dangerousness.
- **History of motor vehicle violations involving alcohol intoxication and other arrests related to substance abuse.** A chronic history of arrest for driving while under the influence or an ongoing history of substance abuse is strongly associated with continued assaultive behavior. Illicit drug use is more closely associated with homicide than alcohol abuse.



- **History of severe violence with spouses or children.** Indications of repeated injuries of partners or children in the medical record are an obvious indicator of dangerousness. Severe violence can include choking, rape and other forms of assault that may not cause severe physical injury, but which are suggestive of potential harmfulness. Assaults on pregnant women are highly correlated with future severe violence. The pre-existing pattern of physical abuse of the partner or of children in the relationship is a reasonable indicator of future behavior.

- **History of having attended an abuser intervention program previously (e.g., while on probation) that was not followed by subsequent cessation of violence.** Abusers who have attended specialized treatment programs and have not stopped violent behavior completely in the two years after such intervention have a very high potential for continuing violent conduct. This information may be obtained from probation or parole officers and from records provided by the abuser.

- **History of suicidal ideation** (as recorded in mental health records).

### **Indicators from Information Provided By Partners, Children or Other Family Members**

The following indicators of the potential for future violence mention partners specifically, but similar types of information can be obtained from children and other family members.

**The partner's report of the history of violence in the relationship and her fear of further violence.** This factor is extremely important, even in the absence of convictions, arrests or prior protective orders in the abuser's criminal record. A ten-year follow-up study of abusers found that, on the average, thirty assaults occurred for each arrest, so the criminal record may give a very limited, partial view of the abuser's assaultiveness.

**Severe and irrational jealousy,** which goes beyond occasional suspicions or accusations of infidelity to unremitting suspicion and improbable accusations of unfaithfulness. If a suspicion becomes unshakable in the abuser's mind or if the accusation is highly improbable, a delusional thought process is probably occurring. This is an extremely dangerous situation.

**Threats to injure or punish her, the children or her family if she leaves, as well as threats of suicide, are strong indicators of dangerousness, even in the absence of previous physical abuse,** or when physical abuse has been minimal. When serious threats are evident and are accompanied by other indicators of obsession, there is reason for acute concern. Threats of deadly violence are strongly correlated with homicide.

**Severe and persistent monitoring and stalking** are also strong indicators of dangerousness. Key behaviors are following and spying on the victim and making frequent unwanted phone calls at home or work. It is important to note that stalking/monitoring can take place while the victim and the abuser are still living together or dating. Case managers should inquire about these behaviors even if there is no separation.

**Severe isolation**, where a partner has very little contact with others due to the abuser's restrictions, is similarly suggestive of higher risk.

**Situations where the abuser fears he may lose his partner** can trigger the risk of increased violent assault. There are many potential triggers: intervention by child protection agencies, obtaining a restraining order, separation, a filing for divorce after a separation, the partner's decision to go to shelter, or even the partner's beginning a new relationship after years of separation. Discussing and understanding potential triggers for obsessed men is crucial in safety planning.

**Recent Instability** is another factor that is emerging in current research. If an abuser whose behavioral profile fits any of the factors stated above becomes severely dejected or paralyzed after a separation or after his partner begins to talk about leaving, and he has lost his job and/or begun drinking, then his dangerousness may escalate sharply. The strongest contextual risk factor in an intimate partner's homicide is unemployment.

**Substance Abuse** Even in the absence of arrests related to drinking or substance abuse, the partner's or children's report of binge or chronic substance abuse is a strong reason for concern if other indicators are present. Many of the indicators listed above (severe jealousy and isolation; threats to inflict harm on others or on himself if she leaves; monitoring and stalking; severe isolation resulting from the abuser's jealousy and "trigger" situations) stem from clinical experience with abusers who are extremely jealous and severely obsessed with their partners. Many abusers may have a history of only limited jealousy with their partners. However, these indicators are meant to target men whose jealousy clearly becomes extreme and delusional and who cannot accept the woman's wish to end the relationship. There is a risk that such men may kill or severely injure their partners, and commit suicide. It is also important to remember that many of these men have no criminal records and little history of violence in the relationship until a "trigger" event. For that reason, threats to harm her or himself if she leaves, monitoring and stalking behavior and irrational jealousy should be taken seriously even in the absence of prior arrests or prior severe violence. CPS personnel should take this into account in safety planning with victims of violence. If a "trigger" event is about to occur—for example, if she asks for a separation, if she gets a restraining order, if the Department removes a child, if she files for divorce or has a new boyfriend, etc.—safety planning should be intensified. Frequently, partners, children and other family members are the best source for information about severe jealousy as well as threats to kill. In addition, these indicators may also appear in police arrest reports (e.g., statements that the defendant

was accusing his partner of infidelity) and the criminal record (multiple violations of protective orders, indications of stalking or monitoring, etc.).

**Indications of substance abuse can come from multiple sources, such as police arrest reports, the criminal record (e.g., convictions for driving under the influence) and information provided by the partner or abuser. Low levels of substance abuse are associated with ongoing assaultive behavior. Many frequent re-assaulters are not severely dysfunctional alcoholics or drug addicts. More typically, they are people who are low or moderate alcohol or drug users, but who intensify drinking or drug use prior to an assault. The key factor is that alcohol or drug intake coincides with violent episodes.**

Abusers who have criminal records involving generalized violence (not just toward intimate partners) and particularly assaults of police officers or other law enforcement or judicial personnel should be considered to pose a risk to CPS personnel.

**It is important to keep in mind that a clean criminal record or a lack of prior protective order violations does not indicate that the abuser is not dangerous.** Though information in the official records is an excellent indicator of dangerousness if the abuser fits the profiles outlined above, some men who become extremely violent have records that do not include any behavioral precursors. This highlights the importance of obtaining information from partners and children if this can occur without pressure and without endangering the partner and children in the process of gathering information.

*Excerpt from Chapter Four, Assessment of Dangerousness with Abusers, Accountability and Connection with Abuse Men: A New Child Protection Response to Increasing Family Safety, Massachusetts Department of Social Services Domestic Violence Unit. Published by the Family Violence Prevention Fund. The entire handbook is available from [www.endabuse.org](http://www.endabuse.org)*

## IMPORTANT WEBSITES

Listing of Certified Family Violence Intervention Programs (programs for batterers):  
**[www.dcor.state.ga.us/pdf/certifiedFVIPs.pdf](http://www.dcor.state.ga.us/pdf/certifiedFVIPs.pdf)** Access this site for the most recent program listing

Listing of Certified Family Violence Shelters (services for victims and children)  
**[www.gadfcs.org/familyviolence](http://www.gadfcs.org/familyviolence)** Access this site for the most recent program listing

Georgia Commission on Family Violence: **[www.gcfv.org](http://www.gcfv.org)**

Georgia Coalition Against Domestic Violence Fatality Review Annual Report:  
**[www.gcadv.org](http://www.gcadv.org)**

Domestic Violence Toolkit published by the Georgia Coalition Against Domestic Violence: **[www.gcadv.org](http://www.gcadv.org)**

Click on Resources, then Public Awareness, then GCADV TOOLKIT

Georgia Legal Services Program: **[www.glsp.org](http://www.glsp.org)**

Click on Client Services, then Domestic Violence. There are lots of resources and educational materials specific to domestic violence and the law, including steps for filing for Temporary Protective Orders

Help for immigrant families: **[www.tapestri.org](http://www.tapestri.org)**

Help for families from South Asia primarily: **[www.raksha.org](http://www.raksha.org)**

Help for Latino families: **[www.caminarlatino.org](http://www.caminarlatino.org)**

Grady Hospital (Atlanta) Nia Project: Domestic Violence and Suicide Prevention Program. Services for women who have experienced domestic violence and had thoughts of suicide

**[www.psychiatry.emory.edu/PROGRAMS/niaproject/home.htm](http://www.psychiatry.emory.edu/PROGRAMS/niaproject/home.htm)**

Child Protection in Families Experiencing Domestic Violence  
User Manual Series (2003):

**[www.childwelfare.gov/pubs/usermanuals/domesticviolence/index.cfm](http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/index.cfm)**

Accountability and Connection with Abusive Men Manual:

**[www.endabuse.org/programs/children/files/AccountabilityConnection.pdf](http://www.endabuse.org/programs/children/files/AccountabilityConnection.pdf)**

## State Certified Family Violence Shelters

All certified shelters offer the following:

- 24-hour crisis line
- safe, confidential shelter accessible to victims 24 hours a day
- links with community agencies
- children's services
- emotional support
- community education services
- legal and social service advocacy
- household establishment assistance
- follow up services
- parenting support and education

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**Albany** - Liberty House of Albany, Inc.  
P.O. Box 2046  
Albany, GA 31702-2046

Crisis Line: (229) 439-7065  
Administrative Line: (229) 439-7094  
Fax Number: (229) 883-2635

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**Augusta** - Safe Homes of Augusta, Inc.  
P.O. Box 3187  
Augusta, GA 30914-3187

Crisis Line: (706) 736-2499  
Administrative Line: (706) 736-2499  
Fax Number: (706) 736-8558

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**Athens** - Project Safe, Inc.  
P. O. Box 7532  
Athens, GA 30604-7532

Crisis Line: (706) 543-3331  
Administrative Line: (706) 549-0922  
Fax Number: (706) 354-6161

