



**The Co-Occurrence of
Child Maltreatment and
Domestic Violence**

**Guidelines for Case Management
In Child Welfare**

“Although this book often discusses battered mothers, the authors and advisors recognize that men are battered also. National statistics indicate that approximately 5 percent of all domestic violence cases involve men as victims. Because domestic violence or battering is a pattern of behavior primarily carried out by males, and because the overwhelming number of primary caretakers for children are female, the terms battered woman or mother are used frequently in this book to refer to the adult victim of domestic violence.”

Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice

**Recommendations from the National Council of
Juvenile & Family Court Judges
Family Violence Department
 (“The Greenbook”)**

This project is supported by grant number 2004-WE-AX-K103 awarded by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official policies of the U.S. Department of Justice or the National Council of Juvenile and Family Court Judges.

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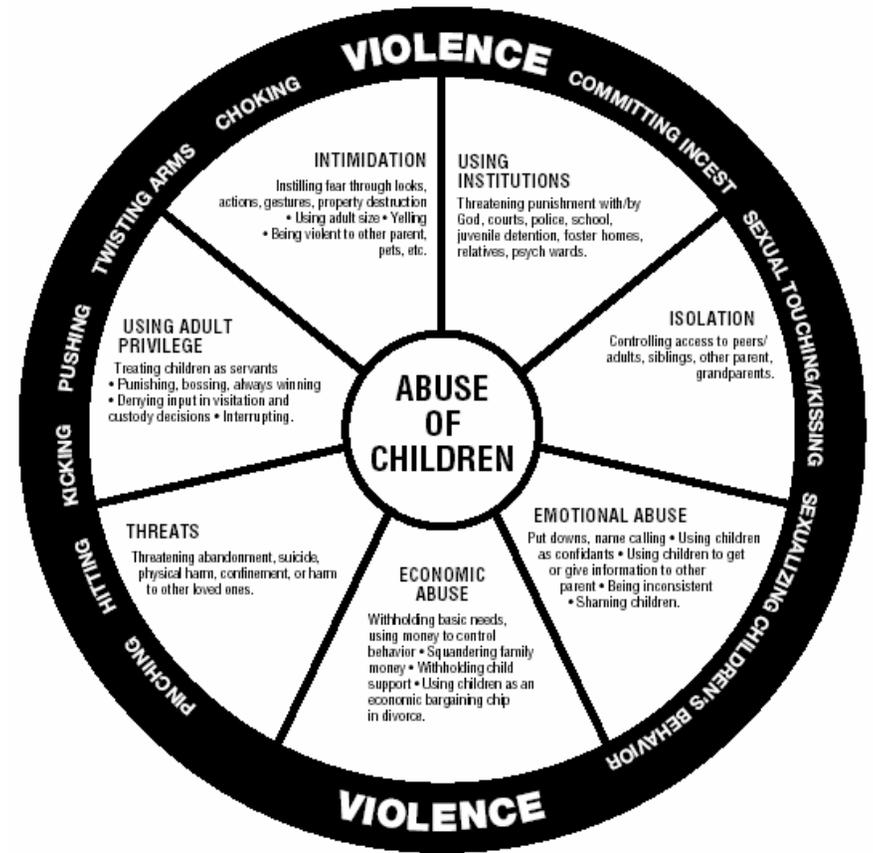
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Introduction

Purpose of the Guidelines for Case Management

The purpose of the protocol is to provide guidance to Children’s Division (CD) workers in St. Louis County in managing cases involving the co-occurrence of child maltreatment and domestic violence, especially during the investigation, assessment, and service planning stages.

What is Domestic Violence?

