Domestic Violence Manual

For Child Welfare Professionals

A Desk Reference Guide - Revised March 2018

"The emotional recovery of children who have been exposed to domestic violence appears to depend on the quality of their relationship with the non-battering parent more than on any other single factor."

– Bancroft & Silverman, 2002

Child Welfare
Services

Domestic Violence Manual

for

Child Welfare Professionals

A Desk Reference Guide

Third Editon, 2017

* Some content reproduced from the Kansas Coalition Against Sexual and Domestic Violence and Kansas Department of Social and Rehabilitation Services Children and Family Services

Table of Contents:

Introduction 4
Definitions 5
Core Principles of Child Welfare Practice in Domestic Violence Cases 10
Scope of the Problem 13
Dynamics of Domestic Violence 17
- Power and control 17
- Power and control wheel 19
- Domestic violence and separation 30
- Post-separation power and control wheel 34

Impact to Children 35
- Abuse of children wheel 48

Animal Abuse, Domestic Violence and Child Abuse 49
Potential Challenges for the Adult Victim 53
- Empowering the adult victim who remains with the perpetrator to stay safe 55

Domestic Violence and Mental Health 56
Domestic Violence and Substance Abuse 58
Interviewing 61
- General guidelines 61
- Screening questions 62
- Assessment questions - adult victim 64
- Assessment questions - child(ren) 69
- Interviewing the batterer 71
- Assessment questions - batterer 73
- Assessment questions - collaterals 76
- Assessment questions - service providers 79

Child Welfare Safety Assessment 80
- Child welfare specialist personal safety 80
- General safety considerations 81
- Safety and batterer accountability 83
- Kinship care 85
- Family meetings 86
- Victim Protective Orders 87
- Lethality risk factors 90
- Flashpoints 94

The Safety Decision 95
- Documentation in records and Court reports 95
- Assessment of protective capacity 97
- Assessing through case consultation 107

Intervention Strategies 108
- Child welfare safety plan 108
- Out-of-home placement 109
- Individualized Service Plans (ISPs); 110
  - General guidance 110
  - Things to avoid 114
  - Recommended statements for batterer ISP steps 115
  - Recommended statements for victim ISP steps 118
- Batterer assessments 120
- Batterers Intervention Program (BIPs) 121
- Child welfare contact with Batterers Intervention Programs (BIPs) 122
- Interventions specific to the child(ren) 123

Table of Contents (Cont'd.):

Trauma-Informed Services for Victims of Domestic Violence.....125
Suggestions for trauma-informed practice with adult victims.....125
Minimizing trauma for children.....127
Court Proceedings.....129
General considerations.....129
Court safety.....130
Orders that may be issued by the Court in a deprived case.....131
Resources.....132

INTRODUCTION

In 2011, the Oklahoma Department of Human Services (DHS) Child Welfare Services (CWS) recognized a need to strengthen policy and practices related to cases with domestic violence and enhance intervention and safety strategies for adult victims, children, and batterers. In the process, we contacted our in-state partners on domestic violence to build a collaborative work group to guide our steps. The first edition of the Domestic Violence Manual for Child Welfare Professionals was released in 2012 and a second was released in 2014. This third edition provides additional guidance for Child Welfare staff.

In most domestic violence cases, the preferred way to protect children and build protective capacities within the family is to partner with the adult victim in safety planning and to hold the abusive partner accountable. It is important to work closely with the Oklahoma Office of the Attorney General (OAG) certified or Tribal domestic violence victim programs and Batterer Intervention Programs (BIPs), and the criminal justice system, as well as other providers, while protecting the privacy of all involved individuals as required by law.

DHS would like to extend gratitude to the Oklahoma Office of the Attorney General, YWCA Oklahoma City, Oklahoma Coalition Against Domestic Violence and Sexual Assault, OSU-OKC Crime Victims Services Program, Native Alliance Against Violence, Domestic Violence Intervention Services, Wings of Hope, and Community Crisis Center for providing their expertise and input to the child protection system. The 2014 and 2017 versions of this desk reference were heavily influenced by the Oklahoma Domestic Violence/Child Welfare Task force. Special gratitude is extended to Jackie Steyn, with the Oklahoma Office of the Attorney General, who poured hours of time and passion into this resource.

A special thank you to the Kansas Coalition Against Sexual and Domestic Violence and Kansas Department of Social and Rehabilitation Services - Children and Family Services for sharing their tools with us.

DEFINITIONS

Adult victim of domestic violence/non-abusive partner: A person who is, or has been, subjected to a pattern of abusive or coercive behaviors by a current or former intimate partner.

Batterer/abusive partner: A person who exercises a pattern of abusive or coercive behaviors against a current or former intimate partner.

Child Victim: The child victim of a child abuse or neglect investigation.

Danger assessment (DA)[1]: An instrument that helps determine the level of danger an abused woman has of being killed by her intimate partner. The instrument was developed by Jacquelyn Campbell following extensive research that included support from battered women, domestic violence programs, and law enforcement. The DA is used by domestic violence advocates and other trained professionals to identify adult victims of domestic violence with the highest level of risk. Training and special certification is required to administer the DA. While the instrument is intended for use with female victims, the lethality risk factors listed on the instrument can be a useful guide for assessing risk to male victims. A version is also available for females in same-sex relationships.

[1] Campbell, J, Webster, D & Glass, N. (2009). The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide. *J Interpers Violence,* 24(4653-674).

DEFINITIONS (Cont'd.)

Domestic violence/domestic abuse/battering: Assaultive or coercive behaviors, including physical, sexual, and psychological/emotional attacks and economic coercion or control against another adult, emancipated minor, or minor child who are family or household members or who are or were in an intimate or dating relationship.

Domestic violence advocate: A person trained to provide services to victims of domestic violence. Services provided by Domestic Violence Advocates include crisis intervention, lethality risk assessment, safety planning, victim protective order assistance, court support, linkage to emergency shelter and other needed resources. Domestic Violence Advocates work at OAG certified or Tribal domestic violence victim programs. A **domestic violence court advocate** is trained to provide court advocacy through support, information, assistance, safety planning, court accompaniment, and intervention with any aspect of the civil or criminal legal system on behalf of a victim of domestic violence, sexual assault, or stalking.

Domestic violence Batterers Intervention Program (BIP): An organization certified by the OAG or a tribal program whose purpose is to provide services to persons who abuse their intimate partners. In Oklahoma, a BIP program is 52 weeks in duration.

Domestic violence victim program: A non-profit organization certified by the OAG or a tribal program whose purpose is to provide free and confidential services to adult victims of domestic violence, sexual assault and stalking, including, but not limited to, safety planning, emergency housing shelter, crisis hotlines, advocacy, community education counseling (at some locations), victim protective order assistance, support during court proceedings, and referral services.

DEFINITIONS (Cont'd.)

Lethality risk: The potential for an adult victim to be seriously injured or killed by a current or former intimate partner.

Lethality assessment: An 11-question evidence-based assessment tool created by the Maryland Network Against Domestic Violence to "identify adult victims of domestic violence who are at the highest risk of being seriously injured or killed by their intimate partners."[1] Per Oklahoma State Statute, 21 OK Stat § 21-142A-3 (2014), the lethality assessment is used by law enforcement agencies.

Lethality Assessment Program (LAP): "A strategy to prevent domestic violence homicides and serious injuries" developed by the Maryland Network Against Domestic Violence[1], the LAP is used "to identify adult victims of domestic violence who are at the highest risk of being seriously injured or killed by their intimate partners, and immediately connects them via the hotline to the local domestic violence service program." In Oklahoma, the LAP is a collaborative intervention between law enforcement agencies, and attorney general certified domestic violence programs and tribal domestic violence programs.

Victim Protective Order (VPO): A VPO is defined as any injunction or other order issued for the purpose of preventing violent or threatening acts or harassment against, contact or communication with, or physical proximity to another person. Federal law directs jurisdictions to give full faith and credit to valid orders of protection issued by other jurisdictions. This includes all 50 states, Indian tribal lands, the District of Columbia, the U.S Virgin Islands, Puerto Rico, American Samoa, the Northern Mariana Islands and Guam. Abused persons who are granted

[1]Maryland Network Against Domestic Violence. (n.d.). *Lethality Assessment Program Maryland Model for First Responders.* Retrieved from http://mnadv.org/_mnadvWeb/wp-content/uploads/2011/10/LAP_Info_Packet--as_of_12-8-10.pdf

DEFINITIONS (Cont'd.)

Victim Protective Order (VPO) (cont'd.): court orders of protection can call upon law enforcement to protect them and to take all appropriate action against abusers nationwide. The abuser is bound by the terms and conditions of the order of protection and may be arrested and charged with violating the order and committing other substantive crimes wherever the abuser violates a valid order. It does not make any difference where the order was granted; the abuser must be arrested for a violation of an order of protection if the law of the jurisdiction where the violation occurred requires an arrest. For more detailed information refer to section *"Child Welfare Safety Assessment"* beginning on page 79.

Protective behaviors: Specific behaviors or choices of individual caregivers that reduce risk and promote safety and well-being of children and families. A collection of protective behaviors may constitute protective capacity.

Protective capacity: Personal and caregiving behavioral, cognitive, and emotional characteristics that are specifically and directly associated with the ability to protect the child(ren) from harm or threatened harm. Caregiver protective capacities are specific qualities that are observable and believed to be a part of the way a PRFC acts, thinks, and feels that make them protective of the child(ren).

Safety planning – domestic violence: A process designed to help an adult victim of domestic violence develop tools in advance of potential abuse or violence for immediate and long-term safety for herself and her child(ren). This includes discussing plans and options for situations that may put the adult victim's and child(ren)'s safety at risk. Safety plans are based on level of dangerousness and lethality risk indicators and include the safety needs of children. Safety planning is not a static process; it is fluid, taking into account the changing risk posed to a victim of domestic violence by a batterer. Domestic violence advocates

DEFINITIONS (Cont'd.)

Safety planning – domestic violence (cont'd.): are trained in the safety planning process. Contact your local OAG certified or Tribal domestic violence victims program for assistance with this process. *Remember:* Domestic violence safety planning and child welfare safety planning are not the same.

Safety planning – child welfare: A temporary, short-term plan to keep the child and other members of the family safe while more permanent safety provisions can be put in place. The safety plan may be used in correspondence with the Family Service Agreement and pending referral to family centered services or other services to provide short-term safety to avoid unnecessary removal of a child from the child's home. This process can be used in permanency planning cases at the onset or end of an ongoing case to prevent termination of trial reunification if safety threats are present in the case. This process is conducted by child welfare professionals and is different than safety planning with victims of domestic violence. See *definition of "Safety planning – domestic violence."*

Tribal domestic violence program: A program organized and operated by a Tribal nation whose purpose is to provide no-cost and confidential services to victims of domestic violence, sexual assault and stalking and their child(ren), including but not limited to safety planning, emergency housing assistance, emergency shelter (at some locations), crisis lines, advocacy, community education awareness, protective order assistance, support during court proceedings, referral services, and legal assistance (at some locations).

CORE PRINCIPLES OF CHILD WELFARE PRACTICE IN DOMESTIC VIOLENCE CASES

Core principles of child welfare practice in domestic violence cases are the shared ideas that child welfare professionals should adhere to that guide their work. The Core Principles provide the following framework for making decisions and developing appropriate responses:

> "The emotional recovery of children who have been exposed to domestic violence appears to depend on the quality of their relationship with the non-battering parent more than on any other single factor."[1]

> Safety permitting, child welfare professionals and juvenile court personnel should try to keep children affected by maltreatment and domestic violence in the care of their non-offending parent(s) whenever possible as a way to ensure stability and permanency for children.[2]

> When it is safe to do so, the preferred way to protect children in most domestic violence cases is to assist the adult victim with safety planning and to hold the abusive partner accountable through the system. However, in all cases decisions should prioritize the safety of the child(ren) first.

> Avoid blaming the adult victim for the abuse she has experienced in order to avoid re-victimization.

[1]Bancroft, L. & Silverman, J.G. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics.* Thousand Oaks: SAGE Publications.

[2]Schechter, S. & Edelson, J.L. (1999). *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice.* National Council of Juvenile and Family Court Judges Family Violence Department.

CORE PRINCIPLES OF CHILD WELFARE PRACTICE IN DOMESTIC VIOLENCE CASES (Cont'd.)

Avoid using potentially dangerous and unsafe interventions such as couples counseling or mediation.[1]

Work closely and collaborate with the OAG certified or Tribal domestic violence victim programs, Batterers Intervention Programs, juvenile courts, and criminal justice system, as well as other providers, while protecting the privacy of all involved individuals as required by law.

Service plans and referrals should focus on physical and emotional safety, stability, and permanency They should indicate the parental behavioral changes required to provide a safe environment for the child(ren).

Case planning and intervention require a variety of interventions, some of which will be voluntary and some mandatory.[1]

[1]Schechter, S. & Edelson, J.L. (1999). *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice.* National Council of Juvenile and Family Court Judges Family Violence Department.

CORE PRINCIPLES OF CHILD WELFARE PRACTICE IN DOMESTIC VIOLENCE CASES (Cont'd.)

Oklahoma Department of Human Services core principles of child welfare practice for domestic violence cases are derived from the National Council of Juvenile and Family Court Judges Family Violence Department publication widely known as the "Greenbook"[1]. The publication can be found at https://www.thegreenbook.info/documents/Greenbook.pdf

[1]Schechter, S. & Edelson, J.L. (1999). *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice.* National Council of Juvenile and Family Court Judges Family Violence Department.