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**Blue Ridge** - North Georgia Mountain Crisis  
P. O. Box 1249  
Blue Ridge, GA 30513-0022

Crisis Line: (706) 632-8400  
Administrative Line: (706) 632-8401  
Fax Number: (706) 632-1007

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**Atlanta** - Partnership Against Domestic Violence,  
Inc.  
619 Edgewood Avenue, Ste. 101  
Atlanta, GA 30312

Crisis Line: (404) 873-1766  
Administrative Line: (404) 870-9600  
Fax Number: (404) 870-9611

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**Blairsville** - Support in Abusive Family  
Emergencies, Inc.  
P.O. Box 11  
Blairsville, GA 30514-0011

Crisis Line: (706) 379-3000  
Administrative Line: (706) 379-1901  
Fax Number: (706) 379-1910

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**Brunswick** - Glynn Community Crisis  
P. O. Box 278  
Brunswick, GA 31521-0278

Crisis Line: (912) 264-4357  
Administrative Line: (912) 264-1348  
Fax Number: (912) 264-4365

**Clayton** - Fight Abuse in the Home (FAITH), Inc.  
P. O. Box 1964  
Clayton, GA 30525-1964

Crisis Line: (888) 782-1338  
Administrative Line: (706) 782-1003  
Fax Number: (706) 782-8411

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**Cartersville** - Christian League for Battered  
Women, Inc. (Tranquility House)  
P. O. Box 1383  
Cartersville, GA 30120-1383

Crisis Line: (770) 386-8779  
Administrative Line: (770) 386-8093  
Fax Number: (770) 386-4490

**Columbus** - Columbus Alliance for Battered  
Women, Inc.  
P. O. Box 4182  
Columbus, GA 31914

Crisis Line: (706) 571-0188  
Administrative Line: (706) 324-3850  
Fax Number: (706) 324-6015

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**Canton** - Cherokee Family Violence  
P. O. Box 489  
Canton, GA 30114-0489

Crisis Line: (770) 479-1804  
Administrative Line: (770) 479-1703  
Fax Number: (770) 720-4834

**Conyers** - Project Renewal Domestic Violence  
Intervention Program, Inc.  
P. O. Box 1205  
Conyers, GA 30012-1205

Crisis Line: (770) 860-1666  
Administrative Line: (770) 860-9770  
Fax Number: (770) 860-1659

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**Carrollton** - Carroll County Emergency Shelter,  
Inc.  
P. O. Box 2192  
Carrollton, GA 30112-7304

Crisis Line: (770) 834-1141  
Administrative Line: (770) 834-1141  
Fax Number: (770) 834-2566

**Cornelia** - Circle of Hope, Inc.  
P. O. Box 833  
Cornelia, GA 30531-0833

Crisis Line: (706) 776-4673  
Administrative Line: (706) 776-3406  
Fax Number: (706) 776-5242

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**Cedartown** - Polk County Women's Shelter, Inc.  
P. O. Box 1647  
Cedartown, GA 30125

Crisis Line: (770) 749-9330  
Administrative Line: (770) 748-2300  
Fax Number: (770) 748-9307

**Cumming** - Forsyth County Family Haven, Inc.  
P. O. Box 1160  
Cumming, GA 30028-1160

Crisis Line: (770) 887-1121  
Administrative Line: (770) 889-6384  
Fax Number: (770) 205-1350

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**Dahlonega** - NOA's Ark, Inc.  
P. O. Box 685  
Dahlonega, GA 30533-0012

Crisis Line: (706) 864-1986  
Administrative Line: (706) 864-1306  
Fax Number: (706) 867-6404

**Dublin** - Women in Need of God's Shelter, Inc.  
P. O. Box 8277  
Dublin, GA 31040-8277

Crisis Line: (478) 272-8000  
Administrative Line: (478) 272-5880  
Fax Number: (478) 275-8074

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**Dalton** - Northwest Georgia Family Crisis Center, Inc.  
P. O. Box 554  
Dalton, GA 30722-0554

Crisis Line: (706) 278-5586  
Administrative Line: (706) 278-6595  
Fax Number: (706) 278-2026

**Gainesville** - Gateway House, Inc.  
P. O. Box 2962  
Gainesville, GA 30503-2962

Crisis Line: (770) 536-5860  
Administrative Line: (770) 539-9080  
Fax Number: (770) 539-9990

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**Decatur** - International Women's House, Inc.  
P. O. Box 1327  
Decatur, GA 30031-1327

Crisis Line: (404) 299-1550  
Administrative Line: (404) 298-9960  
Fax Number: (404) 299-1466

**Greensboro** - Circle of Love Center, Inc.  
P. O. Box 641  
Greensboro, GA 30642-0642

Crisis Line: (706) 453-4017  
Administrative Line: (706) 453-7135  
Fax Number: (706) 453-9010

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**Decatur** - Women's Resource Center to End Domestic Violence, Inc. (Women Moving On)  
P. O. Box 171  
Decatur, GA 30031-0171

Crisis Line: (404) 688-9436  
Administrative Line: (404) 508-9717  
Fax Number: (404) 508-4744

**Hartwell** - Northeast Georgia Council on Domestic Violence  
P. O. Box 814  
Hartwell, GA 30643

Crisis Line: (706) 376-7111  
Administrative Line: (706) 377-4141  
Fax Number: (706) 377-2393

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**Douglasville** - S.H.A.R.E. House, Inc.  
P. O. Box 723  
Douglasville, GA 30133-0723

Crisis Line: (770) 489-7513  
Administrative Line: (770) 949-0626  
Fax Number: (770) 489-9535

**Hinesville** - Tri-County Protective Agency, Inc.  
P. O. Box 1937  
Hinesville, GA 31310-8937

Crisis Line: (912) 368-9200  
Administrative Line: (912) 368-8668  
Fax Number: (912) 368-7562

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**Jesup** - Wayne County Protective Agency, Inc.  
P. O. Box 1153  
Jesup, GA 31598-1153

Crisis Line: (912) 588-0382  
Administrative Line: (912) 588-9999  
Fax Number: (912) 588-0288

**McDonough** - Flint Circuit Council on Family  
Violence, Inc. (Haven House)  
P. O. Box 1150  
McDonough, GA 30253-1150

Crisis Line: (770) 954-9229  
Administrative Line: (770) 954-1008  
Fax Number: (770) 954-9203

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**Lafayette** - Family Crisis Center of Walker, Dade,  
Catoosa, Chattooga Counties  
P. O. Box 252  
Lafayette, GA 30728-0252

Crisis Line: (706) 375-7630  
Administrative Line: (706) 375-7180  
Fax Number: (706) 375-7177

**Morrow** - Association on Battered Women of  
Clayton County, Inc. (Securus House)  
P. O. Box 870386  
Morrow, GA 30287-0386

Crisis Line: (770) 961-7233  
Administrative Line: (770) 960-7153  
Fax Number: (770) 961-1038

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**Lawrenceville** - Partnership Against Domestic  
Violence, Inc.  
619 Edgewood Ave. Suite 101  
Atlanta, GA 30312

Crisis Line: (770) 963-9799  
Administrative Line: (770) 339-9160  
Fax Number: (770) 963-0147

**Rome** - Hospitality House for Women, Inc.  
P. O. Box 6163  
Rome, GA 30162-6163

Crisis Line: (706) 235-4673  
Administrative Line: (706) 235-4608  
Fax Number: (706) 235-4084

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**Macon** - Macon Salvation Army Safe House  
P. O. Box 13386  
Macon, GA 31208

Crisis Line: (478) 738-9800  
Administrative Line: (478) 746-8518  
Fax Number: (478) 471-1330

**St. Marys** - Camden Community Crisis Center,  
Inc.  
P. O. Box 5159  
St. Marys, GA 31558-5159

Crisis Line: (912) 882-7858  
Administrative Line: (912) 882-7858  
Fax Number: (912) 882-8217

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**Marietta** - YWCA of Northwest Georgia  
48 Henderson Street  
Marietta, GA 30064-3208

Crisis Line: (770) 427-3390  
Administrative Line: (770) 427-2902  
Fax Number: (770) 429-8429

**Savannah** - Savannah Area Family Emergency  
P. O. Box 61119  
Savannah, GA 31420

Crisis Line: (912) 629-8888  
Administrative Line: (912) 629-8888  
Fax Number: (912) 629-0028

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**Statesboro** - Citizens Against Violence, Inc.  
P. O. Box 2494  
Statesboro, GA 30459-2494

Crisis Line: (912) 764-4605  
Administrative Line: (912) 764-4605  
Fax Number: (912) 764-4096

**Waycross** - Concerted Services, Inc.  
P. O. Box 1965  
Waycross, GA 31502-1824

Crisis Line: (912) 285-5850  
Administrative Line: (912) 285-5840  
Fax Number: (912) 285-0801

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**Thomasville** - Halcyon Home, Inc.  
P. O. Box 1838  
Thomasville, GA 31799-1838

Crisis Line: (229) 226-6666  
Administrative Line: (229) 226-6682  
Fax Number: (229) 226-6685

**Tifton** - Tifton Judicial Circuit Shelter, Inc. (Ruth's Cottage)  
107 Magnolia Drive #223  
Tifton, GA 31794

Crisis Line: (229) 387-9664  
Administrative Line: (229) 387-9697  
Fax Number: (229) 387-8800

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**Valdosta** - Battered Women's Shelter, Inc. (The Haven)  
P. O. Box 5382  
Valdosta, GA 31603-5382