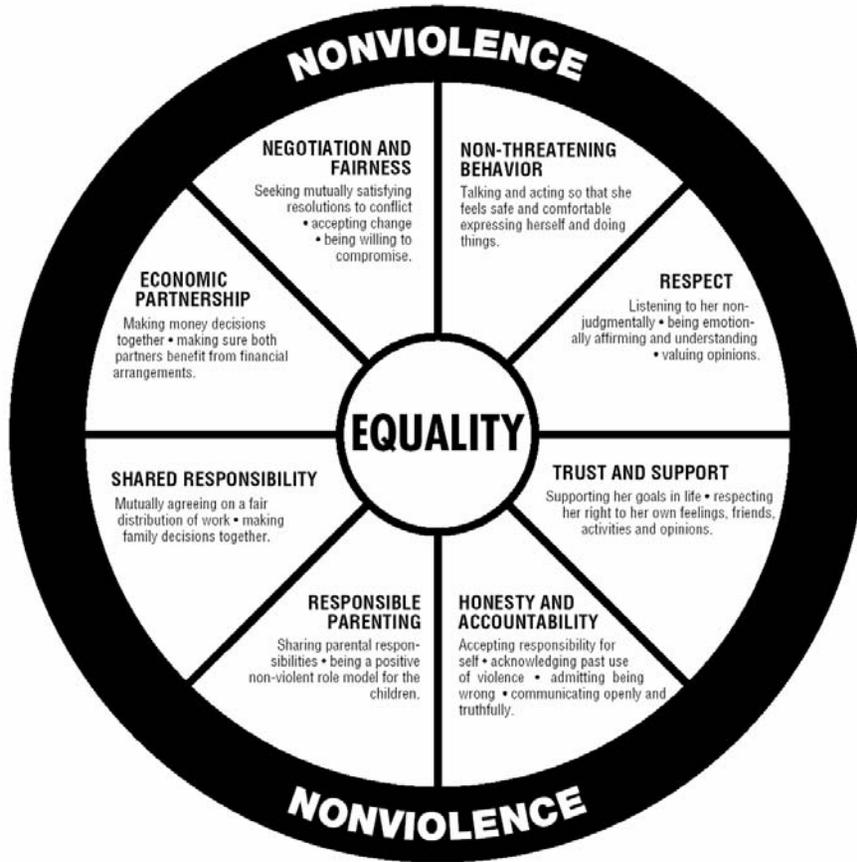
Domestic violence is a pattern of assaultive and/or coercive behaviors that adults or adolescents use against their current or former intimate partners. Domestic violence occurs in heterosexual and homosexual relationships. Batterers may use physical abuse, rape and sexual abuse, psychological abuse and/or economic abuse against their partners. Domestic violence is a purposeful pattern of behavior. The batterer’s abusive acts are intended to require compliance from or control over the partner. While physical assaults may occur infrequently, other parts of the pattern can occur daily. Although intimate relationships may differ in terms of the severity or pattern of the abuse, control remains the primary goal of all batterers.

Policies Governing Case Management

The St. Louis County Children’s Division supports the recommendations of the National Council of Juvenile and Family Court Judges as set forth in *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice*, also known as the Greenbook.

Effects of Domestic Violence on Children

The impact of domestic violence on children ranges from none to serious (Spears, expert testimony from *Nicholson v. Williams*, 203 F.Supp.2d 153, 2002). Among the serious consequences, children can be injured as a direct result of domestic violence. Batterers sometimes intentionally injure children in an effort to intimidate and control their adult partners. These assaults can include physical, emotional, and sexual abuse of the children. Children are also injured-either intentionally or accidentally--during attacks on their mothers. Assaults on younger children may occur while the mother is holding the child. Injuries to older children can occur when an adolescent attempts to intervene in violent episodes.



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Domestic violence can have an impact on children at all stages of development. Infants exposed to violence may not develop the attachments to their caretakers that are critical to their development; in extreme cases they may suffer from “failure to thrive.” Preschool children in violent homes may regress developmentally and suffer sleep disturbances, including nightmares. School-age children who witness violence may exhibit a range of problem behaviors including depression, anxiety, and violence towards peers. They may also be more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes. (Wolfe, Wekerle, Reitzel, and Gough, 1995). Children who have grown up in violent homes are at risk for recreating the abusive relationships they have seen. (Family Violence Prevention Fund, *The Effects of Domestic Violence on Children*, 2003) Even when they do not see an attack, children may hear it and see the resulting injuries.