SCOPE OF THE PROBLEM

National

Approximately four in five victims of intimate partner violence are female (80%) and one in five are male (20%). While domestic violence can occur at all ages, females ages 18-24 and 25-34 generally experience the highest rates of intimate partner violence.[1]

1 in 4 women experience sexual violence, physical violence, and/or stalking by an intimate partner at some time during her lifetime.[2]

1 in 7 women and 1 in 18 men have been stalked by an intimate partner at some time in their life to the point they felt very fearful or believed that they or someone close to them would be harmed or killed.[2]

For more information, follow the link to the National Coalition Against Domestic Violence at http://www.ncadv.org/learn/statistics and the National Intimate Partner and Sexual Violence Survey at http://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf.

[1]Shannan Catalano, Ph.D. (2012). *Intimate Partner Violence, 1993–2010*. U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics.

[2]Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

SCOPE OF THE PROBLEM (Cont'd.)

Oklahoma

Oklahoma consistently ranks in the top 10 nationally for women killed by men in single victim, single offender incidents.[1] According to 2015 data, Oklahoma ranked 15th in the nation for women killed in this context, with a rate of 1.37 women killed per 100,000.[1]

Between 2010 and 2012, Oklahoma ranked 6th in the nation for lifetime prevalence of physical violence towards women.[2] Physical violence was defined as "a range of behaviors from slapping, pushing or shoving to severe acts that include hit with a fist or something hard, kicked, hurt by pulling hair, slammed against something, tried to hurt by choking or suffocating, beaten, burned on purpose, used a knife or gun."[2]

In an Oklahoma based study on police departments' use of the lethality assessment program, 73% of participants interviewed by police officers at the scene of domestic violence incidents reported being "choked" (strangled) by their intimate partners.[3]

[1]Violence Policy Center (VPC). (2017). *When men murder women: An analysis of 2015 homicide data.*

[2]Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[3]Messing, J.T., Campbell, J., Sullivan-Wilson, J., Boron, S., Patchell, B. & Shall, C. (2015). Police department's use of the lethality assessment program: A quasi-experimental evaluation. *Social Service Review* 89, no. 3 (September 2015): 499-530.

SCOPE OF THE PROBLEM (Cont'd.)

Indian Country

American Indian women suffer domestic violence and physical assault at rates far exceeding women of other ethnicities.[1] A 2004 Department of Justice report estimated these assault rates to be as much as 50% higher than the next most victimized demographic.[2]

Children

Children may experience the violence of a batterer in a variety of ways and each child is impacted differently. Some children may see or hear the violence, while others may see the injuries. Some may be accidentally or intentionally injured during a violent event, up to and including death. Some may intervene to protect the adult victim or their siblings while others may be co-opted by the batterer to participate in the abuse of the adult victim. A child's exposure to the batterer's violence may continue even after the adults are separated or divorced. In addition, exposure to domestic violence as a child is associated with offending as an adult.[3]

[1]Brief for National Network to End Domestic Violence et al. as Amici Curiae Supporting Respondents at 2, Plains Commerce Bank v. Long Family Land and Cattle Co., 128 S. Ct. 2709 (2008) (No. 07-411).

[2]Perry, S.W. (2004). *American Indians and Crime- A BJS Statistical Profile 1992-2002*. Bureau of Justice Statistics, US Department of Justice, Office of Justice Programs, December 2004.

[3]Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin* – NCJ 232272. Washington, DC.

SCOPE OF THE PROBLEM (Cont'd.)

In 30% to 60% of families where either domestic violence or child maltreatment exist, it is likely that both forms of abuse exist. Domestic violence is therefore a risk marker for and significant predictor of child maltreatment and vice versa.[1]

1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to the violence.[2]

For a comprehensive overview of child exposure to domestic violence from the National Survey of Children's Exposure to Violence Survey (NatSCEV) visit http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20 Exposure-Family%20Violence%20final.pdf.

[1]Appel, A.E., & Holden, G. W. (1998). *Co-occurring spouse and child abuse: Implications for CPS practice*. APSAC Advisor, 11(1), 11-14.

[2]Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin* – NCJ 232272. Washington, DC.

DYNAMICS OF DOMESTIC VIOLENCE

Power and control

The underlying cause of domestic violence is the batterer's goal to gain and maintain power and control over the adult victim. This includes the concept of coercive control, defined as a "pattern of domination that includes tactics to isolate, degrade, exploit and control them [victims] as well as to frighten them or hurt them physically."[1] Coercive control may or may not include physical violence but always includes tactics aimed to constrain, monitor, and/or regulate the commonplace daily living activities of the victim, "particularly those associated with women's default roles as mothers, homemakers and sexual partners and run the gamut from their access to money, food and transport to how they dress, clean, cook or perform sexually."[1]

Power and control wheel

The power and control wheel is a conceptual tool created directly from listening to the personal experiences of battered women. It explains the pattern of abusive and violent behaviors that batterers use to establish and maintain control over their intimate partners (Domestic Abuse Intervention Project, 2011).

[1]Stark, Evan. (2012). *Re-presenting battered women: Coercive control and the defense of liberty.* Prepared for Violence Against Women: Complex Realities and New Issues in a Changing World, Les Presses de l'Universite du Quebec (2012).

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

This tool is not intended to capture all abuse tactics but to describe the primary tactics used by men who batter their partners. Gender-specific language is used because women are disproportionately the adult victims of domestic violence, and the tool was developed using feedback from battered women's descriptions of their daily experiences with abuse.

The power and control wheel has eight spokes that represent the abusive and coercive tactics, tools, pressures, and rationales batterers may use to obtain, maintain, and reinforce power and control over the adult victim.

The power and control wheel is helpful as a screening tool or a discussion tool with adult victims of domestic violence. It has been adapted to encompass the experiences of people from different cultures and communities including immigrant, Hispanic, Native American, teens, gay, and lesbian populations and persons with disabilities. Other wheels have been developed to explain the abuse of children and how batterers use children post-separation. To view other versions of the power and control wheel go to: http://duluth-model.org/

DYNAMICS OF DC
VIOLENCE (Cont'c

The power and cont

Developed by: *Domestic Abuse Intervention Project, Duluth, MN*

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

Batterer may use intimidation by:

- Using looks, actions and gestures to intimidate or cause fear in the family.
- Destroying property to show authority, intimidate, or punish the family.
- Using male or adult size to intimidate the mother or the children.
- Abusing pets to send messages or threats of violence to the family.
- Displaying or cleaning weapons in front of the family to send messages or threats of violence.
- Using violence in front of the children.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

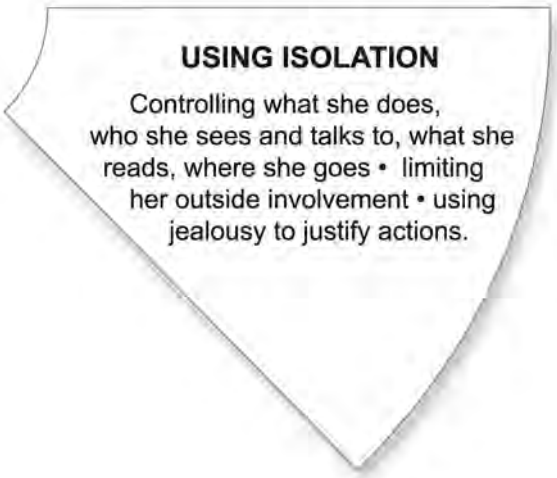
The power and control wheel (Cont'd.)

Batterer may use emotional abuse by:

- Forcing the children to engage in put-downs or name-calling of the mother.
- Putting the children down or calling the children names.
- Humiliating the mother in front of the children.
- Forcing the mother to engage in embarrassing acts in front of the children.
- Undermining the value of the mother (i.e., making the mother believe she is an unfit parent, telling the mother the children don't love her).
- Shaping how the children view their mother.
- Being inconsistent in visitation, discipline, or parenting.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)



Batterer may use isolation by:

- Not letting the mother see or spend time with the children.
- Limiting opportunities for the mother and the children to get help from outside sources.
- Not allowing the children to participate in age appropriate activities outside the home.
- Not allowing the children to invite friends into the home.
- Controlling access to trustworthy adults (i.e., school counselors, grandparents, extended family members).
- Not allowing the mother to respond to the children's needs (i.e., hurts, fears, basic needs).

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

Batterer may use minimization, denial and blame by:

- Shaping the children's understanding of the source of the violence by blaming the mother.
- Making the children believe the mother is to blame for the violence.
- Pitting family member against family member
- Fostering instability and creating confusion for the children by denying the violence happened.
- Normalizing the violence.
- Making light of the violence.
- Causing the children to feel guilty and to believe they are to blame for the violence.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

Batterer may use children by:

- Threatening to take the children away, make a CPS report, or hurt the children if the mother reports the abuse or tries to leave the batterer.
- Making the mother believe that what happens to the children is her fault.
- Using the children as confidants.
- Exposing the children to the abuse — intentionally in some cases (i.e., through direct observation, overhearing, or knowing about the abuse).
- Undermining the mother's efforts to parent and her authority as a parent.
- Probing the children for information about the mother or her new partner

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

- Controlling the use of contraception or having children born close together; overwhelming the mother
- Causing physical harm to the children as a result of violence toward the mother
- Physical, sexual, emotional abuse or neglect perpetrated directly against the children.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

Batterer may use male privilege by:

- Forcing the mother and the female children to do household duties.
- Demanding the mother handle the unpleasant or demanding tasks of child rearing.
- Teaching the children to not respect women.
- Teaching that women are weak or stupid.
- Establishing rigid gender roles for the children.
- Centering family life around the batterer. Demanding the children meet the needs of the batterer. Focuses on having his needs met and he makes the rules for everyone in the household to follow. Changing the rules without warning.
- Demanding the children keep quiet about the abuse.

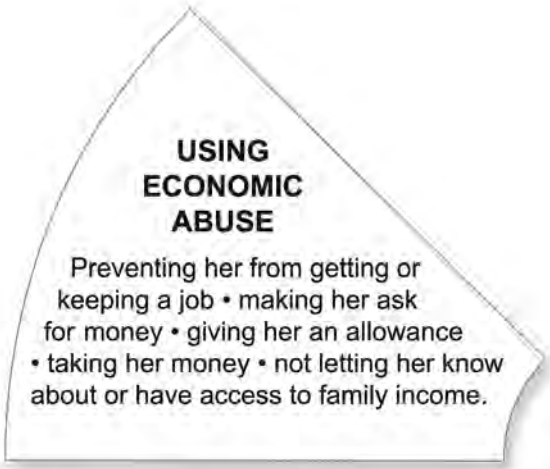
DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

- Having the ultimate authority but assuming no responsibility, including household chores or parenting.
- Seeking custody after separation or frequently gaining custody rights based on inappropriate grounds.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)



Batterer may use economic abuse by:

- Creating poor credit for the mother so that she is unable to get financing on her own.
- Controlling the family finances or withholding information about the family finances.
- Giving the mother a meager allowance for her and the children's needs.
- Withholding child support.
- Refusing to help pay for necessities.
- Creating reasons for the mother to lose her job (i.e., calling her work frequently, making her miss work, withholding transportation).
- Disrupting child care arrangements needed to maintain employment.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The power and control wheel (Cont'd.)

Batterer may use coercion and threats by:

- Threatening to report the mother to welfare to impact her economic benefits or initiate a child maltreatment investigation.
- Threatening that CPS will take the children away.
- Making threats to harm the mother or the children if the mother leaves him.
- Threatening to report the mother or the children to immigration authorities.
- Making threats of retaliation toward the children who disclose abuse to outside helpers.
- Threatening to abandon the children.
- Making threats of suicide or other self-harm.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

Domestic violence and separation

The assumption that leaving a perpetrator will increase the safety of the adult victim and their children is not always accurate. Adult victims may be labeled as "helpless," "co-dependent," or "stupid" if they do not leave; however, the issue is often complex. The adult victim may have been abused or threatened with abuse, including death, if she leaves. Threats and risk may extend to children, family and friends as well.

Separation is not a single event. It is an evolving, cumulative process and in many cases includes a pattern of leaving and returning an average of 5 to 7 times before separating permanently.[2] Many victims will eventually leave the perpetrator permanently but the process can take considerable time, careful planning, and ongoing evaluation of changing risks, level of external support, financial resources, and availability of safe pathways out.

[1]Flueury, R.E., Sullivan, C.M. & Bybee, D.I. (2000). When ending the relationship doesn't end the violence: women's experiences of violence by former partners. Violence Against Women. Vol 6, No. 12, December 2000. P. 1363-1383

[2]Landenburger, K. (1998). Exploration of women's identity: Clinical approaches with abused women. In *Empowering Survivors of Abuse,* ed. Jacquelyn C. Campbell, 61-69. Thousand Oaks, CA: Sage.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

Separation is a risk factor for lethality; more adult victims of intimate partner violence are killed when they take steps to leave, during the process of leaving, and after they have left.