Crisis Line: (229) 244-1765  
Administrative Line: (229) 244-3176  
Fax Number: (229) 244-2647

**Vidalia** - The Refuge Domestic Violence Shelter, Inc.  
P.O. Box 853  
Vidalia, GA 30475

Crisis Line: (912) 538-9935  
Administrative Line: (912) 538-9936  
Fax Number: (912) 538-9910

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**Warner Robins** - Warner Robins Salvation Army  
P. O. Box 2408  
Warner Robins, GA 31099-2408

Crisis Line: (478) 923-6294  
Administrative Line: (478) 923-2348  
Fax Number: (478) 923-4395

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**Winder** - Peace Place, Inc.  
P. O. Box 948  
Winder, GA 30680-0948

Crisis Line: (770) 586-0927  
Administrative Line: (770) 307-3633  
Fax Number: (770) 586-0957

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**Georgia Commission on Family Violence – Kirsten Rambo, Director**  
**Telephone: 404-657-3412 Fax: 404-656-3987**

### **Certified Family Violence Intervention Programs**

#### **Alcovy Judicial Circuit**

Atlanta Intervention Network  
First Baptist Church  
1139 Usher Street  
Covington, GA 30014  
770-602-1979

Family Recovery, Inc  
116 B West Spring Street  
Monroe, GA 30655  
770-535-1073

#### **Appalachian Judicial Circuit**

Assessments & Counseling, LLC  
572 Maddox Drive, #208A  
East Ellijay, GA 30539  
770-517-9988

Renew Counseling of North Georgia  
1622 E. Church Street  
Jasper, GA 30143  
706-276-6018

#### **Atlanta Judicial Circuit**

CETPA  
7740 Roswell Road, Suite 700  
Atlanta, GA 30350  
770-452-8630  
(Spanish available)

Families First  
1105 West Peachtree Street, NE  
Atlanta, GA 30357-0948  
404-853-2844

Georgia Recovery Centers  
555 Sun Valley Drive, Suite B-3  
Roswell, GA 30076  
770-998-7647

High Impact Training and Counseling  
41 Marietta Street, Ste. 809  
Atlanta, GA 30303  
404-523-6074

Judicial Correction Services, Inc.  
34 Peachtree St, Ste 1000  
Atlanta, GA 30303  
404-591-3180

Ponce de Leon Counseling Services  
34 Peachtree St, Ste 1705  
Atlanta, GA 30303  
404-897-3443

Restoration Services Center, Inc.  
537 Moreland Avenue, SE  
Atlanta, GA 30316  
404-627-9300

TANGU  
159 Forsyth Street, SW  
Atlanta, GA 30303  
404-523-4599

TANGU Phase 2  
157 Forsyth Street  
Atlanta, GA 30303  
404-588-9050

**Augusta Judicial Circuit**

A & BC  
140 S. Liberty St.  
Waynesboro, GA 30830  
706-736-1700

A & BC  
1805 Kissingbower Rd.  
Augusta, GA 30904  
706-736-1700

A & BC  
411 C Beverly Road  
Martinez, GA 30907  
706-736-1700

ACS Domestic Violence Intervention Program  
1721 Wrightsboro Road  
Augusta, GA 30904  
706-737-5700

ACS Domestic Violence Intervention Program  
138 Davis Road, Suite E  
Martinez, GA 30907  
706-737-5700

Counseling Group  
3026 Deans Bridge Road  
Augusta, GA 30906  
706-772-7500

The Family Center, LLC  
632 Georgia Avenue  
Augusta, GA 30901  
706-828-4855

GA Family Crisis Solutions (GFCS), Inc.  
4145 Columbia Road  
Martinez, GA 30907  
706-869-7373

New Options FVIP  
P.O. Box 3187  
Augusta, GA 30914-3187  
706-564-2702 706-736-2499

**Bell-Forsyth Judicial Circuit**

Alpha Hope Counseling  
327 Dahlonoga St., Ste 302-B  
Cumming, GA 30040  
678-571-7505

Family Recovery, Inc.  
107 Colony Park Drive, Ste. 600  
Cumming, GA 30040  
770-884-0644

New Hope Counseling  
216 Atlanta Rd. (Hwy 9) Suite J  
Cumming, GA 30040  
678-947-2881

**Blue Ridge Judicial Circuit**

Cherokee FVIP  
1010 Wyngate Pkwy, Suite 204  
Woodstock, GA 30189  
770-928-7300

**Brunswick Judicial Circuit**

Glynn County FVIP  
P.O. Box 2433  
Brunswick, GA 31521  
912-270-8025

**Chattahoochee Judicial Circuit**

Domestic Violence Intervention Prog of Family  
Ctr  
1350 15th Avenue  
Columbus, GA 31902  
706-327-3238

Hands Off!  
2022 15th Avenue  
Columbus, GA 31901-1699  
706-649-6500

Judicial Alternatives of Georgia, Inc.  
5363 Veterans Pkwy  
Columbus, GA 31904  
706-653-7750

**Cherokee Judicial Circuit**

Highland Rivers  
650 Joe Frank Harris Parkway  
Cartersville, GA 30120  
770-387-3538

**Clayton Judicial Circuit**

Angels Recovery & Spirituality  
914 Main Street  
Forest Park, GA 30297  
404-312-6531  
(Spanish available)

Associated Counseling & Evaluation Services  
409 Arrowhead Blvd., Ste. B-8  
Jonesboro, GA 30236  
770-603-8131

Atlanta Intervention Network  
6188 Highway #42, Box 519  
Rex, GA 30273  
770-846-5848

Families First  
5524 Old National Highway, Bldg B  
College Park, GA 30349  
404-853-2844

Georgia Family Support Systems, Inc.  
194 Jonesboro Road, Suite K  
Jonesboro, GA 30226  
678-479-3505

Multi-Cultural Counseling and Services, Inc.  
808 Commerce Boulevard, Suites G/H  
Riverdale, GA 30296  
770-997-4808  
(Spanish available)

Phoenix Behavioral Health Service  
8712 Tara Blvd.  
Jonesboro, GA 30236  
770-478-3417

Road to Recovery, Inc.  
4561 Jonesboro Rd.  
Forest Park, GA 30297  
404-361-5009  
(Spanish available)

T.O.U.C.H. Counseling  
5405 Jonesboro Rd.  
Lake City, GA 30260  
404-366-7700

**Cobb Judicial Circuit**

Assessments & Counseling, LLC  
825 Jamerson Road, Suite 101  
Marietta, GA 30066  
770-517-9988

C & T Services  
2470 Windy Hill Road, Ste. 221  
Marietta, GA 30067  
770-514-0271

Families First  
2300 Lake Park Drive, Ste 100  
Smryna, GA 30080  
404-853-2844

Family Recovery Counseling Center  
2470 Windy Hill North, Ste 300  
Marietta, GA 30067  
770-509-3307

Family Transition Center  
C/o St. Teresa's Episcopal Church  
5725 Fords Road  
Acworth, GA 30101  
770-949-9895

Freedom Center  
1640 Powers Ferry Rd., SE  
Building 18, Suite 250  
Marietta, GA 30067  
770-955-0032

Georgia Recovery Centers  
1449 Field Park Circle, Suite 400  
Marietta, GA 30066  
770-988-8333

Road to Recovery, Inc.  
815 Windy Hill Road  
Smyrna, GA 30080  
770-220-2885  
(Spanish available)

**Conasauga Judicial Circuit**

The RESOLV Project  
207 Gillespie Drive  
PO Box 984  
Dalton, GA 30722-0984  
706-270-5130  
(Spanish available)

**Coweta Judicial Circuit**

Center for Healthy Behavior  
110 Field Street, Suite A181  
Newnan, GA 30263  
(Spanish available)

Counseling Services Batterer Intervention  
610 Ridley Avenue  
LaGrange, GA 30240  
706-884-5050

Georgia Recovery Centers  
317-B Bankhead Avenue  
Carrollton, GA 30117  
770-834-5996

Newnan Treatment Center

296 Bullsboro Drive  
Newnan, GA 30263  
770-304-5565

Pathways Center for Behavioral and  
Developmental Growth  
153 Independence Dr.  
Carrollton, GA 30116  
770-836-6678

Pathways Center for Behavioral and  
Developmental Growth  
7690 Highway 27  
Franklin, GA 30217  
706-675-6399

Pathways Center for Behavioral and  
Developmental Growth  
756 Woodbury Road  
Greenville, GA 30222  
706-672-1118

Pathways Center for Behavioral and  
Developmental Growth  
122-D Gordon Commercial Drive  
LaGrange, GA 30240  
706-845-4054

Solutions for Men, Inc.  
P.O. Box 422  
Tallapoosa, GA 30176  
770-328-1119

**Dougherty Judicial Circuit**

Judicial Alternatives of Georgia, Inc.  
418 Flint Avenue  
Albany, GA 31701  
229-420-2051

**Douglas Judicial Circuit**

Families First  
6279 Fairburn Road  
Douglasville, GA 30134  
404-853-2844

Georgia Recovery Centers  
6402 East Church Street  
Douglasville, GA 30134  
770-489-1393

Southern Crescent/Assurance Driving School  
8480A. Hospital Dr.  
Douglasville, GA 30134  
404-641-4866

**Dublin Judicial Circuit**

Diversified Counseling Services  
114 East Johnson Street  
Dublin, GA 31201  
478-274-8199