Resources



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Screening for DV

CD workers should screen for domestic violence during the initial meetings with each parent and child. The CD worker should complete the safety factor identification from the CPS-1, the CD-14 and the CD-14A to not only identify domestic violence, but other risk factors such as drug or alcohol issues, history of abuse or neglect, etc. If these assessments indicate a moderate or serious need under the category of domestic violence, the CD worker should refer the victim to a domestic violence advocate. If the CD worker believes there is domestic violence, but the family does not acknowledge this issue, the CD worker may still make a referral to the DV advocate for further screening.

CD workers should continue to screen for DV throughout the handling of a case, keeping in mind that domestic violence may be disclosed at any point during this time and not necessarily at the initial contact with a family.

Guidelines for interviewing women

Screening for domestic violence should take place in total privacy, with only the CD worker and woman present. It may be difficult to separate the woman from her partner in order to do private screening. Be creative in establishing a safe space to talk. If a woman's partner is unwilling to leave her side, this is often a "red flag" that he may be controlling, which is an underlying behavior of an abuser. If you cannot find a way to get the woman by herself for screening without raising her partner's suspicion, do not ask her any questions about abuse. Consult a supervisor before proceeding with further domestic violence screening.

When a woman discloses abuse to you, begin by recognizing that she has just taken a big step and acknowledge that by saying "It must have taken a lot of courage for you to tell me that and I admire you for your strength." You can and should follow up with some or all of the following supportive statements:

- "I believe what you have just told me."
- "No one deserves to be treated this way."
- "I am so sorry this has happened to you. It should not have."
- "This is not your fault. You didn't cause this in any way."

Some women experiencing abuse choose not to disclose for a number of valid reasons. Routine screening is new for most women and not something they expect. A woman may choose not to disclose if she does not think there is any benefit. She may have disclosed to a professional on a previous occasion and had a negative experience. She may have faced overreaction or minimization of her situation. Or she may have found that the professional attempted to control her choices and decisions (much like her abusive partner) about how to deal with the abuse. Remember, it is likely that she fears disclosing may result in loss of custody of her children. She may fear she will be blamed for the abuse or accused of “failure to protect.” Even if she denies abuse, your appropriate and skilled inquiry may still have an impact on her decision to disclose to you or to someone else at a later date. You are planting seeds when you screen in a sensitive manner.

If you suspect domestic violence, but the woman has not disclosed, here are some indicators to be aware of:

- She apologizes for his behavior and makes excuses for him.
- She often has unexplained injuries.
- She is isolated from her support system.
- She looks at him before she answers any questions.
- She cancels scheduled appointments with no explanation.
- She is quiet, withdrawn and/or has poor eye contact when he is present.

The best way to find the answer to what a woman needs is to ask her. Many women experiencing abuse have already tried a multitude of strategies to stop the abuse. She may know more about the traditional systems’ responses than you do. So, to be most helpful, ask her a question like “What do you need for you and your children to be safe?” or “How can I help you?” or “What would you like to see happen?” Ask her what she has tried in the past and then validate her for her previous efforts. Almost every woman you meet who is experiencing partner abuse has tried to end the abuse in some way. Many women are very adept at protecting themselves and their children. They often seek help in multiple ways, even though we may not always agree with their methods.

Case Management Issues

Family Support Team (FST) Meetings

Although most child welfare staff receives basic training on conducting FST meetings, special considerations must be addressed when such meetings involve domestic violence. Greenbook Recommendation XXIII advises against FST meetings involving joint participation of the victim and the batterer in domestic violence cases. Consult the following resource in order to prepare and conduct the meeting appropriately in light of the domestic violence: *Family Team Conferences in Domestic Violence Cases: Guidelines for Practice*. (Note: Although this book refers to “Family Team Conferences,” the same principles and procedures should also be applied to FST meetings).