The perpetrator's abuse may shift to different venues. He may use the court system to intimidate and threaten her and/or the children with harm or to take custody of the children. He may interfere with her employment. He may contribute to the children's homelessness by creating circumstances that cause the victim to move, lose her home, or be evicted. He may use her friends, family, and professionals to continue to victimize her.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

The perpetrator creates ongoing risk by engaging in behaviors that undermine the adult victim as a parent and result in harm to the child(ren), including:

- Undermine the victim's ability to parent.
- Undermine her authority as a parent. He may contradict her rules for the children or encourage the children to disrespect her.
- Discredit her in the various systems involved with the family. He may accuse her of bad parenting, abusing the children, alienating the children from him, coaching the children. He may accuse her of using drugs, excessive drinking, and being "crazy".
- Withhold financial support. He may refuse to pay expenses related to the children, i.e. child support, insurance, medical expenses.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

NOTE: If an adult victim chooses not to separate or returns after separation, do not assume that she is not afraid of the perpetrator and do not assume that she is safe.[1]

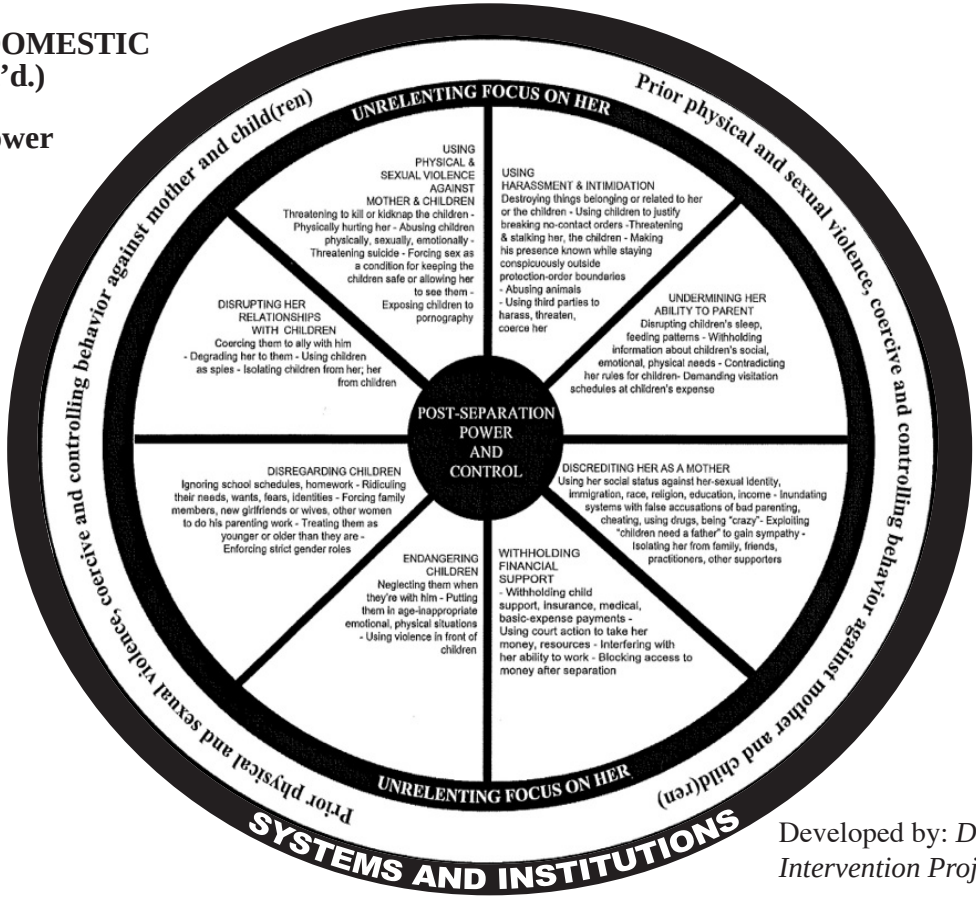
Additional resources

Additional information related to post-separation risk for adult victims and children in the context of intimate partner violence can be found at https://www.theduluthmodel.org/wheels/. Additional resources are available on the Lundy Bancroft website at http://lundybancroft.com/. Child welfare specialists should pay particular attention to *"Assessing Abuser's Risks to Children"* and *"Understanding the Batterer in Custody and Visitation Disputes."*

[1]Neilson, L. 2015. *Enhancing Civil Protection in Domestic Violence Cases: Cross Canada Checkup.* University of New Brunswick.

DYNAMICS OF DOMESTIC VIOLENCE (Cont'd.)

Post-separation power and control wheel



Developed by: *Domestic Abuse Intervention Project, Duluth, MN*

IMPACT TO CHILDREN

General considerations:

Assessing the victim's safety is the best way to ascertain the child(ren)'s safety.

Assessing the range of issues in domestic violence cases that place the child(ren) at risk is a complex task.

Children exposed to domestic violence may experience a combination of effects ranging in severity from minimal to extensive that may be of short duration or last a lifetime.

Parents may believe that their child(ren) is unaware of the violence or that they have managed to somehow shield them from it. However, studies show that 80-90% of children in homes where domestic violence occurs can provide detailed accounts of the violence.[1]

[1]Doyne, S. E., Bowermaster, J. M., Meloy, J. R., Dutton, D., Jaffe, P., Temko, S., & Mones, P. (1999). Custody disputes involving domestic violence: Making children's needs a priority. *Juvenile and Family Court Journal,* 50(2), 1-12; Jaffe, P., et al. (1990).

IMPACT TO CHILDREN (Cont'd.)

Children exposed to domestic violence are at increased risk of developing a wide range of physical, behavioral, emotional/psychological, cognitive, and developmental issues that often lead to negative outcomes. Some of the issues that may be experienced by these children include:

"**Behavioral, social, and emotional problems:** Higher levels of aggression, anger, hostility, oppositional behavior and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; low self-esteem.

Cognitive and attitudinal problems: Lower cognitive functioning, poor school performance, lack of cognitive resolution skills, limited problem-solving skills, acceptance of violent behaviors and attitudes, belief in rigid stereotypes and male privilege.

Long-term problems: Higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships."[1]

[1]Bragg, L. (2003). *Child Protection in Families Experiencing Domestic Violence*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

IMPACT TO CHILDREN (Cont'd.)

Effects across age groups and developmental stages:[1]

Age Birth to 5	Age 6 to 11	Age 12 to 18

• Withdrawal/lack of responsiveness
• Intense/pronounced separation anxiety
• Developmental regression, loss of acquired skills
• Intense anxiety, worries, and/or new fears
• Increased aggression and/or impulsive behavior
• Low birth weight
• Disruption of sleeping, eating, and toileting
• Freezing or sudden immobility
• Fussiness, inconsolable crying, neediness
• Contradictory feelings toward each parent
• Traumatic play
• Difficulty bonding and attachment to adults
	• Nightmares, sleep disruptions
	• Aggression and difficulty with peer relationships in school
	• Difficulty with concentration and task completion in school
	• Withdrawal and/or emotional numbing
	• School avoidance and/or truancy
	• Overly alert; hypervigilant
	• Anxiety/excessive worry
	• Overly clingy
	• Physical complaints/manifestations
	• Acting younger or older than age
		• Impulsive and/or reckless behavior, e.g.,
		  ○ School truancy
		  ○ Substance abuse
		  ○ Running away
		  ○ Involvement in violent or abusive dating relationships
		• Depression
		• Anxiety
		• Withdrawal
		• PTSD
		• Aggression/delinquency
		• Mimicking adult roles
		• Self-harming behaviors
		• Suicide
		• Poor school performance
		• Early sexual activity

[1]The Child Traumatic Stress Network. (n.d.). *Ages and Developmental Stages: Symptoms of Exposure*. Retrieved from http://www.nctsn.org/trauma-types

IMPACT TO CHILDREN (Cont'd.)

Factors that influence the impact of domestic violence exposure on children

Relationship – A close, nurturing, safe relationship with the adult victim (non-abusing parent) is essential to healing for the child.

Age – The younger the child(ren), the more harmful the impact may be.

Child abuse – Co-occurring child abuse increases the harmful impact to the child.

Severity, frequency, and proximity of the domestic violence – Children exposed to extreme, ongoing, and/or frequent domestic violence are more likely to be seriously emotionally harmed.

Physical violence – Children exposed to physical domestic violence are significantly more likely to experience a range of negative psychosocial outcomes.[1] However, children exposed to domestic violence that does not involve physical violence, such as psychological/emotional abuse towards the adult victim (threatening, intimidating, insulting, degrading, humiliating behavior), may still be at risk of harm even in the absence of physical violence.

[1]Kitzmann, K. M; Gaylord, N. K; Noni, K; Holt, A. R. & Kenny, E. D (2003) Child witnesses to domestic violence: a meta-analytic review. *Journal of Consulting and Clinical Psychology.* 71 (2). 339-352

IMPACT TO CHILDREN (Cont'd.)

There is no single pattern of behavior observed in children who have been directly abused and/or who have been exposed to domestic violence. The child(ren) sometimes behaves towards the batterer and adult victim in ways that seem counterintuitive and do not immediately make sense to others. For example, children who have experienced abuse may:

> "Be better behaved with either the abusive parent, or, on the contrary, act disrespectfully toward him or her.
>
> Identify with the parent who is more powerful.
>
> Act lovingly toward or comfortable with an abusive parent.
>
> Be anxious when away from the abused parent."[1]
>
> Act angrily, aggressively or disrespectfully towards the abused parent.

[1]Bowles, J.J., Christian, K.K., Drew, M.B., & Yetter, K.L. (2008). *A Judicial Guide to Child Safety in Child Custody Cases.* National Council of Juvenile and Family Court Judges, Family Violence Department.

IMPACT TO CHILDREN (Cont'd.)

Children exposed to domestic violence may believe:

No place is safe: The world is no longer a safe place and adults cannot protect them.[1]

They are to blame: Something they did or did not do caused the violence. For example, a child arguing with a sibling in the car on the way home from the movies one night might believe it was their fault dad beat his mother later that night because they "upset" dad.[1]

The adult victim is to blame: The adult victim is responsible for the batterer's behavior. This belief is often fostered by the batterer telling the adult victim and the children that his abuse is because of something the adult victim did or didn't do, or should or shouldn't have done. They may come to believe that the batterer's treatment of the adult victim is justified. They may also blame the adult victim for breaking up the family, fleeing the family home and having to leave treasured belongings behind, move to a new school, or go to an emergency shelter.

The adult victim is inferior: The adult victim is not to be respected or her opinions acknowledged or directives followed.

[1]McAlistar Groves, B. (2012). The Impact of Domestic Violence on Children: What Research Tells Us and Why it is Relevant. Webinar Slides.

IMPACT TO CHILDREN (Cont'd.)

The batterer may engage in a wide range of behaviors to undermine the adult victim's authority as a parent, including:

- Force the child(ren) to be disrespectful to the adult victim.
- Teach the child(ren) beliefs and attitudes that support violence.
- Tell the child(ren) that the abused parent is to blame for the violence.
- Tell the child(ren) that they cannot be together as a family because of the adult victim.
- Tell the child(ren) that the adult victim abuses substances or is mentally ill ("crazy").
- Sabotage the adult victim's rules for the child(ren).
- Get the child(ren) to take his side and/or pit siblings against each other.
- Interrogate the child(ren) about the adult victim's activities and whereabouts (spying).
- Yell at or abuse the adult victim when the child(ren) misbehaves.

IMPACT TO CHILDREN (Cont'd.)

In matters regarding visitation and exchange of the child(ren), the batterer may:[1]

- Keep the child(ren) longer than agreed and/or change visitation plans without notice.
- Threaten to abduct the child(ren).
- Show up unexpectedly to see the child(ren).
- Pick the child(ren) up at school without informing the adult victim.
- Shower the child(ren) with gifts and rewards during visits.
- Blame the adult victim when he chooses not to come and see the child(ren).
- Harass, abuse, and/or harm the adult victim during vistation exchanges.
- Call the adult victim constantly under the pretense of talking to or about the children.

[1]Summers, Alicia. (2006). *Children's Exposure to Domestic Violence: A Guide to Research and Resources.* National Council of Juvenile and Family Court Judges.

IMPACT TO CHILDREN (Cont'd.)

Ways a child victim may be exposed to domestic violence:

- Observing the violent events.
- Hearing the violent events.
- Being injured, accidentally or intentionally, during a violent event.
- Intervening in the violence to try and protect the adult victim.
- Being forced to watch and/or participate in the violence.
- Being used by the batterer as a "pawn" to spy on or question about victim's activities.
- Being threatened and/or having their pets threatened.
- Hearing the batterer belittle the victim parent.
- Experiencing fear and confusion due to the batterer undermining victim's parenting and/or sowing division between family members.
- Being subjected to the effects of "behind the scenes" abuse, which may include the batterer:
    - Using child support to control victim's financial situation, thus impacting the child(ren).
    - Using child(ren)'s misbehavior as excuse to be abusive to victim.
    - Prolonging court proceedings about custody and access, especially when the batterer has previously shown little interest in the child(ren).

IMPACT TO CHILDREN (Cont'd.)

Resilience

Some children suffer from severe problems associated with their exposure to domestic violence while others do not appear to experience any negative effects. A child(ren)'s resilience may be the result of several individual and external factors:

Individual Factors

"Strong, nurturing relationship with the non-abusing parent or other caring adults

Intellectual functioning and problem-solving skills

Autonomy (including self-esteem and self-efficacy), social competence

Protective factors (e.g. self-efficacy, initiative, optimistic thinking and internal motivation)

Self-regulation or self-control (better able to calm themselves leading to positive responses from others and better social relationships.)

External attribution (do not blame themselves for what is happening)."[1]

[1]Summers, Alicia. (2006). *Children's Exposure to Domestic Violence: A Guide to Research and Resources.* National Council of Juvenile and Family Court Judges.

IMPACT TO CHILDREN (Cont'd.)

External Factors

"Secure parental attachment – strong relationship with the non-abusing parent or caregiver

Parental style/behavior – parents who are warm and loving, consistent, spend time with their children, take an interest in their children, create a structured environment, and set limits and boundaries, have expectations (realistic and age-appropriate) of their children.

Connection to extended family (if physically and emotionally safe), teachers, older siblings, members of church, social or sports activities.

Positive educational experiences.

Strong and healthy peer relationships in multiple settings.