Judicial Alternatives of Georgia, Inc.  
211 N. Franklin St  
Dublin, GA 31021  
478-274-0060

**Eastern Judicial Circuit**

Parent & Child Family Violence Intervention  
21 East Broad Street  
Savannah, GA 31401  
912-238-2777

**Enotah Judicial Circuit**

Cornerstone Counseling Center, Inc.  
42 North Avenue  
Cleveland, GA 30528  
(706) 348-8674

LifeWorks Counseling  
385 N. Grove St. Suite J  
Dahlonega, GA 30533  
706-864-6171  
(Spanish available)

North GA Counseling & Education Center  
431 N. Grove Street, Suite E  
Dahlonega, GA 30533  
706-867-6798

**Flint Judicial Circuit**

Angels Recovery & Spirituality  
206 Hampton Street  
McDonough, GA 30353  
404-312-6531  
(Spanish available)

Atlanta Intervention Network  
10 Wilson Road  
Stockbridge, GA 30281  
770-846-5808

Henry County FVIP  
139 Henry Parkway  
McDonough, GA 30253  
770-898-7440

Odyssey Domestic Violence Program  
169 Decatur Road  
McDonough, GA 30253  
770-957-6256

**Griffin Judicial Circuit**

Batterer's Counseling for Men  
P.O. Box 186  
Williamson, GA 30292  
770-412-0577

Community Intervention Resources GA  
P.O. Box 11  
LaGrange, GA 30241  
678-378-8081

Families First  
1275 Highway 54 West, Ste 202  
Fayetteville, GA 30214  
404-853-2844

Judicial Correction Services, Inc.  
195 A Bradford Square  
Fayetteville, GA 30215  
770-716-0434

Zant Supervision Georgia FVIP  
235 B Slaton Ave.  
Griffin, GA 30223  
678-688-2888

**Gwinnett Judicial Circuit**

Atlanta Family Counseling Center, Inc.  
190 Camden Hill Road, Ste. A  
Lawrenceville, GA 30045  
770-513-8988

Atlanta Intervention Network  
2286 Clower Street, Ste. A201  
Snellville, GA 30078  
770-602-1979

Atlanta Intervention Network  
1525 Scenic Highway  
Snellville, GA 30078-2129  
770-602-1979

CETPA  
6020 Dawson Blvd., Ste. I  
Norcross, GA 30093  
770-662-0249  
(Spanish available)

Families First  
4275 Shackleford Rd. Suite 100  
Norcross, GA 30093  
404-853-2844

Renew Counseling Center  
3800 Holcombe Bridge Rd., Ste. 205  
Norcross, GA 30092  
770-416-6030  
(Spanish available)

Road to Recovery, Inc.  
320 West Pike St. Suite 201  
Lawrenceville, GA 30045  
678-985-8211  
(Spanish available)

Southern Crescent Health Resources  
3444 Club Drive  
Lawrenceville, GA 30044  
404-641-4866

Southern Crescent Health Resources  
2135 East Main Street  
Snellville, GA 30078  
404-641-4866

**Houston Judicial Circuit**

Quality Directions Family Violence Intervention  
Program  
Classes held at the Houston County Sheriff's  
Dept.  
478-471-7785

**Lookout Mountain Circuit**

Lookout Mountain Community Services, FVIP  
700 City Hall Dr.  
Ft. Oglethorpe, GA 30742  
706-861-3387

**Macon Judicial Circuit**

Quality Directions Family Violence Intervention  
Program  
401 Cherry Street, Suite 210  
Macon, GA 31201  
478-471-7785

River Edge Behavioral Health Center  
175 Emery Highway  
Macon, GA 31217  
478-751-4518

**Middle Judicial Circuit**

Conner's Place FVIP  
430 Rountree  
Metter, GA 30439  
912-764-7751

Judicial Alternatives of Georgia, Inc.  
107 N.E. Broad St  
Lyons, GA 30436  
912-526-3698

**Mountain Judicial Circuit**

LifeWorks Counseling  
Classes at the Kollock Bldg, Suite 215  
Clarksville, GA  
706-754-0238  
(Spanish available)

**Northeastern Judicial Circuit**

Alpha Hope Counseling  
54 Lumpkin Campground Rd., Ste 100  
Dawsonville, GA 30534  
706-216-4735

Angels Recovery & Spirituality  
430 Prior Street  
Gainesville, GA 30501  
404-312-6531  
(Spanish available)

Family Recovery, Inc.  
703 Grove Street  
Gainesville, GA 30501  
770-535-1073

LifeWorks Counseling  
723 Washington Street, SW, Ste. 7  
Gainesville, GA 30501  
770-503-7999  
(Spanish available)

New Hope Counseling  
640 Spring Street  
Gainesville, GA 30501  
770-539-9669

New Hope Counseling  
670 Lumpkin-Campground Rd., Ste. 260  
Dawsonville, GA 30534  
770-539-9669

Road to Recovery, Inc.  
840 Main Street  
Gainesville, GA 30501  
770-220-2885  
(Spanish available)

#### **Ocmulgee Judicial Circuit**

Atlanta Intervention Network  
Morgan Center  
5321 Usher Street  
Rutledge, GA 30663  
706-951-3864

Judicial Alternatives of Georgia  
Northside Office Park  
187-A Roberson Mill Road  
Milledgeville, GA 31061  
229-420-2051

#### **Ogeechee Judicial Circuit**

Conner's Place FVIP  
1015 East Inman Street  
Statesboro, GA 30458  
912-764-7751

Parent & Child Family Violence Intervention  
711 Zitterour Rd.  
Rincon, GA 31326  
912-238-2777

#### **Piedmont Judicial Circuit**

Atlanta Intervention Network  
Jefferson City Club House  
Longview Circle  
Jefferson, GA  
706-951-3864

Comprehensive Counseling Services  
329 Resource Parkway  
Winder, GA 30680  
678-425-0975

Georgia FVIP MAXIMUS Piedmont  
101 N. Broad Street, Rm #7  
Winder, GA 30680  
(770) 868-1973

#### **Rockdale Judicial Circuit**

Angels Recovery FVIP  
1107 West Avenue, Suite D-2  
Conyers, GA 30012  
404-312-6531  
(Spanish available)

Atlanta Intervention Network  
1107-G West Ave.  
Conyers, GA 30012  
770-602-1979

Families First  
1174 Scott Street, Ste 104  
Conyers, GA 30012-5436  
404-853-2844

Violence Intervention Prevention Program  
903 Commercial Street, Suite 203  
Conyers, GA 30012  
404-514-4833

#### **Rome Judicial Circuit**

Compassion  
716 Avenue A  
Rome, GA 30165  
706-346-1117



**Southern Judicial Circuit**

INSIGHT Domestic Violence Intervention Project  
2405 Bemiss Road  
Valdosta, GA 31602  
229-245-0330

Redirect Counseling Services, Inc.  
2240 Bemiss Rd.  
Valdosta, GA 31602  
229-293-0444

**Southwestern Judicial Circuit**

Byrd & Byrd Services  
118 Wood Drive  
Albany, GA 31701  
229-435-3026  
(Classes are in Leesburg)

Georgia FVIP MAXIMUS  
128 E. Forsyth Street  
Americus, GA 31701  
(229) 924-9898

**Stone Mountain Judicial Circuit**

Atlanta Intervention Network  
5073 Lavista Road  
Tucker, GA 300843597  
770-602-1979

Caminar Latino  
P.O. Box 48623  
Doraville, GA 30362  
404-880-3737  
(Spanish only)

Center for Pan Asian Community Services, Inc.  
3760 Park Avenue  
Doraville, GA 30340  
770-936-0969  
(Korean available)

Court and Community Intervention Program  
4319 Covington Hwy, Suite 117-A  
Decatur, GA 30035  
404-288-4668  
(Spanish available)

Families First  
4298 Memorial Drive Ste A & B  
Decatur, GA 30032  
404-853-2844

Genesis 8 LLC  
487 Winn Way, Suite 101  
Decatur, GA 30030-1700  
678-596-4861

Georgia Recovery Centers  
2459 North Decatur Rd.  
Decatur, GA 30033  
404-508-3004

Men Advocating Nonviolence  
4151 Memorial Drive, Ste. 107-E  
Decatur, GA 300321515  
404-292-8388

Men Stopping Violence  
533 W. Howard Ave, Suite C  
Decatur, GA 30030  
404-270-9894

New Birth FVIP  
6400 Woodrow Road  
Lithonia, GA 30038  
770-696-9600

Riveros Counseling Center  
235 E. Ponce de Leon, Ste 120  
Decatur, GA 30030  
770-962-7508  
(Spanish available)

Road to Recovery, Inc.  
3155 Presidential Dr. Suite 104  
Doraville, GA 30340  
770-220-2885  
(Spanish available)

Sankofa Counseling Center  
4284 Memorial Drive, #D  
Decatur, GA 30032  
404-292-9898

Tapestri, Inc.  
PMB 362  
3939 La Vista Rd., Ste. E  
Tucker, GA 30084  
(678)698-3612  
(several languages available)

Women Partnering with Women  
P.O. Box 171  
Decatur, GA 30031  
404-272-4500  
(Women only for same sex relationships)

**Tallapoosa Judicial Circuit**

Solutions for Men, Inc.  
305 Monroe St.  
Tallapoosa, GA 30176  
770-328-1119

**Toombs Judicial Circuit**

A & BC  
301 Walnut Street  
Thomson, GA 30824  
706-595-3554

Counseling Group  
501A Mt. Pleasant Road  
Thomson, GA 30824  
706-597-1532

**Towaliga Judicial Circuit**

Community Intervention Resources GA  
P.O. Box 11  
LaGrange, GA 30241  
678-378-8081

**Waycross Judicial Circuit**

Georgia FVIP MAXIMUS - Waycross  
118 Albany Avenue  
Waycross, GA 31501  
912-449-0533

**Western Judicial Circuit**

Family Counseling of Athens  
1435 Oglethorpe Avenue  
Athens, GA 30606  
706-549-7755

Person Centered Court Services  
1060 Gaines School Rd. Suite A-3  
Athens, GA 30605  
706-543-3969  
(Spanish available)

## SUGGESTED ARTICLES FOR FURTHER READING

### ***Building Collaborative Responses for Families Experiencing Domestic Violence***

Child Protection in Families Experiencing Domestic Violence

**User Manual Series (2003)**

Author(s): Office on Child Abuse and Neglect., Caliber Associates.