Follow-up should take place with the victim parent to assess for any impact the meeting may have had on her or her child(ren)’s safety, the effectiveness of the meeting in addressing the issues faced by the family, and how the support team is doing in supporting the family.

The success of FST meetings in co-occurrence cases is dependent on the strong working relationship between the child welfare and domestic violence service provider communities. Thus it is crucial for child welfare staff and domestic violence service providers to have frequent and ongoing consultation with each other that is grounded in mutual trust and respect for each other’s knowledge, intentions, and counsel.

Documentation and Information Disclosure

Documentation and disclosure of domestic violence may dramatically increase risks for women and children.

In circumstances where information must be shared with opposing parties (i.e. court proceedings), CD workers should make every effort to keep the mother’s and child’s location and safety strategies confidential. The CD worker should notify the mother in advance of disclosures of other information likely to increase risk so that she may plan for her safety in light of such circumstances. Communicate privately with attorneys about the potential risks associated with the disclosure of domestic violence in order to sensitively manage the disclosure and its consequences (e.g. perpetrator’s reaction) in a way that minimizes danger to the mother and child.

It is important to encourage a woman to access an advocate at a local program as soon as possible after her disclosure, if she is willing—remember that it is her choice to do so. Even if a woman continues to deny abuse, provide her with referrals for services. Let her know that there is help available, that it is free and confidential, and that there are many people in the area who want to help her and her children in whatever way she thinks she needs.

Guidelines for interviewing children

Once the mother's interview is completed, you should have an understanding of the power structure within the home. If there is extreme danger for the woman and her child(ren), then postpone direct questioning of the child(ren) until safety can be achieved. Older children are likely to minimize reports of parental fighting out of loyalty to parents. Younger children may be more spontaneous and less guarded with their reports.

Guidelines for interviewing the batterer

Once domestic violence has been disclosed and the CD worker has interviewed the adult victim and the child(ren), the CD worker may wish to interview the batterer about domestic violence. In all cases, safety for the children, the adult victim, and the CD worker should be primary. First, ask the adult victim if she feels endangered by the CD worker's interview of the batterer. If the CD worker already knows about domestic violence through police, the Family Court, or other agency reports, reassure the adult victim that only information received from these sources will be shared with the perpetrator.

When discussing specific incidents, do not confront the batterer with information provided by the victim(s). Rather, use police reports or other agency reports, if available. If the batterer denies domestic violence, do not try to force disclosure; move on to other subjects. The CD worker does not need the batterer's disclosure to confirm that domestic violence has occurred. Such confirmation can be derived from adult and child victim statements, the CD worker observations, and other police and agency reports.

During the interview with the batterer, the CD worker's listening skills will be critical. Batterers are often clever, charming, and manipulative, and they may rationalize their behavior to themselves and others. Some of the common excuses will be:

- Minimizing or denying what happened:
 - *"It only happened this one time."*
 - *"I only pushed her."*
 - *"She's exaggerating. I never touched her."*
- Blaming the victim for bringing it upon herself:
 - *"She really knows how to push my buttons."*
 - *"If only she hadn't provoked me, I wouldn't have hit her."*
 - *"I was only defending myself."*
- Citing good intentions/justifying the violence:
 - *"I just wanted her to listen."*
 - *"She was drunk/hysterical so I slapped her to calm her down."*
 - *"Somebody has to be in charge."*
- Blaming alcohol/drugs or other stressors:
 - *"I just blacked out."*
 - *"I'm not myself when I'm drinking."*
 - *"I'm under a lot of pressure at work."*
- Claiming loss of control:
 - *"I just lost it. Something snapped."*
 - *"I was so angry I didn't know what I was doing"*

Remember that batterers are not "out of control". Instead, they are exerting the control that they believe is "rightfully" theirs. Anger management classes are not sufficient for men who abuse their partners. Batterer Intervention Programs (BIP), are more appropriate to address such beliefs and attitudes.

cases where children can tolerate such visits without experiencing trauma.²

The CD worker should manage file information to protect the victim and prevent unwanted contact or manipulation by the batterer. For example, keep the victim's address and any information about the domestic violence in a secure location not subject to subpoena or public records releases. The CD worker should follow Department of Social Services protocol regarding confidentiality.