Access to health care, social services, recreational activities, and other activities the child(ren) is interested in.

Cultural connection."[1]

[1]Summers, Alicia. (2006). *Children's Exposure to Domestic Violence: A Guide to Research and Resources.* National Council of Juvenile and Family Court Judges.

IMPACT TO CHILDREN (Cont'd.)

How to aid a child in healing from domestic violence:

- Safety is the first and foremost consideration in aiding a child's recovery from domestic violence
  - Children need to know how to stay safe during and after a domestic violence incident.
  - Partner with a DV advocate to develop a domestic violence safety plan for them.
- Place with the non-offending parent whenever safely possible
- Foster a sense of safety by encouraging non-offending parent to set age and/or developmentally appropriate structures, limits, and consistent routines.
  - Allow frequent visits, phone contact, social media contact, etc. when safe.
- Give them permission to tell their story about and experience of events as they perceive and remember them
- Remind them violence is NEVER their fault, nor is it their job to intervene and stop the violence.
- Encourage and foster healthy relationships to as many safe and supportive adults as possible in order to expand support system.
- Child welfare specialists and other adults in their lives should learn to understand how children are affected by domestic violence and reasons underlying their behaviors.
- Important adults in their lives can seek to understand and address the need motivating their misbehavior rather than simply responding punitively.

*NCTSN.org

*Bancroft, L., Silverman, J., & Ritchie, D. (2012). *The batterer as parent: Addressing the impact of domestic violence on family dynamics* (2nd ed.). Los Angeles: Sage Publications

IMPACT TO CHILDREN (Cont'd.)

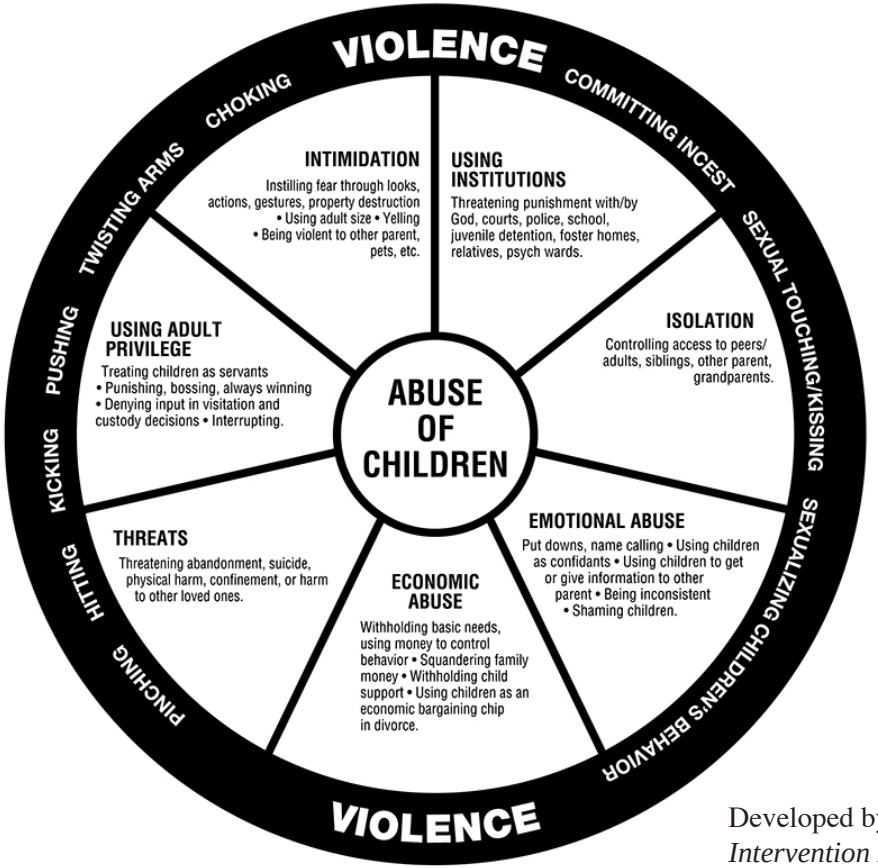
Services you may seek for a child victim of domestic violence:

- Domestic violence safety planning with a domestic violence advocate or professional
- Trauma informed therapy
- Family or dyadic therapy with non-offending parent
- Age and/or developmentally appropriate group therapy
- Parenting classes for non-offending parent if needed
- Psychoeducation services around domestic violence and trauma

Refer to page 25 for more detailed information regarding referral services for children who have experienced domestic violence.

IMPACT TO CHILD

Abuse of Children W



Developed by: *Domestic Abuse Intervention Project, Duluth, MN*

ANIMAL ABUSE, DOMESTIC VIOLENCE, AND CHILD ABUSE

Over the past 30 years researchers have established a significant correlation between animal abuse, child abuse and neglect, domestic violence, and elder abuse. When people are abused, animals are at risk and vice versa. Domestic violence perpetrators and child abusers kill, hurt, or threaten animals to exert power over victims in an attempt to show them what could happen to them. Killing a family pet can also eliminate a source of comfort and support for victims. Sometimes victims abuse animals, either to protect the animal from worse harm or to displace their hostility towards the abuser. Children may abuse animals to imitate behavior they have observed.

Facts about domestic violence, child abuse, and animal abuse

- A history of pet abuse is one of the four most significant risk factors for becoming a batterer.
- Studies indicate that 15-45% of battered partners delay leaving abusive environments, or return to them out of fear for the safety of their animals.
- 71% of battered women report that abusers threatened, hurt, or killed their pets to control them and their child(ren).
- Batterers who abuse pets are more dangerous and use more forms of violence than those who do not.
- A child's cruelty to animals may indicate that he or she has suffered serious neglect or abuse.

ANIMAL ABUSE, DOMESTIC VIOLENCE, AND CHILD ABUSE (Cont'd.)

- Acts or threats of harm to child(ren)'s pets can force them to be silent about the abuse.
- Animal abuse in the home greatly increases the risk of the child(ren) being bitten or attacked by pets.

Screening questions for animal abuse in the home

- Are there pets in the home?
- How does each family member treat them?
- Do you worry about something bad happening to the animals?

Signs of animal abuse in the home

- The animal hides when a new person enters the environment.
- The protective parent and/or the child(ren) appear overly concerned about the welfare of the animal.
- The animal may tremble or flee when the abuser attempts to pet it.
- The animal appears malnourished or in poor health.

ANIMAL ABUSE, DOMESTIC VIOLENCE, AND CHILD ABUSE (Cont'd.)

- Animals suddenly "disappear" and there is either no explanation, or the explanation offered seems improbable.
- In cases involving a sexual predator, animals may be sexually assaulted or mutilated.

Addressing animal abuse in domestic violence and child abuse cases

- Document victims' accounts of animal abuse in the home.
- Include steps for animal rescue, protection, and placement in the domestic violence safety plan for the family when animal abuse is present.
- Many domestic violence programs in Oklahoma have kennels or have established relationships with groups in their communities to provide foster care for animal victims of domestic violence. Contact the local program to determine their policy.
- Victim protective orders in Oklahoma allow petitioners to include no contact orders for animals and may order the possession and exclusive care of animals, including those belonging to the child(ren) in the home, to the victim.

ANIMAL ABUSE, DOMESTIC VIOLENCE, AND CHILD ABUSE (Cont'd.)

Resources

Reporting animal cruelty in Oklahoma by County (Sheriffs, Police or Fire and Rescue):
http://www.usacops.com/ok/

National Resource Center on the Link between Animal Abuse and Human Violence
http://nationallinkcoalition.org/

Oklahoma Humane Society
http://www.humanesociety.org/about/state/oklahoma/

American Society for the Prevention of Cruelty to Animals
https://www.aspca.org/

Oklahoma Link Coalition
http://safeandhumaneoklahoma.org/blog/oklahoma-link-coalition

POTENTIAL CHALLENGES FOR THE ADULT VICTIM

It is important to recognize that adult victims of domestic violence are faced with many challenges and barriers. Examples may include but are not limited to:

- Fear of the batterer's behavior and what the batterer might do
- Fear of threats and harassment by the batterer
- Fear of stalking by the batterer
- Fear for the child(ren) or of losing custody of the child(ren)
- Fear of child(ren) having unsupervised parenting time with the batterer
- Fear for other family members' safety
- Fear of harm to pets
- Fear of arrest
- Sense of hopelessness
- Lack of community or criminal justice demand for batterer accountability
- Limited English proficiency
- Lack of resources (including economic resources)
- Emotional attachment to or affection for the batterer

POTENTIAL CHALLENGES FOR THE ADULT VICTIM (Cont'd.)

- Economic coercion or economic reliance on the batterer
- Physical or mental disability
- Possible homelessness or limited access to housing
- Living with family and/or friends
- Lack of job skills
- Hope that the batterer will change his behavior
- Conflicts with religious or cultural beliefs
- Isolation or lack of support
- Shame about the violence
- Fear of deportation

POTENTIAL CHALLENGES FOR THE ADULT VICTIM (Cont'd.)

Empowering the adult victim to stay safe when remaining with the perpetrator

Assist the adult victim with interim safety planning by providing her with information about local domestic violence resources available at OAG or Tribal certified domestic violence victims programs. DO NOT provide this information in the presence of a perpetrator.

Provide the adult victim with the number for the 24-hour Safeline (1-800-522-SAFE). It is the adult victim's choice whether or not to call. If the perpetrator is not present and it is safe to do so, child welfare professionals may ask the adult victim if she would like to call the Safeline right now, with them present. If she chooses to call she will be able to talk to a trained domestic violence advocate who can help her assess her risk, provide interim safety planning, advise her about available programs and resources, and discuss other safety options available through the criminal justice and civil court systems, such as making a police report, calling 911, filing victim protective orders, VINE, etc.

Discuss safety with the adult victim, including ways the adult victim can best protect herself during a violent incident. For example, ask what strategies have worked in the past, where the safest part of the house is, who she can call for help, if she has a plan in place for her child(ren), whether she has a safe phone that is hidden from the perpetrator, or if she has money saved in case she has to escape quickly

Assess the perpetrator's ability to remain safely involved in the family.

DOMESTIC VIOLENCE AND MENTAL HEALTH

Domestic violence is NOT a mental illness. There is no psychiatric diagnosis for domestic violence. However, it is possible for either the adult victim or batterer to have a co-occurring mental illness. The presence of co-occurring mental illness can exacerbate violence and lethality risk but is not the cause of the domestic violence.

Domestic violence is a behavioral problem based on a pattern of physical, psychological/emotional, sexual, and economic abuse and coercive and/or controlling behaviors.

Victimization and domestic abuse are events that may result in the adult victim experiencing the effects of trauma. Mental health concerns related to abuse and trauma include anxiety, depression, and post-traumatic stress.[1]

In addition to physical and sexual violence, psychological and/or emotional abuse are important factors in the development of post-traumatic stress. However, many adult victims of domestic violence do not develop mental health conditions and studies indicate that symptoms, particularly of depression, may resolve when social support and safety increase.[2]

Mental health services are not a substitute for domestic violence services and vice versa. When they co-occur, each must be addressed separately with service referrals to domestic violence victim or batterer intervention programs and mental health services. Domestic violence victim programs may offer trauma counseling onsite with therapists who are trained in both domestic violence and trauma.

[1]Blasco-Ros C, Sanchez-Lorente S, Martinez M. (2010).Recovery from depressive symptoms, state anxiety and post-traumatic stress disorder in women exposed to physical and psychological, but not to psychological intimate partner violence alone: A longitudinal study. *BMC Psychiatry.* 2010; 10:98.

[2]Warshaw, C. & Barnes, H. (2003). *Domestic Violence, Mental Health & Trauma: Research Highlights. The Domestic Violence and Mental Health Policy Initiative.* Retrieved from http://www.vawnet.org/assoc_files_vawnet/mentalhealthresearch.pdf

DOMESTIC VIOLENCE AND MENTAL HEALTH (Cont'd.)

Psychological Evaluations

Psychological evaluations are conducted by psychologists and consist of "tests and other assessment tools to measure and observe a client's behavior to arrive at a diagnosis and guide treatment."[1] However, psychological evaluations are "generally…not appropriate in domestic violence situations."[2] A psychological evaluation will not determine if domestic violence is currently or has ever occured. Psychological evaluations will not distinguish a batterer from an adult victim and may "misdiagnose the non-abusive parent's normal response to the abuse or violence as demonstrating mental illness, effectively shifting the focus away from the assaultive and coercive behaviors of the abusive parent."[2] Psychological evaluations are appropriate when they have been determined to be relevant and necessary following interviews and a review of third party collateral information. If a psychological evaluation is determined to be appropriate and necessary, it should be conducted by a psychologist who has specific training, experience, and expertise in the use of psychological tests with batterers and adult victims of domestic violence. A list of questions the child welfare professional wants addressed by the evaluation should be formulated and discussed with the assessor prior to administering the evaluation to the batterer or the victim.

[1]American Psychological Association. (2016). *Undrestanding Psychological Testing and Assessment.* Retrieved from http://www.apa.org/helpcenter/assessment.aspx

[2]Dalton, C., Drozard, L.M. & Wong, F. (2006). *Navigating Custody & Visitation Evaluations in Cases with Domestic Violence: A Judge's Guide.* National Council of Juvenile and Family Court Judges (NCJFCJ): Reno, NV, (p. 20).