Bragg

Year Published: 2003

Child protective services (CPS) caseworkers cannot comprehensively address all of the multiple needs of the families they encounter. Effectively responding to the needs of families experiencing domestic violence and ensuring the safety and well-being of all family members require close collaboration with service providers. This chapter describes specific activities that build collaborative responses between CPS and service providers, presents principles of collaboration, and provides examples of promising initiatives, models, and programs from across the Nation.

#### Partnering With Service Providers

Safety for children and adults impacted by domestic violence can be enhanced greatly through collaborative partnerships and integrative practice approaches between CPS caseworkers and service providers. It is essential that these groups understand the unique challenges inherent within each system that can compromise case sensitive practice and seamless service delivery. Similar to when CPS partners with substance abuse treatment providers, CPS caseworkers and service providers can engage in daily activities that teach one another about relevant field issues and incorporate their areas of expertise into case practice.

CPS caseworkers can take active roles in building relationships with service providers and in developing a shared understanding of their respective roles and responsibilities through the following:

**Shadowing activities.** While visiting another practitioner's office may appear to be a simplistic suggestion, it can be a powerful tool in building relationships. CPS caseworkers can visit domestic violence shelters, observe a domestic violence intake, listen to hotline calls, and participate in domestic violence trainings. These visits will help them to integrate practical domestic violence knowledge and competency into their child protection efforts. Similarly, CPS caseworkers can invite service providers to listen in on child abuse hotline calls or accompany them on a child abuse investigation. By doing so, service providers can learn when CPS accepts a referral for assessment, what they assess for in determining child safety, and how they make the determination that a case meets the legal definitions for abuse or neglect. Domestic violence workers will see that many of the families entering the CPS system have multiple needs and CPS caseworkers face the daunting task of assessing and responding to several problems in addition to child maltreatment and domestic violence.

**Cross-training opportunities.** Regardless of who hosts or the focus of the training, cross-training allows child welfare and domestic violence professionals to receive and provide relevant information simultaneously about their respective processes and subject areas. CPS caseworkers can invite service providers to in-service trainings where they provide critical information regarding the definitions of child maltreatment, the criteria for reporting to CPS, and the CPS process. This provides an opportunity to clarify misconceptions about their roles, responsibilities, and authority. Caseworkers likely will see that some domestic violence workers struggle with mandatory reporting requirements because they fear victims will be "revictimized" by punitive child welfare practices, that it will cause them to lose their children, or that they are breaking victims' confidentiality. CPS caseworkers can ease such apprehensions by explaining the criteria for case substantiation, the course of protective custody decisions, and the required steps in the child protection process. Further, caseworkers can offer to help victim advocates develop protocols and staff trainings on mandatory reporting to CPS. Similarly, service providers and organizations can invite CPS caseworkers to trainings such as appropriate safety measures for victims, perpetrator intervention programs, and the dynamics of domestic violence.

**Integrating case practice knowledge and expertise.** CPS caseworkers can include service providers in case decisions and hold interagency staffings at critical decision-making points. It also may be helpful to have the service providers facilitate the family team meetings for CPS cases involving domestic violence. This integration of specialized domestic violence knowledge contributes to more informed decisions benefiting the safety and well-being of all family members. It also engages service providers in the CPS process, helps them understand ASFA timelines, and increases their awareness of service planning efforts. Service providers can observe juvenile court proceedings to learn when protective custody is necessary, the implications of child protection reunification efforts, and the conditions for recommending termination of parental rights. Service providers also can be involved in family court proceedings by providing expert testimony that educates attorneys, judges, and other parties about the impact of domestic violence on families.

**Sharing information.** Information sharing and confidentiality issues frequently present barriers to collaboration and generate negative stereotypes about CPS caseworkers. Service providers often are accused of being uncooperative with CPS and overly protective of their clients. In turn, service providers often perceive CPS caseworkers as unwilling to share information even when these same caseworkers ask them for information about shared clients. CPS caseworkers can help counteract this misconception by explaining that case record information is protected through agency policy or statutes limiting their ability to share information. Caseworkers can collaborate to the extent allowed by informing service providers of case decisions, explaining the CPS process, consulting with them on practice approaches, and including them in case planning efforts. Service providers also can explain their confidentiality policies to CPS caseworkers along with the victim's expectations that the sensitive information they share will not be used against them. Service providers can explain this delicate balance and ask CPS caseworkers for guidance in developing practice guidelines regarding reporting to CPS and for sharing client

information. In some instances, victims may be asked to sign a confidentiality release form so that case information may be shared with other service providers.

Service providers and CPS caseworkers, despite their differences, share one primary goal—safety and freedom from violence. They can work to accomplish this for all victims of violence by joining in partnership to develop new ways to work on behalf of the families they serve. Establishing a Memorandum of Understanding (MOU) can also aid in communication and understanding of roles. See Appendix I for an example of how to develop an MOU between a CPS agency and a domestic violence services agency.

### Community Partnerships and Principles

Domestic violence and child maltreatment are not issues limited to CPS and domestic violence programs. Many of the families who become involved in the child protection system often face additional challenges such as substance abuse, poverty, or mental illness. As a result, a number of communities find that a comprehensive, coordinated approach is needed to meet the diverse and multiple needs of these families adequately. Other key members involved in responding to these families include the following:

- Health care providers (e.g., physicians, nurses, and public health agencies);
- Criminal justice personnel (e.g., legal aids, law enforcement officers, attorneys, and judges);
- Mental health care providers (e.g., therapists, psychologists, and psychiatrists);
- Educators (e.g., teachers, guidance counselors, and Head Start personnel);
- Substance abuse programs;
- Housing programs;
- Economic support programs;
- Daycare and family support providers;
- Faith-based programs and clergy;
- Neighborhood groups and community residents;
- Survivors of domestic abuse and child maltreatment.

A lack of interagency cooperation frequently stems from the different and, at times, conflicting philosophies, mission, and goals of each system. Regrettably, these discrepancies can lead to systemic barriers that can make collaboration difficult and frustrating. Community partnerships can be created if they are based upon a set of general principles that include the following:

**Finding common ground.** As a starting point, partnership members need to begin talking to one another. Asking questions about one another will help clarify misconceptions and confusion about each system. It will help participants find similarities and areas of agreement related to the safety and well-being of families and individuals in their communities. Perhaps one of the most important benefits from establishing common ground is that it often helps to develop trust among partners, which can be instrumental in a partnership's success and longevity.

**Developing a shared mission.** Open and respectful discussion can move participants toward identifying common values, beliefs, and goals. Through informal or formal meetings, partners can work toward developing a collective vision for ending domestic violence in their communities. Once a unified mission is established, this mission will provide the foundation and focus in mobilizing the efforts of all those involved.

**Developing leadership.** As in any successful initiative, leadership is essential for capacity building and sustainability. Participants need to identify persons among themselves or within the community who are influential, impassioned, and committed to leading the charge of the collective group.

**Taking action.** With a common vision as the focus and leadership in place, community members can move towards identifying gaps in services, needed resources, and strategies for crafting a comprehensive response for families in need. Examples of these approaches might include legislative or policy changes, demonstration projects, or multidisciplinary boards that address co-occurring domestic violence and child maltreatment issues.

#### Promising Initiatives, Models, and Programs

The above principles of collaboration merely serve as a beginning for groups seeking to improve outcomes for adult and child victims of violence. Institutional and societal changes can only begin when CPS, domestic violence programs, and an expansive network of providers integrate their expertise, resources, and services to eliminate domestic violence in their communities. A number of innovative approaches for addressing overlapping child abuse and domestic violence problems are emerging at the national, State, and local level. For example, CPS agencies are developing agency protocols and specialized units that integrate domestic violence knowledge into existing child welfare practice. In turn, domestic violence organizations are incorporating children's programs into shelter-based services. Other professional groups, such as hospital personnel and law enforcement officers, are including procedures to identify and respond to victims and their children. Child advocates, service providers, and an array of social service providers are forming interagency collaborations to develop comprehensive solutions that provide safety and stability for families.

## **Model Initiatives**

The following are descriptions of nationally recognized pilot initiatives and programs that have been replicated in States and local communities throughout the country. Currently, conclusive data regarding the effectiveness of these programs is not available. The "Greenbook Project," a Federal demonstration project funded by the U.S. Departments of Health and Human Services and Justice, is the first, multisite evaluation project that is anticipated to provide outcome data on the effectiveness of systems collaboration between child protective services, domestic violence, and the courts in addressing overlapping domestic violence and child abuse. While these examples provide a model for best practice, they are constantly being refined and expanded as emerging information and other creative solutions develop.