The following services/interventions are NOT APPROPRIATE in domestic violence cases:

- a. Couples or family counseling/therapy. Couples may ask for this service with the desire to reconcile. Rather than refusing their request, keep them engaged by agreeing to consider it *after* the batterer has successfully complied with the requirements of a batterer intervention program *and* the adult victim receives domestic violence education and advocacy.
- b. Court mediation/divorce mediation.
- c. Anger management groups and other non-Association of Batterer Intervention Programs (ABIP) batterer's intervention options.
- d. Visitation arrangements that endanger mothers and/or children (e.g. unstructured exchange, unsupervised visits).
- e. Options for mother that, in her estimation, increase the level of danger. (Example: An order of protection might *seem* helpful but in some cases might actually enrage the batterer and increase the risk of harm. The adult victim is best situated to predict the batterer's likely reaction.)

Anger management classes are not sufficient for men who abuse their partners. Batterer Intervention Programs (BIPs) are more appropriate to address such beliefs and attitudes. Anger management implies violence as a momentary outburst of anger. In anger management programs, men are taught to use techniques like "time out or walk away." These programs fail to look at the larger issues of power and control involved in domestic violence. BIPs are specifically designed to work with men who are abusive towards their partners. BIPs require batterers to confront the denial, address irrational vs. rational beliefs systems and the effects of domestic violence on self, partner and children. Batterers are taught to practice alternatives to abusive behaviors and to be aware of the different tactics. BIPs are concerned with women's safety and provide referral information to each man's partner.

² Bancroft, L. and Silverman, J. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage.

- a. Basic needs: housing (shelter or transitional facility), food and clothing, emergency financial assistance.
- b. Mental and physical health: individual/group counseling through battered women's program or otherwise for mother and child (without the perpetrator present), parent support group, psychotherapy, substance abuse treatment, medical treatment.
- c. Family support: Crisis nursery, day care, safe visitation exchange arrangements, in-home services, parenting support,¹ life skills and household management.
- d. Sustainability: Permanent housing, continuing financial assistance (e.g. child support, public assistance), transportation, job training, employment, economic education
- e. Legal advocacy: orders of protection, divorce, financial and custody awards, public housing, immigration, public assistance, bankruptcy.
- f. Other: Translators/interpreters, other specialized support, as needed

Placement of a child with the batterer or his relatives should be considered with great care or avoided altogether. Placement with a batterer's parent facilitates the batterer's access to the children while hindering the mother's safe access. In situations in which the adult victim is unable to care for her child due to substance addiction, mental illness, serious injury, or other obstacles, the CD worker should explore alternative placements that do not facilitate the batterer's access to the children and enable the mother to visit her children safely.

The CD worker should ensure that visitation arrangements with the batterer, if any, prioritize the safety of the child and the adult victim. Experts advise against unsupervised visits during the first year of separation or even longer unless the batterer (i) has completed a batterer intervention program, (ii) is not a danger to the children, (iii) does not have a severe history of undermining mother-child relationships, and (iv) the children wish to visit with him. Experts also urge that overnight visits be avoided and that visitation should not be imposed over a child's objections, with the possible exception of a limited number of professionally supervised visits in

¹ In a study of battered women and their children, mothers were emotionally available to their children and were more likely to use non-corporal punishment than corporal punishment. Their experience of physical and emotional abuse had no direct impact on their level of parenting or use of discipline. Researchers suggested mandatory parenting classes for the batterers instead of the mothers. Mothers who want or need help with parenting should have access to assistance, but we should not assume that women with abusive partners *require* it. (Sullivan et al, 2000).