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE

Substance abuse does **NOT** cause domestic violence, but there is a high statistical correlation between the two.[1]

Battering is a choice; substance abuse does not cause a batterer to control his intimate partner. Batterers who use substances are violent and controlling whether they are using or not. However, battering behavior may become more obvious as a batterer's substance abuse increases because it becomes more difficult to hide their violent and controlling behavior.[2]

A batterer who is using drugs and/or alcohol is more likely to continue abusive behavior. While achieving sobriety may not eliminate the risk of battering, it is a necessary step in the process.[3]

Batterers may attempt to use their substance abuse as an excuse for their behavior. It is important to hold batterers accountable for their abusive behavior whether or not the batterer is using substances.

It is imperative that child welfare professionals' assessments are in-depth enough to distinguish between a violent incident caused by a person under the influence of a substance and a pattern of control partnered with an act of violence. Child welfare professionals may reach out to domestic violence professionals if unable to determine the difference.

[1]Fazzone, Patricia Anne, et al. (1997). *Substance Abuse Treatment and Domestic Violence [Treatment Improvement Protocol (TIP) Series 25].* Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1997.Retrieved from http://www.health.org/govpubs/BKD239/

[2]Office for the Prevention of Domestic Violence. (n.d.). *Information for professionals: understanding domestic abusers.* New York State.

[3]Klein, A. (2009). *Practical implications of current domestic violence research: For law enforcement, prosecutors, and judges.* National Institute of Justice.

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE (Cont'd.)

Higher levels of substance and alcohol use by batterers are associated with more severe violence.[1]

Studies show that alcohol and drugs are involved in more than half of domestic violence homicides and that 80% of men who killed or abused a female partner were problem drinkers in the year before the incident.[1]

Adult victims who use substances might not be believed about the abuse they have experienced and some may actually have begun using in order to cope with the effects of the trauma associated with victimization and abuse.

In some cases, the adult victim might be coerced into using substances by the abusive partner so he can maintain his control over her. In some instances he may become her supplier.

The batterer may try to undermine the victim's sobriety, threaten to report her substance use to law enforcement in order to have her arrested, threaten to report her use to child welfare to use losing her children as leverage to continue threatening her, etc.

[1]Sharps, P., Campbell, J.C., Campbell, D., Gary, F., & Webster, D. (2003). *Risky mix: Drinking, drug use, and homicide.* NIJ Journal, Issue 250 (November), National Institute of Justice, p 11.

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE (Cont'd.)

Codependency groups or treatment is not a substitute for domestic violence services. The concept of codependency is not appropriate for describing the behavior of adult victims of domestic violence because it blames the victim for the abuse instead of holding the batterer accountable. The adult victim did not cause the violence nor can she control or stop it, even though she may think that she can. The abuse is under the sole control and choice of the batterer. However, even though the adult victim cannot stop the behavior of the batterer she can still create a plan for her safety and for the safety of her children.

Substance abuse services are not a substitute for domestic violence services and vice versa. When they co-occur, each must be addressed separately with service referrals to domestic violence victim programs or Batterer Intervention Programs and substance abuse services.

INTERVIEWING

General guidelines

It is imperative to the success of the case and safety of the family that child welfare professionals accurately assess for the presence of domestic violence in all cases whether or not it was listed as an allegation in the referral or substantiated as part of the investigation or in the ongoing cases. Furthermore, if domestic violence exists, child welfare professionals must confirm through assessment who is the adult victim and who is the batterer. If a child welfare specialist and supervisor are unable to identify the adult victim or batterer then they should contact the OAG Certified Domestic Violence Program or Tribal Program in their area to seek assistance with the determination and referral of services. If the male is assessed as the victim or mutual combat (2 batterers) is assessed, local OAG approved expertise will be sought before writing an ISP.

Interview the adult victim before interviewing the batterer. Since involvement with child welfare can be a flashpoint for escalation in the batterer's violence, advising the adult victim of when you will meet with the batterer gives the adult victim forewarning and an opportunity to safety plan for herself and her child(ren). Also advise the adult victim after you have met with the batterer as well as any time you have safety concerns for the adult victim and the child(ren).

Interview all family members separately. The adult victim and the child(ren) are not likely to disclose information if the batterer is present.

Interview the child(ren) outside the presence of the parents. Conduct interviews in a location that is safe and comfortable for the child(ren).

Be aware that the adult victim may think the child welfare professional is there to take the child(ren). The batterer may have threatened her with calling CPS and reinforced the idea that the child welfare professional is there to take the child(ren).

Ask questions that assess for each part of the power and control wheel.

INTERVIEWING (Cont'd.)

Screening questions

It is important to screen for domestic violence even if no domestic violence allegations have been made. Child welfare specialists should ask about domestic violence

- Regardless of the nature of the original report
- Only if they are able to interview all family members separately
- Taking care to avoid "loaded" words. People living with domestic violence usually do not define their situations as "abuse" or "domestic violence." It is better to ask about behaviors, rather than to use a label.

Ask the interviewee:

Tell me about your relationship with your partner

How do decisions get made?

How are the household responsibilities divided? How do you feel about that?

Who makes decisions about how money is spent?

What happens when you and your partner disagree?

What happens when your partner is angry? Are you ever frightened for yourself or your child(ren)?

How do you think your partner will react to child welfare being involved with your family? What are your concerns?

INTERVIEWING (Cont'd.)

What was your relationship with your partner like when you first met? Six months later? One year later? Now?

Does anyone in the family feel afraid of or intimidated by other family members?

Does anyone in the family ever feel threatened by other family members?

Has anyone in the family been hurt by anyone else in the family?

Have the police ever been called to the house? If yes, tell me about that.

How many times? Has anyone ever been arrested? If yes, tell me about that.

If the interviewee reveals information about domestic violence during the screening process, or if you already know domestic violence is present, move to the next sections containing more specific questions for interviewing the adult victim, the batterer, and the child(ren). Ask follow-up questions about statements made or answers omitted that give you a pause.

INTERVIEWING (Cont'd.)

Assessment questions – adult victim

The following questions can be used when interviewing the adult victim to inquire further about their situation. They are designed to obtain more specific information about the abuse, including power and control tactics used by the batterer. The questions are a guide and should be adapted to incorporate the language the adult victim uses to describe her situation. Many adult victims of domestic violence do not describe their experiences as "domestic violence" and child welfare specialists should adapt their language accordingly. However, it is important to label the batterer's behavior as domestic violence before concluding the interview. Connect the victim with an advocate for assistance with creating a safety plan before leaving the home.

Are you safe to talk right now?

Has your partner ever prevented you from going to work/school/church?

Does your partner keep you from working or make it difficult for you to work? Does your partner harass you at work?

What was your relationships with your family like before you met your partner? Six months after you met? One year after? Now?

INTERVIEWING (Cont'd.)

Who are your family and friends? How much contact do you have with them? Does your partner usually accompany you?

Does your partner prevent you from seeing your family and/or friends?

Do you have to tell your partner where you are and who you are talking to?

Does your partner monitor your phone calls or other forms of communication?

What happens when your partner feels jealous or possessive?

Does your partner put you down or call you names?

Has your partner ever strangled you? (Note: adult victims may use the word "choked" instead of strangled.)

Has your partner ever threatened suicide?

Does your partner do reckless things that scare you or the child(ren), such as driving too fast? Tell me about that.

How does your partner treat your pets (animals)?

Does your partner have access to a weapon?

Has your partner ever used a weapon, such as a gun, knife, or any other object to threaten or hurt you or the child(ren)? Tell me about that.

INTERVIEWING (Cont'd.)

Has your partner ever threatened to harm you or kill you and/or the child(ren)? Tell me about that.

How dangerous do you think your partner is? Tell me about that.

What do you think your partner is capable of doing?

Does your partner have martial arts, law enforcement, or military training?

Has your partner ever forced you to do something you did not want to do or that made you uncomfortable?

Has your partner ever pressured or forced you to have sex? Tell me about that.

Does your partner blame you for his behavior?

What do you think would happen if your partner knew what you have shared with me?

What do you think will help keep you and your child(ren) safe?

Have you told anyone about the abuse? What happened?

Have you left the home as a result of the abuse? Where did you go? Did you take the child(ren)? What happened after you left?

Have you seen a counselor or received services at a domestic violence program?

Have you stayed in a domestic violence shelter?

On a scale of 1 to 10, with 10 being the safest, how safe do you feel right now?

INTERVIEWING (Cont'd.)

Additional questions to ask the adult victim in relation to the child(ren):

Describe your parenting responsibilities. Describe your partner's parenting responsibilities.

Describe how your partner disciplines the child and for what reasons.

Does your partner call your children names, insult them, or yell at them?

Does your partner undermine your parenting? In what ways?

Has your child(ren) ever been strangled ("choked")?

How does your partner participate in parenting?

Does your partner criticize your parenting? In what ways?

Has the child(ren) ever been hurt, either accidentally or on purpose? Tell me about that.

Where is the child(ren) when your partner is being verbally or physically abusive to you?

Describe how the child(ren) responds to the abuse. Have they ever tried to stop it or intervene? If so, what happened?

Have you noticed any effects on your child(ren)? Changes in your child(ren)'s behavior such as sleeping, eating, mood, relationships with school/friends/siblings?

Do you have concerns about your child(ren)'s development?

INTERVIEWING (Cont'd.)

Have you ever suspected that your partner may have been sexually inappropriate with your child(ren)?

If your child(ren) has visits with your partner/ex-partner, how have those been going? What happens during drop-off and pick-up times? Is the child(ren) returned to you at the agreed upon time? What does the child(ren) say about the visits? Do you have any concerns about the visits?

Do you believe that your partner is able to take care of the child(ren)and attend to the child(ren)'s needs? Is your partner able to keep the child(ren)safe?

On a scale of 1 to 10, with 10 being the safest, how safe is your child(ren)? How safe do you think they feel? How safe do you think they are?

INTERVIEWING (Cont'd.)

Assessment questions – child(ren)

Recognize that the child(ren) may feel responsible for what happened or guilty for disclosing the abuse. Adapt the questions to the developmental age of the child(ren). Help the child(ren) feel more comfortable by beginning with more general questions that develop rapport.

Remember: since there is a risk for retaliation against the child(ren) for sharing information with child welfare professionals, they should be cautious about what information they share with the alleged batterer and how the information is shared.

INTERVIEWING (Cont'd.)

Is there anything about dad that makes you sad, scared, or worried?

What happens when your mom and dad argue or fight?

What happens when dad gets really mad? Has anyone ever been hurt when dad gets mad?

What happens when mom gets really mad? Has anyone ever been hurt when mom gets mad?

Do you worry about (use child(ren)'s words for the violence) a lot? When do you think about these things? When you're at school? With friends? Other times?

Do you have anyone you can talk to if you don't feel safe or if you are worried? Who do you talk to when you don't feel safe or you feel worried?

Are you afraid for or of pets? Has your pet ever been hurt?

Are you afraid of or for mom? Dad? Brothers or sisters?

INTERVIEWING (Cont'd.)

Interviewing the batterer

Batterers may manipulate the interview in ways the child welfare specialist is not aware of or does not recognize, such as trying to take control of the interview, appearing to side with the child welfare specialist, attempting to triangulate the professionals involved, blaming the victim and trying to get the child welfare specialist to agree with him and portraying himself as the real victim of her abuse, her craziness etc.

Safety	Appropriate Approach	Prudence	Respect	Rapport
* Consider worker's safety, as well as the safety of the victim and the child(ren). * Never quote the child(ren) or adult victim.	* Speak to collateral sources who have had contact with the batterer in the past such as partners, service providers, or law enforcement. * Become familiar with the batterer's tactics and behaviors, and then plan an approach to working with him.	* Avoid getting into a power struggle with the batterer. * Stay focused on the issues.	* Let the batterer tell his situation. * Be mindful of race, ethnicity and class issues. * Do not allow the batterer to use his culture as a justification for violent behavior. * Remember, this isn't about bad people, it's about harmful behavior.	* Establish a working relationship with the batterer. * Take time to build rapport as it helps to engage the batterer and create a more positive outcome for the family, the investigation and possible future investigations.

Adapted from: Accountability and connection with abusive men: A new child protection response to increasing family safety, (Mederos and Family Violence Prevention Fund, 2004).

INTERVIEWING (Cont'd.)

Attention to Fatherhood	Set Limits	Documentation	Accountability	Structure the Interview
* Many batterers want to be good fathers. * Have the batterer talk about how he feels his behaviors have affected his child.	* If the batterer is using tactics of intimidation and threats towards you, call his attention to it and request that he change his behavior. * Inform the batterer that if the interview needs to be ended due to his behavior, it will be documented.	* Approach the batterer with documentation of his behaviors and actions such as police reports, prior investigations, or hospital records. * Make a concerted effort to get corroborating evidence. * Tell the batterer the source of the information received (i.e., "The police report says. . .")	* Hold the batterer responsible for changing his behaviors. * Challenge the batterer's minimization, denial and blame. * Ask the batterer to talk about what he did in the situation. * If the batterer blames others for what happened, continue to focus on how he contributed to the situation.	* Prior to the interview, have a sense of the goals and know what line of questioning will be most useful.

Adapted from: Accountability and connection with abusive men: A new child protection response to increasing family safety, (Mederos and Family Violence Prevention Fund, 2004).

INTERVIEWING (Cont'd.)

Assessment questions - batterer

What do you and your partner have conflicts about? What happens when you have conflicts or strong disagreements?

How are decisions made in the relationship?

Who are your partner's family and/or friends? How often does your partner see or talk with them?

What do you do when you feel angry, jealous, or possessive of your partner?

Does your partner seem afraid of you? In what ways?

Do you have any weapons such as guns, knives etc. in the house?

Have you ever used a weapon against your partner or threatened them with a weapon? What happened?

INTERVIEWING (Cont'd.)

Have you ever threatened to commit suicide or felt like committing suicide?

Do you have a place to stay if you need to leave the home? (Can the child welfare specialist help him find a place to stay?)