### **Domestic Violence Unit (DVU) and Domestic Violence Protocol—Massachusetts Department of Social Services**

The Massachusetts Department of Social Services (DSS) was the first CPS agency to hire a service provider to provide education and consultation to CPS staff. This practice integration model has expanded into the establishment of an internal Domestic Violence Unit (DVU) consisting of specialized service providers staffed throughout local area offices. The DVU provides case consultation, direct advocacy, liaison and referral information, and other assistance to CPS staff. In addition, the Massachusetts DSS Domestic Violence Protocol was the first protocol in the country for CPS caseworkers and has been replicated by numerous State and county child welfare agencies. This protocol provides guidance to caseworkers regarding procedures for assessing risk, interviewing, intervention strategies, and service planning. For more information, visit <http://www.aspe.hhs.gov/hsp/cyp/dv/pt4.htm>.

### **"Domestic Violence: A National Curriculum for Child Protective Services"—Family Violence Prevention Fund, San Francisco, California**

The Family Violence Prevention Fund, a national domestic violence advocacy and public policy organization, developed the first national cross-training curriculum regarding the overlap between domestic violence and child abuse. This training curriculum provides practical information, guidelines, and tools for identifying, assessing, and intervening with families who are experiencing domestic abuse and child maltreatment. For more information, visit <http://endabuse.org>.

### **Community Partnerships for Protecting Children—Jacksonville, Florida, and Cedar Rapids, Iowa**

Sponsored by the Edna McConnell-Clark Foundation, Jacksonville, Florida, and Cedar Rapids, Iowa, are two of four sites that are implementing a community-based, child protection response to domestic violence. In this model, formal and informal community networks, such as CPS agencies, domestic violence programs, substance abuse facilities, neighborhood centers, and community residents, share the responsibility for protecting children and strengthening families. In Cedar Rapids, domestic violence and CPS staff are located in neighborhood-based centers to provide onsite consultation, support, and advocacy to families affected by violence. Hubbard House, in Jacksonville, is one of the first domestic violence shelters to train

CPS caseworkers, who then come onsite to interview the victim and children. CPS and domestic violence workers also "shadow" one another, participate in cross-training, and pair off on consultation teams. For more information, visit <http://www.emcf.org/programs/children/index.htm>.

### **Advocacy for Women and Kids (AWAKE) Program—Boston Children's Hospital, Boston, Massachusetts**

Boston Children's Hospital was one of the first organizations that identified the link between child maltreatment and domestic violence. Subsequently, this discovery led to the establishment of the Advocacy for Women and Kids (AWAKE) Program. The AWAKE Program incorporates domestic violence advocacy in a pediatric setting and offers services to victims and their abused children. AWAKE also provides training and case consultation to Children's Hospital staff on domestic violence and child abuse.

### **The Child Development-Community Policing (CDCP) Program—New Haven, Connecticut**

The Child Development-Community Policing Intervention (CDCP) Program was created in 1992 by the Child Study Center at Yale University School of Medicine and the New Haven Police Department. This initiative convenes community police officers, service providers, and mental health clinicians to provide joint responses to victims of domestic violence and their children. Law enforcement officers are trained to identify children exposed to violence and refer them to mental health providers for further assessment. Police officers also connect victims with domestic violence services. For more information, visit <http://www.info.med.yale.edu/chldstudy/CDCP>.

### **Dependency Court Intervention Program for Family Violence (DCIPFV)—Miami-Dade County, Florida**

The Dependency Court Intervention Program for Family Violence (DCIPFV), located in the 11th Judicial Circuit Court of Florida, was the first national demonstration project to develop a coordinated approach to victims and children involved in child protection and dependency court proceedings. The judiciary, along with other key systems, employs a two-pronged approach to enhance the safety and well-being of children and victims involved with CPS and experiencing domestic violence. DCIPFV locates staff at juvenile court proceedings where domestic violence service workers are available for assessment and referral. They also provide support to victims and their children. DCIPFV staff assists victims in navigating the child welfare and juvenile court systems and helps them obtain civil protection orders. For more information, visit <http://www.miamidcip.org>.

### **Effective Interventions in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice—The Greenbook Project**

The Greenbook Project is a Federal demonstration project consisting of six pilot sites selected to test and implement the recommendations of the National Council for Juvenile Federal Court Judges' *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. Published in 1999, this document offers a set of principles and guidelines for designing comprehensive



approaches to co-occurring domestic violence and child abuse. The Greenbook Project focuses on three primary systems in the development of this coordinated response—juvenile and family courts, CPS, and domestic violence programs. A concurrent, cross-site evaluation measures the extent to which the demonstration sites' collaborative efforts result in system change and improvements in safety, recidivism rates, and abuser accountability. For more information, visit <http://www.thegreenbook.info>.

## Conclusion

Domestic violence and child maltreatment cannot be viewed separately by professionals responding to family violence. The mission of CPS is to ensure the safety, stability, and well-being of child victims. This calling, however, is consistent with the domestic violence field's goal of providing protection and strength to victims of abuse. Adult and child victims suffer similarly and often in the same families. Thus, a thoughtful and synchronized approach is needed by the two systems charged with intervening. CPS caseworkers and service providers can and must join together to achieve their shared goal of freeing victims from the violence in their lives and working to prevent future violence.

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# ***In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies***

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## ***Author's Notes***

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## ***Introduction***

Twice in the last 30 years social reform movements have called public attention to the problem of family violence and initiated a panoply of legislative and public policy changes. Even though programs for the prevention of cruelty to children have existed for over 100 years (see Gordon, 1988 ), it was not until the 1960s when Dr. Henry Kempe "rediscovered" the battered child that a new wave of public concern took hold (Helfer & Kempe, 1968 ). On the heels of his work came legislation in every state to mandate the reporting of abuse and neglect and the protection of children. Fifteen years later, the resurgent women's movement uncovered yet another hidden form of abuse: wife beating (see Schechter, 1982 ).

This briefing paper is about the overlap between movements to protect children and those advocating the end to violence against women. It is about the sometimes tense relationship between child welfare workers and battered women's advocates. More importantly, however, it is about the great potential for collaboration between child welfare and battered women's services.

To illustrate the overlap, our best starting point is with the families we often serve. The experiences of the two families below highlight the opportunities for cooperation---and the potential for tension---between programs seeking to end violence against women and children.

## **Example 1**

A woman left her extremely violent husband three years ago. She went to a shelter with her children where they received extensive support. They all seemed to do well and she successfully set up a new life for her family apart from her abusive husband. Now, three years later, her 13 year old daughter is repeatedly running away from

home. After the daughter became involved with the child protection agency and the court, a family preservation agency was also called in to see if it could prevent the placement of the girl in foster care. As the family preservation worker gained the daughter's trust, she found out that the girl's 14 year old brother was assaulting her. He was also physically attacking his mother and making repeated threats against her, similar to those his father had made. The mother had called the shelter, the local mental health center, and the local hospital requesting help for her violent son. Each agency gave her different advice, but none had any services for him. Since his parent's separation, the boy's performance in school and his social life have fallen apart. The daughter is extremely depressed. No one in the family feels safe. None of the agencies in the community seem to know what to do.

### **Example 2**

Asked to evaluate a family whose children were in foster care and to make custody recommendations to the court, the Family Development Clinic at Children's Hospital in Boston interviewed a mother who treated her children well. The children, in turn, were deeply attached to her. The problem, according to the agencies involved, was that this woman returned repeatedly to a man who beat her and sometimes assaulted the children. Because of the potential danger to the children, the hospital staff felt it impossible to recommend that the children be returned to their parents. With the unsettling feeling that they were punishing a non-abusive mother for a violent father's behavior, the staff prepared its findings for the court. Their report, however, was largely unnecessary. On the day of the custody review, the mother failed to appear in court. Beaten by her husband on the night before the hearing, she was in the hospital. Months later their parental rights were terminated. This case created an upsetting tension between the hospital staff and its domestic violence advocates. "Was it in the best interest of these children to offer so little to their mother? Would the case have had a better outcome if the mother had adequate help?" the advocates asked. Thinking beyond this case, the hospital staff began to reconsider the questions posed to them by the domestic violence advocates and wondered, "Can we really help or protect children if we ignore the abuse of their mothers?"

### **Common Ground**

These two examples suggest a great deal of overlap between the populations served by child welfare agencies and battered women's programs. Several other facts also highlight the link:

1. research suggests that domestic violence and child abuse frequently occur in the same family;
2. children who witness violence by their fathers may be at risk of developing a variety of problems;
3. men who are perpetrating some of the most dangerous abuse against children are also assaulting women; and
4. child welfare and domestic violence programs serve an overlapping population of women and children.

## **Violence against both women and children**

Many studies reveal that men who batter their female partners also abuse their children. Reviewing 200 substantiated child abuse reports, the Massachusetts Department of Social Services found that 30% of the case records mentioned adult domestic violence ( [Herskowitz & Seck, 1990](#) ). Completed before Massachusetts child protective workers were required to ask about domestic violence, the study's findings are likely a substantial underestimate of the actual incidence.