Safety planning

You may need to help a woman provide for immediate safety, perhaps by accessing a shelter or other safe place to stay if she and her children are in imminent danger. Most likely, she will simply need information about long-term safety planning in the event of future danger for herself and her child(ren). If she is planning to remain in the relationship with the abusive partner after your interview, as is often the case, plans can be constructed to provide for safety while staying or planning to leave. Safety planning does not necessarily imply that a woman leave her abuser. It is important not to force a woman to select any particular option for safety (e.g., Order of Protection, going to shelter, pressing charges), particularly when she states that doing so will cause the violence to escalate.

Safety Plan for Adult Victims

Listed below are tips to help keep a victim safe.

If she is still in the relationship:

- Think of a safe place to go if an argument occurs - avoid rooms with no exits (bathroom), or rooms with weapons (kitchen).
- Think about and make a list of safe people to contact.
- Keep change with you at all times.
- Memorize all important numbers.
- Establish a "code word" or "sign" so that family, friends, teachers, or co-workers know when to call for help.
- Think about what you will say to your partner if he/she becomes violent.
- Always have personal items packed and ready for you and your child(ren). Hide everything in a central place such as the garage, closet, neighbor's house, trunk of car, etc
- Have extra house and car keys ready and out of sight.

If she has left the relationship:

- Change your phone number.
- Screen calls.
- Save and document all contacts, messages, injuries or other incidents involving the batterer.
- Avoid staying alone.
- Plan how to get away if confronted by an abusive partner.
- If you have to meet your partner, do it in a public place.
- Vary your routine.
- Avoid locations where you may run into the batterer.
- Notify school and work contacts.
- Call a shelter for battered women for support group information and additional support.

Advise a woman that if she leaves the relationship or is thinking of leaving, she should take important papers and documents with her to enable her to apply for benefits or take legal action. Important papers she should take include social security cards and birth certificates for her and her children, her marriage license, leases or deeds in her name or both her name and her partner's names, her checkbook, her charge cards, bank statements and charge account statements, insurance policies, proof of income for her and her spouse (pay stubs or W-2's), and any documentation of past incidents of abuse (photos, police reports, medical records, etc.).

Safety Plan for Children

After having discussion with parent and child(ren), develop a plan of what children might do in emergency and/or abusive situations. A plan should be realistic, simple and age appropriate. The child(ren) must be able to employ the plan.

When dad gets angry what happens:

When I notice dad getting angry I will:

When I get scared I can:

When I'm feeling afraid I can talk to:

In an emergency I can call:

Service Planning

The CD worker should assist in the formation of the service plan or treatment plan for the family. Following are guidelines for the development of such plans.

General Guidelines

- a) Prioritize removing the abuser before removing the child. Identify appropriate resources to implement separate case plans for the perpetrator and victim.
- b) Consult a DV resource specialist or a local domestic violence service agency.
- c) Work with the family to devise a case plan that meets their needs and enables their success, respecting the rights of adult victims to direct their own lives.
- d) Meet with victims and batterer separately.

Permanent separation of the adult victim and the batterer is often unrealistic and should not be viewed as the only acceptable case plan and outcome. CD workers and battered women's advocates must work together to enhance child safety while recognizing and working with the family's limitations and addressing their challenges comprehensively.

Adult victims of domestic violence should not be court-ordered into domestic violence programs. Such an approach could be perceived as punishment and victim-blaming. Rather, women should be informed of the possible benefits of advocacy and encouraged to seek such services voluntarily.

CD workers should recommend *appropriate* services for adult victims which are specifically relevant to the family's challenges and most likely to resolve them, seeking advice from an advocate when necessary. Services should be provided by those who understand domestic violence and should be culturally appropriate.