Additional questions to ask the batterer in relation to the child(ren):

Has the child(ren) ever been hurt, accidentally or on purpose?

Where is the child(ren) when the fighting happens? How does the child(ren) respond to the violence?

How safe is the child(ren)?

How safe does the child(ren) think you are?

How does the child(ren) interact with peers? Who are the child(ren)'s favorite teachers, friends, or people?

Is the child(ren) involved in any activities outside of the home?

How does the child(ren) treat you?

How is the child(ren) disciplined?

Tell me about your child(ren)'s medical care/needs.

INTERVIEWING (Cont'd.)

How do you think the child(ren) is affected by what you did?

How do you earn the child(ren)'s respect?

INTERVIEWING (Cont'd.)

Assessment questions – collaterals

Describe the relationship between (DV victim) and (DV perp).

What happens when (DV victim) and (DV perp) disagree?

What types of things do (DV victim) and (DV perp) disagree about?

Who or what initiates the disagreement?

What roles do (DV victim) and (DV perp) have within the relationship and the home?

Who is responsible for maintaining the finances and/or paying bills?

Does (DV victim) have their own vehicle or mode of transportation?

Does (DV victim) have their own cell phone?

Does (DV perp) dictate who (DV victim) talks to or how often?

INTERVIEWING (Cont'd.)

Is (DV victim) employed? What does their employment history look like?

Does (DV victim) have friends they associate with individually, without (DV perp)?

Does (DV victim) engage in activities separately from (DV perp)?

How does (DV perp) express anger and/or frustration?

How does (DV perp) react when (DV victim) tells them something they don't want to hear?

Who determines when their child(ren) is disciplined? Who is the disciplinarian?

Have you ever felt the child(ren) was too harshly disciplined?

Has the child(ren) ever been injured by their parents?

INTERVIEWING (Cont'd.)

Do you know if law enforcement has ever been called out to their home?

Have you ever noticed any bruises, discoloration, scratches, scrapes, fractures, or any other injury on (DV victim and/or child(ren))?

Do you know if (DV perp) has ever threatened (DV victim, child(ren), and/or pets)?

Has (DV victim) ever tried to leave their partner? If so, why? How many times? What was the outcome?

Have friends and/or family expressed concern for the (DV victim and/or child(ren)) regarding the relationship?

Describe (DV victim's) and (DV perp's) romantic relationships prior to this one.

Are you afraid for the safety of anyone in their home?

INTERVIEWING (Cont'd.)

Assessment questions – service providers

Are you certified by the Oklahoma Office of the Attorney General (OAG) or a Tribe? (This pertains to batterers intervention programs and domestic violence victim programs.)

What type of service plan will the client have?

Will you work on a safety plan with the client?

How long will the client's services last?

What is the focus of services?

How will you manage co-occurring issues (substance abuse, mental health, etc)? Will you communicate with other service providers?

How will the services provided increase parenting effectiveness and encourage the parents to live in safe and supportive environment?

CHILD WELFARE SAFETY ASSESSMENT

The safety of the child welfare specialist, adult victim, and child(ren) should be evaluated throughout the life of the case.

Child welfare specialist personal safety

A batterer's potential to be dangerous varies. If a child welfare specialist has been threatened by, confronted by, is uncomfortable with, or in a potentially dangerous situation with the batterer, they should consult with their supervisor to discuss ways to remain safe.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Notify supervisor, coworkers, and agency security if a potentially dangerous batterer will be onsite. Provide details such as the date, time, and location of the meeting or interview.

Notify supervisor and coworkers if planning a visit to the home while the batterer is present, providing details such as the date and time.

Be aware of surroundings when entering or leaving the agency or home.

Ensure there are easily accessible exits when meeting with the batterer

Refrain from verbal confrontation or conflict with the batterer to avoid escalating the situation.

General safety considerations

Inform the adult victim about all steps of the process so that she can safety plan.

Do not share information provided by the adult victim with the batterer; this carries a potential risk of retaliation and harm to the adult victim and child(ren).

Take into consideration any information that suggests there may be a safety threat (i.e., batterer has threatened harm to himself or others, batterer has harmed himself or others, batterer has access to weapons, etc.).

Assess risk, safety, and protective behaviors in order to prevent unnecessary removal of child(ren).

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

If the adult victim expresses any intent to leave, advise her not to tell the batterer and connect her with a domestic violence advocate for domestic violence safety planning.

Be mindful that the actions taken by an adult victim to ensure her safety and her child(ren)'s safety will be different for each victim. **Remember:** what works for one adult victim might not work for others. For example, a protective order might increase safety for one adult victim but may be a safety threat for another. Safety planning must be individualized to each adult victim in the context of her unique situation and should include her input and an evaluation of the potential risks and benefits of each option.

Recognize the abusive and coercive tactics the batterer uses to maintain power and control over the adult victim and document each specific behavior, being careful to accurately identify the batterer.

Understand the battering tactics of power and control, which will assist in providing appropriate interventions and/or referrals.

Know that using violence, abuse, and control are choices made by the batterer. The adult victim cannot stop a batterer from being violent, intimidating, threatening, or controlling; only the batterer can choose to stop this behavior. However, the adult victim can participate in safety planning for herself and her child(ren) and hold the batterer accountable for his behavior when it is safe to do so.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Safety and batterer accountability:

Emphasize to the batterer appropriate messages about taking accountability for the abuse. Remember, the adult victim did not cause the abuse and only the batterer can end the abuse by choosing to cease all violent behavior, threats, intimidation, manipulation, psychological abuse, and control toward the adult victim.

Recognize that with help, the batterers can play a more positive role in their child(ren)'s life when it has been determined safe to do so.

Explore the Power and Control Wheel and ask about any batterer tactics identified on it. **Look beyond physical violence only. Coercive control, emotional abuse, threats, and intimidation may not leave physical injuries but can still be very dangerous.**

Accurately identify who is the adult victim and who is the batterer. This will help the child welfare specialist make the appropriate safety assessment for family members and determine the proper interventions and referrals. In some cases, making this distinction can be difficult. The more knowledge child welfare specialists have about domestic violence, including the dynamics of power and control, the more they will be able to accurately distinguish the adult victim from the batterer.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Apply context to the specific actions of all the parties in order to get the complete picture of what happened and why. For example, one parent may accuse the other of hitting them, but that does not present a complete picture of the incident. If the parent later discloses they hit the other because they were strangling her, the possible explanation becomes that one parent hit the other in self-defense, in an attempt to escape, or even to stay alive. In this situation, a parent initially identified as the batterer would now be identified as the victim. **Remember, applying context to the situation is vital to making sound child welfare decisions.**

Ask if the batterer has used or threatened to use firearms or other weapons against the adult victim, child(ren), or others. Ask if there are firearms in the home or if the batterer has access to firearms.

Recognize that there is an additional layer of potential lethality if the batterer is current or former law enforcement or military due to increased training, access to firearms, resources, and stature in the community.

Avoid using couples or marriage counseling or mediation as it can create unintended safety consequences for the victim parent due to increased risk of the batterer retaliating against them for disclosing the abuse.[1] This also applies when there is evidence of power and control, even in the absence of physical violence.

Understand domestic violence is not caused by problems with communication, poor conflict resolution skills, lack of assertiveness, or unwillingness to compromise. Viewing domestic violence in this way inadvertently blames the victim and implies she is in some way responsible for her own victimization instead of holding the batterer accountable for his actions.

[1]Schechter, S. & Edelson, J.L. (1999). Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice. National Council of Juvenile and Family Court Judges Family Violence Department.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Kinship care

The child welfare specialist must complete a thorough investigation into the domestic violence history of every adult living in a kinship or non-kinship placement under consideration. In many instances, the batterer learned their abusive behavior in their home of origin. While placement of the child(ren) with the batterer's parents or family might be safe, keep in mind that even if there is no current physical domestic violence, the battering parent from the batterer's home of origin might still be using power and control tactics, verbal abuse, or psychological abuse toward family members. Also, the batterer's parents may not offer positive reports to the court about the adult victim while painting their child (the batterer) in the most positive light. If this occurs, the safety of the child(ren) may be compromised because the court may be receiving biased information about each parent from the kinship foster family. If it's safe to do so, a kinship home is always the preferred placement. However, careful consideration should be taken before placing with the batterer's family to ensure the safety of the child(ren) and the adult victim.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Family meetings

Family meetings are planning and decision-making processes that include parents, caregivers, child(ren), child welfare specialists, and other service providers. They may also include extended family, friends, members of community groups, and other community partners. In the context of domestic violence, a careful analysis should be conducted regarding the potential physical and emotional risks to the adult victim and the child(ren) if the batterer participates in the meeting. Safety considerations include an exploration of potential dangerousness and lethality factors posed by the batterer towards the adult victim and/or the child(ren) (refer to dangerousness and lethality section). Other factors to consider include the batterer's access to the child(ren), pattern and type of abuse, stalking, frequency and severity of the abuse, level of coercive control, threats and intimidation, violation of victim protective orders and other orders of the court, criminal history, and presence of other stressors or risk factors, including the batterer's substance abuse and mental health. Special consideration is required when a VPO is in place and requiring both the victim and the batterer to be present during the family meeting would result in the protective order being violated. It is critical that the child welfare specialist discuss these concerns with the adult victim prior to planning a family meeting. The adult victim may have other concerns about participating in a family meeting with the batterer present and should have a domestic violence advocate present.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Victim Protective Orders (VPO's)

In Oklahoma, the application for and issuance of victim protective orders is a civil court process and violators of VPOs are subject to criminal penalties. Any victim of domestic violence, stalking, harassment, and rape are entitled to file for a VPO, including those in same-sex relationships. A parent or guardian may petition on behalf of a minor, and minors age 16 years and above may apply with or without parental permission.

VPO's are effective for many victims of domestic violence but may pose additional risk of harm or violence for others. When a victim is considering obtaining a VPO, it is critical for child welfare specialists to discuss the potential risks and benefits with the victim and defer to the victim's decision. Encourage victims to explain what they perceive the risks and benefits are and assist them in evaluating their decision by asking questions such as, "Have you filed for a protection order in the past?" "If so, what happened?" and "How do you think your partner will respond when they find out you have filed for a protection order?" or "How do you think your partner will react when the VPO is served?" In this way, child welfare workers are empowering the victim to consider her own personal risks and benefits.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

The VPO process, including when the VPO is filed, when the VPO is served to the batterer, and any time before, during, or after the victim appears in court, can be a flashpoint for the escalation of violence. Some victims might need to consider utilizing an emergency domestic violence shelter during this process. Working in collaboration with the local OAG certified or tribal domestic violence agency to determine available options can enhance safety for adult victims and their child(ren).

For victims who want to file a VPO, a domestic violence advocate can be very useful in helping the victim prepare and file the protective order affidavit. A domestic violence advocate can also assist the victim with safety planning throughout this process. Legal proceedings, including juvenile court hearings, VPO hearings, criminal proceedings against the batterer, and divorce and/or custody proceedings, can be intimidating for victims of domestic violence if they must be in the same court room as the batterer and may pose risk of harm to the adult victim and/or her child(ren). Many victims participating in legal and court proceedings experience strong trauma responses and a domestic violence advocate can provide support during these proceedings and arrange for safe entry and exit from the court house.

In accordance with Title 10A, child welfare specialists can, upon consideration of everyone's safety, request a deprived judge to court order the batterer out of the home and/or order the batterer to abstain from any contact with the adult victim and child(ren) if this is necessary to protect the child(ren). The victim should be consulted about this safety decision and her opinions and safety should be taken into consideration as this is also a potential flashpoint for the escalation of violence.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

DHS does not have the authority to violate the conditions of a VPO. If an active VPO issued by a civil court states that a parent cannot have any contact with their child(ren) and/or partner, DHS cannot ask the partner to supervise visits or conduct visits between the parent and the child(ren). To facilitate visitation in cases where an active VPO exists, child welfare specialists should assess child safety and staff the case with a supervisor, the child(ren)'s attorney, and district attorney or assistant district attorney. The child welfare specialist would then present the parties' agreement to a deprived judge and attempt to obtain a court order before proceeding with visitation for the restricted parent.

Please Note: The petitioner (adult victim) cannot legally violate his or her protective order. Only the respondent/batterer can legally violate the protective order.

Victim Information and Notification Every Day (VINE)

Victims can register with the Victim Information and Notification Every Day (VINE) program to receive an automatic notification when a VPO has been served to their batterer. Advance notification of when the batterer has been served can help a victim make decisions regarding her safety.

Remember: As noted throughout this manual, victims of domestic violence are often at increased risk of harm, up to and including homicide, when preparing to separate, during the process of estrangement, when physically leaving, and post-separation.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Lethality risk factors ("red flags")

In domestic violence cases, lethality risk is the likelihood that an adult victim will be killed by the intimate partner. While only a very small percentage of adult victims of domestic violence are killed by their current or former intimate partners, identifying the lethality risk factors for serious or lethal intimate partner violence is a priority task for child welfare specialists.

Lethality considerations

Identifying red flags is an ongoing process that should continue throughout the duration of the case.

Take the adult victim's perception of risk into account when assessing and identifying red flags. An adult victim who discloses that she is afraid of the batterer or believes he is capable of killing her or the child(ren) should be taken seriously. **NOTE:** Not all adult victims accurately assess their risk of being severely harmed or killed by the batterer.[1] However, just because the adult victim does not believe the batterer is capable of killing her or the child(ren) does not in and of itself mean that they are safe.