In a national survey of over 6,000 American families ( [Straus & Gelles, 1990](#) ), the researchers found that 50% of the men who frequently assaulted their wives also frequently abused their children. They also found that "the rate of child abuse by those [mothers] who have been beaten is at least double that of mothers whose husbands did not assault them" (p. 409). The findings confirmed those of several previous studies. For example, in the early 1980s Lenore Walker observed the link between domestic violence and child abuse. In interviews with 400 battered women, Walker found that 53% of the fathers and 28% of the mothers abused their children ( [1984](#), p. 59).

## **Witnessing violence may put children at risk**

It is estimated that between 3.3 million ( [Carlson, 1984](#) ) and 10 million ( [Straus, 1991](#) ) children in the United States are at risk of witnessing woman abuse each year. Based on the studies reviewed earlier, about half of these children may also be abused.

Studies find child witnesses to exhibit more aggressive and antisocial as well as fearful and inhibited behaviors ( [Christopheropoulos et al., 1987](#) ; [Jaffe, et al., 1986](#) ), and to have lower social competence ( [Wolfe et al., 1986](#) ). Children who witnessed violence were also found to show more anxiety, aggression, depression and temperamental problems ( [Christopheropoulos, et al., 1987](#) ; [Forsstrom-Cohn & Rosenbaum, 1985](#) ; [Holden & Ritchie, 1991](#) ; [Hughes, 1988](#) ; [Westra & Martin, 1981](#) ), less empathy and self-esteem ( [Hinchey & Gavelek, 1982](#) ; [Hughes, 1988](#) ) and lower verbal, cognitive, and motor abilities ( [Westra & Martin, 1981](#) ), than children who did not witness violence at home. There is also some support for the hypothesis that children from violent families of origin carry violent and violence-tolerant roles to their adult intimate relationships ( [Cappell & Heiner, 1990](#) ; [Rosenbaum & O'Leary, 1981](#) ; [Widom, 1989](#) ).

Murray Straus ( [1991](#) ) recently concluded that witnessing violence in one's family "has a wider variety of adverse outcomes than has heretofore been found. It seems reasonable to conclude that being a witness of violence between parents puts a child at risk of a number of serious mental health and other problems, and that this applies to children of all socioeconomic levels" (p. 5).

Conclusions such as Straus' may be premature based on current research. A number of methodological weaknesses are evident in several of the studies reviewed above, the most serious of which involves the study samples. For example, a number of studies have not differentiated between children who witnessed abuse and those who were also abused. In addition, many studies have drawn samples primarily from

children residing in shelters. Shelter residence is a time of severe family crisis and dislocation and may create more extreme findings than actually exist. Many children may also show resilience to the violence by learning to cope with it in a number of constructive ways ( [Peled, 1993](#) ).

Although caution is called for as we interpret the findings about the impact of domestic violence, several of the more carefully constructed studies cited above do raise serious concerns for children and suggest an urgent need for further research.

### **A growing concern about severe and fatal cases**

Child maltreatment studies show that while the majority of perpetrators are women, just under half (44.1%) of the reported child abusers are male even though women in this country provide the overwhelming majority of care to children ( [American Humane Association, 1988](#) ). Looking more closely at these data suggests, however, that men are the perpetrators of the most severe forms of child abuse. Pecora and his colleagues ( [1992](#) ) have reviewed several sets of data and concluded that "most families involved in child fatalities were two-person caretaker situations where a majority of the perpetrators were the father of the child or the boyfriend of the mother" ( [Pecora et al., 1992, p. 110](#) ).

In a 1993 study, the Oregon Department of Human Resources reported that domestic violence was present in 41% of the families experiencing critical injuries or deaths due to child abuse and neglect. Generally these fatal and severe injuries happened to children who lived with two adult caretakers ( [Oregon Department of Human Resources, 1993](#) ). Of the 67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence. The Massachusetts Department of Social Services notes that, "in 20 of these cases, the report of domestic violence was noted in the case record with no further explanation or intervention." In half the domestic violence cases, the mother also was reported to have a substance abuse problem ( Massachusetts Department of Social Services, 1993 ). Although neither the Oregon nor the Massachusetts report explains the relationship between domestic violence and the child fatality or severe injury, both studies indicate a strong need to pay closer attention to the connection. Interviews with practitioners suggest also that the issues are linked. For example, several years ago the Massachusetts Department of Social Services tracked referrals to its high risk assessment unit for several months and found that seventy percent of these cases contained domestic violence (Lonna Davis, personal communication). Unfortunately the intake and investigatory workers had identified battering as a problem in far less than half of those referrals.

### **Serving mothers and children**

Studies have shown that from 43% ( [Okun, 1988](#) ) to 70.5% ( [Strube & Barbour, 1984](#) ) of battered women eventually end their relationships with violent partners. These women and their children often flee a residence shared by a violent husband and must reconstruct a life for their family as single parents. Moreover, many women who are abused are often single-parents assaulted by an estranged husband or an ex-boyfriend. The Minnesota police reported that almost half (47%) of battered women

were victimized by an ex-spouse or friend, exceeding the percent of those married to their partner (44%) ( [Minnesota Department of Corrections, 1987](#) ).

Many of the families receiving child protective and family preservation services are also single-parent, woman-headed households. National data show that almost a third (32.5%) of the families in contact with child protective services are single, female-headed families ( [Pecora et al., 1992](#) ). In family preservation programs the numbers may be even higher. For example, 318 of 441 (72%) families served by Minnesota's Families First Program in 1991 were one-parent families ( [Minnesota Department of Human Services, 1993](#) ).

### ***Barriers to Supporting Women with Children***

These case examples, data, and research studies suggest that some of the most difficult cases both child welfare and battered women's programs confront are ones they confront in common. Some are two-parent households where the father is committing severe violence against both the mother and children, others are single-parent households living under a continued threat of violence from estranged husbands or ex-boyfriends, and still others are families in which the perpetrator is absent but where his legacy lives on in the behavior of the mother and children.

So much common ground might lead one to expect wide agreement and cooperation between child protection, family preservation, and domestic violence services. Yet several factors appear to hamper the ability of organizations to cooperate more fully. These include the fact that the respective movements are at different historical points in their development, they abide by different philosophies, sometimes seek different outcomes, use different professional terminologies, and sometimes compete for funding and recognition. Perhaps the most important factor slowing greater cooperation is the way that the two fields think about key issues:

### **Best interests of children**

Child welfare and protection work is commonly focused on the "best interests of children." One of the ways to determine best interest is to ascertain who can keep the child safe. In child abuse investigations, for example, workers must quickly make judgments concerning safety. From this perspective, men who batter and their victims may be equally problematic parents. If a woman is unable to protect herself, the child protective worker asks: "How will she be able to care for this child?" And even though the father may be a batterer, the worker wonders: "Is it not the responsibility of the mother to shield her children from harm?" From this position, it is easy to see why child protection workers are often more angry at abused women than they are at the men who batter them and why battered women frequently are labeled as mothers who fail to protect.

On the other side of this discussion, battered women's advocates argue that concepts like the "best interest of children" are defined too narrowly and that it is in the best interest of children to keep their mothers safe. Data from shelters and projects like AWAKE (Advocacy for Women and Kids in Emergencies ) at Children's Hospital in Boston suggests that by protecting mothers who are battered, many abused children are also kept safe. At AWAKE, for example, the mother's advocate and the child's

advocate work side by side to protect families. As a result, the AWAKE project reports that few abused children have been placed in foster care. At follow-up the overwhelming majority (80%) of battered women report that they and their children are safe ( [Schechter with Gary, 1991](#) ). AWAKE is one model that shows how protecting women also provides protection to children.

Some child protection workers might respond that they - and their child clients - do not have the time to wait for mothers to reorganize their lives so that they can protect their children. The worker's job is to help protect children, not adults. According to interviews conducted for this report, this tension between the way many child protection workers define their mandate and the way that domestic violence advocates frame theirs remains unresolved in many communities. In fact, local and state leaders in child welfare and battered women's issues almost never explore these differing perspectives. One result is that the false but powerful assumption that the needs of women and children are in conflict is rarely challenged.

### **Focus on women**

The language and terms used in the movement to end violence against women often leaves out attention to children. Many shelters provide far more services to women than they do to children although, as domestic violence organizations acquire more public and private funding, resources for children's programs increase, in some programs dramatically. Ironically, most battered women's shelters now provide at least minimal programming for children, and some have extensive support, counseling and prevention efforts under way. Many of these services, however, remain invisible to the child welfare community.

Historically, the goal of battered women's organizations has been to empower their clients. As part of their mission, shelters see their role as protecting women from assaultive men and from community agencies that revictimize them. One result is that battered women's programs often offer blistering critiques of child protection agencies (CPS) in their communities. Domestic violence groups have claimed that CPS agencies often blame women for the violence that men perpetrate against children, and hold men and women to different, gender-biased standards of care for children. Some shelters have defined their mandate as protecting battered women from CPS and refused to cooperate with child welfare agencies except in the most extreme cases of child abuse.

For its part, the child protection system in many communities has accused shelter advocates of being unconcerned about children and blindly loyal to women - even to those who expose their children to serious harm. Child protection workers justly accuse shelters of ignoring or minimizing the abuse perpetrated by women and underestimating the harm to children of repeated exposure to domestic abuse.