[1] Campbell, J. C., Webster, D., Koziol-McLain, Block, C., Campbell, D., Curry, Mary Ann, Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, Susan, A., Manganello, J., Xu, x., Schollenberger, J., Frye, V. & Laughon, K. (2003). Risk Factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health.* 2003 July; 93(7): 1089-1097).

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

A domestic violence advocate can help the adult victim identify her risks and obtain and/or formulate a safety plan relevant in response to the identified risks.

The potential to perpetrate lethal violence varies from one batterer to another. Some batterers seldom use physical violence while others assault the adult victim daily. Some batterers are more likely than others to inflict serious injury or even kill the adult victim. The more risk factors present in the case the greater the likelihood the adult victim will be killed and the greater the risk to the child(ren).

Strangulation

Even though strangulation is one of the most lethal forms of domestic violence, about 50% of strangulation victims have no visible injuries.[1] In addition, death can occur from strangulation days or even weeks after the event, even when no external injury is apparent.[2] If the child welfare professional suspects the adult victim has been strangled in the last two weeks, even if no injuries are visible, they should ask the adult victim about the strangulation (see pages 65 and 67 for guidance on interview questions) and strongly encourage the adult victim to seek a medical exam.

[1] Training Institute on Strangulation Prevention. (2017). *Strangulation in Intimate Partner Violence.*
[2] Training Institute on Strangulation Prevention. (2017). *Strangulation in Intimate Partner Violence*

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Strangulation also occurs in children, even those who are preverbal or developmentally unable to describe what happened.[1] As with adults, 50% of children will not have apparent signs of strangulation and may even die without any visible or apparent injuries.[2] A child can be "presumed at greater risk of life-threatening injuries if strangled due to the variation in anatomy and physiology compared to adults."[1] In addition to immediate medical concerns, "severe delayed effects of strangulation have been reported in children."[2] If there are reports of blunt force trauma to a child's head and/or neck and/or suspicions a child has ever been strangled, the child should be taken for a medical exam as soon as the child welfare professional becomes aware of the information, regardless of the amount of time that has elapsed since the incident. A medical evaluation, including radiologic neuroimaging, can be extremely important in detecting internal injuries and saving the child's life[3].

[1] International Association of Forensic Nurses. (2016). *The evaluation and treatment of non-fatal strangulation in the health care setting.*

[2] Baldwin-Johnson, C. & Wiese, T. Strangulation in children. In Strack, G. Editor & Gwinn, C. Editor (Eds.). Strangulation in Alaska: Guidelines for law enforcement, health care providers, advocates and prosecutors (pp. 48-57). San Diego, Training Institute on Strangulation Prevention (A Program of the National Family Justice Center Alliance).

[3] Training Institute on Strangulation Prevention. Strangulation: What parents and caregivers need to know.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Lethality risk factors for intimate partner femicide include the following:[1]

- Partner used or threatened with a weapon (20.2*)
- Partner threatened to kill woman (14.9)
- Partner tried to choke (strangle) woman (9.9)
- Partner violently and constantly jealous (9.2)
- Woman forced to have sex when not wanted (7.6)
- Gun in the house (6.1)
- Physical violence increased in severity (5.2)
- Partner controls most or all of woman's daily activities (5.1)
- Physical violence increased in frequency (4.3)
- Partner uses illicit drugs (4.2)
- Partner drunk every day or almost every day (4.1)
- Woman ever beaten while pregnant (3.8)
- Woman believed he was capable of killing her (3.3)
- Partner reported for child abuse (2.9)
- Partner violent outside the home (2.2)
- Partner threatened or tried to commit suicide (1.3)
- Victim threatened or tried to commit suicide (0.5)

*(*Unadjusted odds ratios indicating the likelihood of a battered woman being murdered by an intimate partner[1]; i.e. women who were threatened or assaulted with a gun or other weapon were 20.2 times more likely than other women to be murdered. Women whose partners threatened to kill them were 15 times more likely to be killed, etc.).*

[1]Campbell, J., Webster, D., Koziol-McClain., J., Block, C., Campbell, D., Curry, M., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., and Wilt, S. (2003). Assessing Risk Factors for Intimate Partner Homicide. *NIJ Journal,* Issue 250.

CHILD WELFARE SAFETY ASSESSMENT (Cont'd.)

Flashpoints

Flashpoints refer to those situations, events, and/or experiences that may lead to an escalation of violence and an increase in lethality risk. Be attentive to flashpoints. Victims of domestic violence should consider the potential safety risks and benefits associated with each potential flashpoint below. Child welfare specialists should encourage victims to participate in domestic violence safety planning with a domestic violence advocate during flashpoints.

- Victim protective order is filed against batterer
- Victim protective order is served to batterer
- Batterer is released from jail or prison
- Criminal charges are filed against batterer
- There is visitation with and/or exchange of child(ren)
- **Batterer is reported for child abuse or child welfare initiates involvement with the family**
- Batterer is referred to child support services
- Divorce and custody proceedings are initiated or batterer is served with notice of legal proceedings
- Victim's initiates services, including legal services or domestic violence services
- Recent instability, e.g. batterer becomes unemployed, the family loses their home or moves
- Batterer feels he may lose his partner because she actually takes steps to leave or batterer perceives that she is trying to leave by obtaining a promotion at work, going back to school, etc.

THE SAFETY DECISION

Documentation in records and Court reports[1]

Clear and thorough documentation is essential to effective and safe casework. Specific, descriptive, and accurate information and documentation is necessary to ensure the safety of the adult victim and the child(ren).
It is important to:

- Safeguard personal information that can compromise the safety of the adult victim and/or the child(ren).
- Ensure that any information included in reports that pertains to a victim's confidential address (including shelter) is flagged and never shared with the batterer.
- Clearly differentiate the batterer from the adult victim.
- Use language that describes the batterer's role in and holds him accountable for creating harm or risk to the adult victim and the child(ren).
- Avoid language that blames the adult victim for the batterer's behavior, including statements such as "history of domestic violence between the parents," "parents have a history of domestic violence altercations," "couple engages in violence," "violence in the parents' relationship," "a dynamic of violence between the parents," "violence in the home," "dysfunctional family," or "mother allows/enables the abuse."

[1]Oregon Department of Human Services. (n.d.). Chapter II – Screening and Assessment, Special Considerations/Requirements for CPS Assessment. Retrieved from https://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch02/ch2-assessment-section21.pdf

THE SAFETY DECISION (Cont'd.)

- Avoid euphemisms or vague terms like "argued" or "fought" and use words that specifically describe the abuse instead. For example, "Mr. Smith has engaged in an escalating pattern of physical violence, threat and intimidation. On [date], Mr. Smith punched Mrs. Smith in the face. He pushed her down and she fell on the floor While she was on the floor he kicked her several times. Mr. Smith perpetrated these acts in the presence of the child, Joey Smith. Mrs. Smith went to the Emergency Room at ABC Hospital and received medical care for two broken ribs."

In addition, include:

- Details about the severity of the violence, extent of the injuries, duration of the incidents, unpredictability of violent behavior, and the physical proximity to the child(ren).
- Specific descriptions of the batterer's pattern of control.
- Past violent behavior, threats, intimidating actions, and other forms of control.
- Details about how the fear and uncertainty generated by the batterer's prior behavior continues to impact current parenting, decision making, risk assessment and safety of the adult victim and the child(ren).
- An assessment of how the batterer's actions are impacting the child(ren).
- How the child(ren) is being used as a way of gaining access to, or control over, the adult victim.
- A description of how the batterer's behavior interferes with the parenting efforts of the adult victim.

[1]Oregon Department of Human Services. (n.d.). Chapter II – Screening and Assessment, Special Considerations/Requirements for CPS Assessment. Retrieved from https://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch02/ch2-assessment-section21.pdf

THE SAFETY DECISION (Cont'd.)

Assessment of protective capacity

General

The following information is supplemental to the existing OKDHS policy and practice guidelines for assessing protective capacity. It is intended to provide additional guidance when handling cases that include domestic violence.

"A protective capacity is a specific quality that can be observed and understood to be part of the way a parent thinks (cognitive), feels (emotional), and acts (behavioral) that makes him or her protective." Most parents have some protective behaviors. However, to exhibit full protective capacity must be able to fully protect the child(ren) using all three domains in a way that manages and/or controls all safety threats. **Remember, the child(ren)'s safety is the primary focus of the assessment.**

- Protective capacity should be assessed for both the adult victim and the batterer.
- Assessment should be based on facts and strengths versus a "deficit" approach.
- Assessment should rely on knowledge and understanding of how the batterer's behavior may impact and disrupt the adult victim's ability to protect.

THE SAFETY DECISION (Cont'd.)

Assessment of protective capacity

Adult victim

Assessing for the adult victim's protective capacity does not mean that the adult victim is being blamed for the abuse perpetrated against her.

Assessment should not be based solely on whether the adult victim separated from the perpetrator, left the home to stay with family or friends, forced him to leave the home, called the police, sought a victim protective order, or went to a domestic violence shelter. It is widely assumed that these options will effectively create safety. While these options may be effective for some, they may have the unintended consequence of creating safety threats for others. For example, obtaining a VPO may be a deterrent to some batterers but for others it may cause an escalation in their violence and control tactics and increase the risk to the adult victim and child(ren). In addition, these options only address the physical violence. For many adult victims and child(ren), addressing additional challenges, including access to income, transportation, and housing, is critical to obtaining and sustaining short-term and longer-term safety.

Adult victims often carefully consider the pros and cons of each option available to them. For example, they may weigh the risks posed by staying with the batterer against the circumstances that could be created by leaving, such as homelessness, poverty, loss of support from family, friends, and/or their faith community, etc. The adult victim may also be afraid the batterer will win custody of the child(ren) in juvenile or civil court proceedings as they have threatened. Unfortunately, this is a very real risk.

THE SAFETY DECISION (Cont'd.)

Identify the full spectrum of the adult victim's efforts to support the safety and well-being of the child(ren) despite the batterer's behavior. How has the adult victim provided nurturing, support, love, routine, safety, and well-being for the child(ren)?

Adult victims often engage in a wide array of protective behaviors that contribute to the safety and well-being of the child(ren). These efforts usually go unrecognized. Recognizing and valuing these behaviors is not only strength-based but may also contribute to the child welfare specialist's ability to build rapport with the adult victim who may have been investing significant effort to protect her child(ren) in difficult, frightening and dangerous situations.

Identify factors that might be compromising the adult victim's ability to effectively protect the child(ren), i.e. co-occurring substance use/abuse or mental health concerns.

Recognize the ways in which the adult victim's experience of trauma, most often chronic trauma, may be impacting protective capacity

THE SAFETY DECISION (Cont'd.)

It is important to assess and document how the adult victim has provided for the safety and well-being of the child(ren). This acknowledges the adult victim's strengths and the strategies she has used to protect the child(ren). Consider the following questions:

- How has the adult victim's behavior helped the child(ren) or lessened the impact of the batterer's behavior on the children?
- How has the adult victim managed to keep herself and the child(ren) safe thus far? In what ways has the adult victim provided for safety that do not immediately appear to be safety strategies or protective actions?
- What are the adult victim's resources? Is there an informal safety plan with the child?
- What does the adult victim say that she needs? What does the adult victim say the child(ren) need? Help the adult victim strategize around basic needs, including options for safety, support systems, and resources in the community.

THE SAFETY DECISION (Cont'd.)

Examples of protective behavior used by adult victims
Working with a domestic violence or sexual assault advocate or program
Accessing a domestic violence or homeless shelter
Calling 9-1-1 or teaching the child(ren) to call 9-1-1
Attempting to protect the child(ren) by sending them to stay with relatives or friends
Notifying school officials of batterer's potential for violence, the safety plan, emergency contact information, VPO, possible changes in child(ren)'s behavior, or trauma triggers
Talking to the child(ren) about how to respond to the violence
Providing the child(ren) with age appropriate tools to understand and cope with the violence
Identifying a person to assist with visitation and exchange of the child(ren) to reduce potential for violence
Taking the child(ren) to a counselor or consulting with the child(ren)'s counselor
Moving out of home with the child(ren)
Seeking legal assistance or gaining custody of the child(ren)

THE SAFETY DECISION (Cont'd.)

Examples of protective behavior used by adult victims (Cont'd.)
Providing a safe structure by normalizing and maintaining a routine as much as possible
Ensuring the child(ren)'s basic needs are met
Engaging the child(ren) in outside activities and relationships
Attending school functions such as parent-teacher conferences
Following family traditions
Minimizing, denying, or refusing to talk about the abuse for fear of making it worse
Lying about the batterer's violence, abuse of the child(ren), or criminal activity to avoid retaliation

THE SAFETY DECISION (Cont'd.)

Examples of protective behavior mastery shown by adult victims
Participating in and implementing safety planning with the child(ren)
Seeking assistance of others to stay safe and keep child(ren) safe
Using strategies "in the moment" to keep herself and her child(ren) safe
Understanding that her safety and the safety of the child(ren) are connected
Recognizing and articulating the various ways that the violence and tactics being used by the batterer impact/harm the child(ren) (i.e. batterer withholding money for food results in the child(ren) going to school hungry, tension in the home results in the child(ren) feeling anxious and unable to relax and play)
Having a sense of her own self-worth despite the violence and abuse and believing she has the right to be safe
Believing in the child(ren)'s report of maltreatment and being supportive of the child(ren)
Not having significant individual needs, such as severe depression, lack of impulse control, medical needs, etc., which might affect the safety of the child(ren)
Identifying a vision for healthier functioning in the future and articulating steps to achieve that vision
Utilizing healthy coping skills

THE SAFETY DECISION (Cont'd.)