Stereotypes between the two fields are only slowly giving way. Although domestic violence programs have created hundreds of projects for children and most of them report child abuse and cooperate with local CPS workers, shelters are still frequently defined as unconcerned about children. In turn, many battered women's activists still believe that child welfare programs are uninterested in women, though many of these agencies now express keen interest in learning more about domestic violence.

## Role of the perpetrator

Child welfare and battered women's programs often see their role vis-à-vis the male perpetrator in a very different light. Many child welfare workers view the cause of abuse as stress within the family and focus on providing additional supportive services to "shore up" the family unit so that it may function in a healthier manner. The male perpetrator, along with other family members, is included in the work to create a healthy, functioning unit. Battered women's advocates most often view the perpetrator as using violence to exert coercive power and control over other family members and frame their work as an effort to provide oppressed family members, particularly women, with greater power and more options for safety. Advocates often view separation from the perpetrator, at least until he has become nonviolent, as a desirable outcome.

Both child welfare and battered women's programs might encourage the perpetrator to seek specialized services to help him change his behavior. Studies, with follow-ups ranging from six to 18 months, have revealed a consistent finding that a large proportion of the men who complete a batterers' program, using a variety of intervention methods, stop their physically abusive behavior, at least for the months during the follow-up (see [Edleson & Tolman, 1992](#) ; [Eisikovits & Edleson, 1989](#) ; [Tolman & Bennett, 1990](#) ). Reports of successful outcomes for men who complete programs range from 53% to 85%.

The apparent success of these programs is significantly tempered, however, by several factors. First, most of the studies track successful completers for a very short time, approximately six months. The only study to do a five-year follow-up found that 40% of the men who had successfully completed treatment were back in the criminal justice system for domestic assaults ( [Paymar, 1993](#) ). Second, while many men may have ended their physically violent behavior, at least temporarily, the majority are usually reported to be continuing their use of threats against the women ( [Edleson & Tolman, 1992](#) ). Third, many batterers' programs experience very high non-completion rates. For example, in Edleson and Syers' ( [1990](#) , [1991](#) ) large experimental study, less than a third of those men who originally contacted the batterers' program and only half who started the groups eventually completed them. Feazell, Mayers, and Deschner ( [1984](#) ) reported similar findings in a survey of 90 batterers' programs - one-third to one-half of assaultive men dropped out after the first session of the program. Similarly, Harrell ( [1991](#) ) found that "more than a quarter of those [court] ordered to treatment did not complete it...no offenders were penalized for failure to complete the court-ordered treatment" (p. 96). These findings are especially disturbing in light of Gondolf's ( [1988](#) ) findings that a woman is significantly more likely to return to her partner if he has entered a batterers' program.

When they are part of a coordinated criminal justice response to violence, batterers' programs may provide effective assistance to some of the men who complete them, but it is clear that most men neither go to treatment nor finish their prescribed program once there. From the perspective of battered women's advocates, the safety of women and children must depend on much more than the hope that the perpetrator will finish the program he has started.



Unfortunately, leaders in child welfare and in battered women's organizations have had little opportunity to discuss this key sticking point between the fields: the relative optimism of the child welfare system and the extreme pessimism of battered women's groups about work with perpetrators.

### ***Building Cooperation***

In spite of the tensions between child welfare and battered women's programs, the commonalities seem far greater than the differences.

### **Battered women's concerns for their children**

Unfortunately, much of the current literature focuses on the negative effects children experience as a result of witnessing violence, and ignores the concern that most abused women have for their children, a concern they share with advocates and child welfare workers alike.

While most studies show that many battered women leave their violent partners, one of the most frequently asked questions about the woman is still, "Why does she stay?" Along with this statement may come the implicit judgment that the battered woman is inadequately protecting her children. Interestingly, only a few studies have focused on the concerns battered women have for their children's safety. Yet, these few studies show that many battered women take active steps to protect their children despite the unpredictability of the violence and the effects such violence has on them.

In her study of 20 battered women, Hilton ( [1992](#) ) found many of the women deeply concerned for their children. In fact, a majority of those she interviewed left their abusers for the children's sake. Several women left after their partners carried out life-threatening attacks and others after their children were threatened or abused. As one of Hilton's interviewees stated:

He hit me in the stomach when I was pregnant, then he threatened to beat my daughter, and you don't ever hit my kids . . . . I tried and tried before, but when it comes to my kids, no more. (p. 81)

Others have reported similar results in their interviews of battered women. For example, Henderson's ( [1990](#) ) study of Canadian women found that battered women clearly recognized the effects of violence on their children. As one battered mother recalled:

It was no good for the kids either, I'd be so bruised and I couldn't walk around or do things. So I thought, this isn't any good. I can't be a proper mum for them. (p. 11)

Ironically, it was concerns for their children that led almost one-third of the women in Hilton's ( [1992](#) ) study to remain with their abusive partners. Women stayed, despite the violence, in order to ensure necessary financial support for their children or because of threats by their violent partners to harm the children and wage lengthy custody battles if they did leave.

In a study of battered women's decisions to leave their violent partners, Syers-McNairy ( [1990](#) ) found that women go through a process of re-evaluation before leaving their abusive partners. Over half of the women she interviewed cited concern

for their children as the major factor that led to re-evaluating their relationships. One severely beaten mother recalled the moment she re-evaluated the situation:

It finally started to dawn on me that I was not the only person involved in it was when I left on the ambulance. They were so scared. And I thought, they don't really have a dad...And now they're not going to have a mom? I'm going to die on my kids? This is not fair. I mean it's bad enough everybody has to die anyway, but I'm going to choose to do it this way? And I said that was it. I refused to go back there. ( [Syers-McNairy, 1990, p. 118](#) )

Battered women clearly face great economic, social and safety hurdles when attempting to leave a violent partner. The decision to leave or stay often hinges on the mother's assessment of what will be in the best interests of her children. A sympathetic understanding of her reasoning and the many forces that shape her decision is of critical importance to insuring safety for her and her children.

### **Supporting the mother-child unit**

Family preservation, child welfare, and battered women's programs also find common ground when they agree that preserving the mother-child unit in the aftermath of violence is, in most cases, a desired outcome.

Many battered women and their children face major hurdles as they attempt to create a life that is violence free. As Peled ( [1993](#) ) has pointed out, these changes often include a move to a shelter, a relatives' home, or even to a new city. A move is often accompanied by multiple other adjustments in a child's life including a disruption in friendship networks, a separation (temporary or permanent) from the child's father, loss of pets or belongings, and entrance into a new school. At the same time children confront these challenges, mothers are often facing their own burdens, adding further to the child's stress.

These changes may create additional physical and emotional problems. Studies have shown that the number and frequency of major life changes usually have a direct effect on a person's emotional and physical health. Moreover, the greater the number and the more frequent the changes, the greater is the likelihood of emotional and physical illness ( [Dohrenwend & Dohrenwend, 1974](#) ; [Rabkin & Struening, 1976](#) ; [Vinokur & Selzer, 1975](#) ). Research studies also show that people with greater social supports adjust better to life changes than do those experiencing the same events but with few such supports ( [Antonovsky, 1974](#) ; [Bell et al., 1982](#) ; [Caplan, 1974](#) ; [Habif & Lahey, 1980](#) ; [Roskin & Edleson, 1983](#) ).

A number of domestic violence studies bear out these earlier findings. For example, a recent study by Sullivan and her colleagues in Michigan ( [Tan et al., in press](#) ) found a strong relationship between the mother's social support and her psychological well-being. Similarly, Mitchell and Hodson ( [1983](#) ) found that battered women with more social support experienced less severe mental health problems in the aftermath of violence.

Tan et al. ( [in press](#) ) also found that battered women who received advocacy services expanded their social support networks to a greater degree than did battered women who did not receive advocacy services. In the same vein, Syers-McNairy's ( [1990](#) )

study of battered women who had left their abusers found that multiple forms of social support - including financial, social service, legal help, informal social networks, and the woman's own personal skills - played major roles in facilitating women's successful adaptation after leaving a violent partner.

Maintaining social support for the battered woman and her children through such major life changes is, therefore, critical. The need for supporting the remaining family unit - mother and children - in the aftermath of violence is consistent with current thinking in the area of family preservation. For example, Wells and Whittington ( [1993](#) ) have argued that "stability lies at the heart of the meaning of family preservation" (p. 80).

### **Conclusion**

The kind of social support that might prove most useful to women and their children is hinted at in the story we reconstruct below:

When I was eight, I hated my mom. She made us leave our house my friends, my school and move to a dumb apartment. I couldn't see my dad for a few months either. My mom kept saying, "I want you and your brother to be safe. It's my responsibility to keep us safe. Your dad has a problem. I need to be safe." Boy, was I mad at her. I hated her for months.

I'm a lot older now. I think my mom did the right thing when she left. My dad was pretty scary for awhile. Not many people understand my mom, and it hurts her. Sometimes she seems real lonely. But I think I understand. Last month in school I wrote a paper about my mom. I called her a brave lady. I wish other people would.

Louise, age 12

The time is right to link and expand the constituency of advocates for women and children. Despite their differences, battered women's advocates and those concerned with child welfare have much in common. We share a common and growing client population. Each field has a pressing need for increased public attention, resources, and for policy reform. As allies, rather than competitors, the fields have an enormous potential to mobilize constituencies for each other. Finally, as more and more communities call for coordinated interventions to stop family violence, agencies will be required to work together. A conceptual and practical linking of the needs of women and children would make these collaborations far more fruitful and change the way that we think about families.

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