Assessment of protective capacity

Batterer

The batterer's behavior, control, and choices create a significant risk to the adult victim and the children. Batterers vary in terms of their level of dangerousness, ability to effectively and safely parent, and ability to make the changes necessary to provide for the safety of their child(ren). Always consider lethality risk indicators, flashpoints, and adult victim safety. The safety of the child(ren) is linked to the safety of the adult victim. Participation in and completion of a 52-week Batterers Intervention Program (BIP) in and of itself is insufficient to demonstrate behavioral change or protective capacity.

The batterer exhibits a mastery of protective capacity when he ceases all forms of violence, including threats of violence, physical violence, any form of power and coercive control, and intimidation, humiliation, and degradation.

THE SAFETY DECISION (Cont'd.)

Examples of protective behavior mastery shown by batterer
Complying with the plan made by CPS to provide safety for the child(ren) and/or the adult victim and with all court orders, including protective orders, child support orders, probation and parole, etc.
Communicating respectfully with and about the adult victim
Articulating how the child(ren) were impacted by his abuse, violence, and control in the home
Understanding that his behavior is his choice and that he can make different choices
Showing empathy toward the adult victim and the child(ren)
Accepting the end of the intimate relationship with the adult victim
Contributing to the financial well-being of the child(ren), even if he is no longer in an intimate relationship with the adult victim
Articulating and implementing a plan to ensure the adult victim and child(ren) are physically and emotionally safe in the future

THE SAFETY DECISION (Cont'd.)

The following table includes additional examples of batterer behavior that may indicate mastery of protective capacity.

Assessing change in men who abuse women[1]	
Fully admitting to what he has done	Not using change as a bargaining chip or saying to the adult victim "so now it's your turn to do the work
Ceasing to make excuses	Developing respectful, kind, supportive behavior
Ceasing all blaming of the adult victim	Carrying his weight
Recognizing that abuse is a choice	Sharing power
Accepting responsibility for and accepting the consequences of his actions	Changing how he behaves in highly heated conflicts
Identifying patterns of controlling behavior and admitting their wrongness	Changing his parentling style
Accepting that overcoming abusiveness will be a decades-long process and not declaring himself cured	Changing how he treats the adult victim as a parent and supporting her parenting choices
Identifying the attitudes that drive his abuse	Changing his attitudes towards females in general

Printed with permission:
[1]Bancroft, L. (2007). Checklist for Assessing Change in Men Who Abuse Women. Retrieved from http://lundybancroft.com/articles/checklist-for-assessing-change-in-men-who-abuse-women/

THE SAFETY DECISION (Cont'd.)

Assessing through case consultation

Has the perpetrator taken responsibility for the domestic violence and controlling behaviors?

Has the perpetrator been in compliance with all court orders?

Have police reports and call logs to the residence over the past year been checked?

Has the perpetrator been monitored during parent-child visitation and demonstrated competent parenting abilities?

Does the perpetrator talk respectfully to and about the victim?

Can parents express how the child(ren) were impacted by the control and violence in the home?

What is the parents' plan to ensure the victim and child(ren) are safe in the future?

What is the plan to ensure the child(ren) are not exposed to control and violence in the future?

Is there any noticeable bias regarding domestic violence in the child welfare professionals involved in the case? How is it impacting the case?

Has the child welfare specialist considered lethality risk indicators, flashpoints, victim safety, the perpetrator as a parent, and/or the perpetrator's readiness to change?

INTERVENTION STRATEGIES

Child welfare safety plan

A child welfare safety plan may be established when the child(ren) is determined to be UNSAFE but their safety can be ensured through a temporary, short-term arrangement that controls the safety threats to the child(ren). A Safety Plan may be a suitable course of action if:

- Safety plan monitor(s) is assessed for protective capacities and appropriateness to ensure safety of the child(ren).
- PRFCs and safety plan monitor(s) acknowledge the maltreatment and are willing to cooperate with OKDHS policies and procedures.
- Safety plan monitors do not blame the adult victim or child(ren) for the violence.
- Safety plan monitors understand or are willing to learn the effects of domestic violence on the child(ren).

When determining if a safety plan is appropriate, remember the following:

- Once a safety plan is implemented, the only two options are Family Centered Services or court involvement.
- A safety plan is meant to be short term, not to exceed a period of 6-9 months. This may impact recommendations for batterer services.
- A Family Service Agreement must be completed by all PRFCs that will be referred for services.
- A safety plan must include identification and clear descriptions of all safety threats and outline what unsafe behaviors must be controlled.
- A safety plan must identify the actions taken to control the safety threat.

INTERVENTION STRATEGIES (Cont'd.)

Out-of-home placement

Keeping the child(ren) in the home with the adult victim whenever safely possible is preferable in order to minimize trauma. However, there are situations in which removal of the child(ren) is the only way to assure safety.

Factors that might indicate the child can only be safe through out-of-home placement:[1]

- The presence of multiple types of child abuse in the home creates safety threats that cannot be managed.
- Batterer continues to expose the child(ren) to serious violence despite intervention.
- Child(ren) has reduced ability to cope with environment or has conditions that increase vulnerability.
- Batterer has a history of serious domestic violence that includes lethality risk factors as well as highly controlling and jealous/possessive behavior.
- Adult abuse of alcohol or other drugs presents an additional safety threat.
- **No other workable plan can be put in place to keep child(ren) safe.**

When out-of-home placement is necessary to ensure the child(ren)'s safety, an initial safety plan might include placement of the child(ren) with relatives, family friends, or with the adult victim at an OAG certified or Tribal shelter for domestic violence victims. Please note: Domestic violence shelters cannot force the adult victim to stay in shelter, nor can they monitor or supervise the adult victim and/or the child(ren). In addition, the shelter cannot share information about the adult victim and/or the child(ren) without the written consent of the adult victim or in response to a court order from a judge.[1]

[1]*Child Welfare Practices for Cases with Domestic Violence.* 2010. Oregon Department of Human Services, Children, Adults and Family Division

INTERVENTION STRATEGIES (Cont'd.)

Individualized Service Plans (ISP)

General guidance

According to the National Council of Juvenile and Family Court Judges (NCJFCJ)(1999, p. 22), "because domestic violence encompasses a wide range of behaviors, from the extremely dangerous to the less serious, families require a range of interventions, some of them voluntary and some mandated."

The ISP should NOT be written until the batterer and victim are correctly identified, thus ensuring the underlying cause of the violence is accurate.

Clear and thorough explanations of the elements of control and manipulation present in the ongoing tactics the batterer used against the victim should be documented in addition to any violence that may be present. This validates the underlying cause of the violence is domestic violence rather than drugs, impulse control, or mental health.

If the child welfare specialist is unable to discern which partner is the batterer and which is the victim and/or are unable to ascertain if the underlying cause is domestic violence, they should ask their supervisor to assist them in interviewing the family members separately.

INTERVENTION STRATEGIES (Cont'd.)

If all the interview questions previously listed in the manual have been asked by the child welfare specialist and supervisor jointly in private individual interviews with each family member, and it is still not clear which partner is the batterer and which is the victim and/or that the underlying cause is domestic violence, then the child welfare professionals should contact their local OAG certified or Tribal domestic violence provider for guidance and clarity before writing an ISP.

Research indicates mutual combat (in which both partners are batterers) and male victims are both very rare in domestic violence cases. If the child welfare specialist believes either of these to be the case, the supervisor should assist the worker in interviewing the family members as indicated above. If this belief persists after the supervisor assists with the interviews, the child welfare professionals should contact their local OAG certified or Tribal domestic violence provider for guidance and clarity before writing an ISP. The discussion with the DV expert and the resulting decision should be documented in the ISP under the section documenting the reason for DHS involvement. Proceeding to write an ISP with an incorrect underlying cause or inaccurate victim identification will delay permanency for the child and likely perpetuate safety threats to the child(ren).

If a DV expert confirms there is mutual combat or the male is the victim, the ISP will not be written as recommended by the preceding guidance on victim and batterers as either dynamic calls for a different intervention. Child welfare specialists should contact a local OAG certified or Tribal DV provider for assistance with writing ISP steps to effectively address and correct the underlying causes in these type of domestic violence relationships. Child welfare specialists can contact permanency planning program staff if they need assistance locating an OAG certified or Tribal DV provider.

INTERVENTION STRATEGIES (Cont'd.)

Court-ordered ISPs for the batterer and victim should always have separate and individually tailored "To Do" steps that show the specific behaviors causing the child(ren) to be unsafe rather than making general statements.

Each step should include a measureable behavior change rather than just a specific service. Remember that participation in a program is not a substitute for behavior change and does not guarantee safety for the adult victim and child(ren).

If the situation warrants separate court hearings, the parents' ISPs should be on separate ISP reports.

Steps should focus on eliminating the batterer's control and coercion in addition to ceasing the violence.

The language used in the ISP should hold only the batterer accountable for the control and violence; as the victim is not capable of stopping or protecting from someone else's behavior

Steps should be written in such a way that upon their completion, all underlying causes are corrected and safety threats removed, making the child(ren) safe in their home.

The ISP should hold all parents equally responsible for ensuring the emotional and physical well-being of the child(ren).

INTERVENTION STRATEGIES (Cont'd.)

The ISP should include steps that work in conjunction with the court, court services, or other community agencies, if involved (i.e., probation can include the same tasks as the child welfare safety plan/service plan/case plan, creating more oversight and accountability and less opportunity for manipulation of agencies and professionals or opportunity for the batterer to pit one agency or service provider against the other).

Steps should include recommendations for OAG certified or Tribal assessments, interventions, programs, and services. See resources at the end of this manual.

Psychological evaluations should be used prudently as they do not provide conclusions specifying who the batterer and victim are or identifying if domestic violence is the underlying cause. See previous guidance on psychological evaluations.

INTERVENTION STRATEGIES

Things to avoid

Steps should not include marriage counseling for couples who have an underlying cause of domestic violence. Domestic violence is not a communication issue or caused by a bad marriage. It's a power and control issue and marriage counseling can in fact put the victim in more danger.

The ISP should not recommend anger management for the batterer. While some batterers have additional anger and impulse control issues, anger management does not address the batterer's underlying behaviors of coercion, control, and power which precipitate domestic violence.

Steps should not overwhelm the adult victim with unnecessary services. Avoid recommending services that do not reflect the specific circumstances of the case or address safety threats and underlying causes. For example, one adult victim may benefit from parenting classes but for another adult victim there may not be a need to participate in parenting classes because she does not lack parenting skills and a referral would only serve to overload or overwhelm her, causing additional stress and negatively impacting her ability to obtain or sustain employment.

INTERVENTION STRATEGIES (Cont'd.)

Recommended statements for batterer ISP steps

Child welfare specialists may use the following statements in ISP steps if they apply to the specific case they are assigned. Wording should be changed to fit the circumstances and needs of the individual batterer on the case. Most statements include an expected behavior change and the worker will need to add recommended services. These statements are not meant to be an all-inclusive list; they are meant to supplement and offer guidance when constructing an ISP. The ISP would be inadequate if only these statements were listed or if the statements were merely copied as formatted below.

The batterer *(insert person's name on each step)* will not use violence towards any member of the household, including pets.

The batterer will not use intimidating behavior towards any member of the household, including, but not limited to, *(insert tactics of control and violence the batterer in the case has used such as verbal threats, destruction of property, throwing objects, punching walls, etc.).*

The batterer will remove all weapons from the premises, including, but not limited to, guns, bows and arrows, shotguns, knives, and hunting rifles.

The batterer will not use physical discipline with the child(ren).

The batterer will not deny partner access to a phone, vehicle, or other forms of communication or transportation.

If separated, the batterer will not make unwanted or unexpected visits to adult victim's home or place of employment.

INTERVENTION STRATEGIES (Cont'd.)

The batterer will respect all existing court orders, including victim protective orders, custody and visitation orders, probation expectations, and child support orders. *(CW should obtain copies of any orders that apply and include them in ISP steps.)*

The batterer will voluntarily contribute to the financial support of the child(ren), regardless of whether or not he resides with them.

The batterer will cooperate and not interfere with referrals for appropriate services for the child(ren), including, but not limited to, counseling, child care, and health care.

The batterer will disclose all information relevant to child abuse and domestic violence, including prior arrests and prior CW cases with other child(ren), to partner and child welfare specialist.

The batterer will acknowledge past abusive and violent behavior toward the adult victim and the child(ren), including, but not limited to, describing the specific nature of his physical and psychological abuse and coercively controlling behaviors and attitudes.

The batterer will articulate an understanding of the impact of his controlling and violent behaviors on his partner, the child(ren), and himself.

INTERVENTION STRATEGIES (Cont'd.)

The batterer will discuss his own abusive actions without blaming his behavior on outside circumstances or other people.

The batterer will verbalize the non-abusive, non-violent behavior he engages in when faced with circumstances similar to those which he would previously have become violent or abusive.

The batterer will verbalize what he has learned about himself and his behavior in his BIP program and describe what behavior changes he will implement in the future based on what he has learned.

The batterer will develop a plan to sustain non-controlling and non-violent behavior in his future relationships. He will identify personal red flags that indicate a regression to his old behaviors and develop a personal intervention plan to follow when the red flags occur.

The batterer will identify three people in his support system to invite to family meetings that will hold him accountable for change. He will describe in detail what he has done in the past to the adult and child(ren) victims and what his prevention plan is in the future. He will inform each of them what his personal red flags are and how they can hold him accountable and play a role in his intervention plan.

INTERVENTION STRATEGIES (Cont'd.)

Recommended statements for victim ISP steps

Child welfare specialists may use the following statements in ISP steps if they apply to the specific case they are assigned. Wording should be changed to the circumstances and needs of the individual victim on the case. Most statements include an expected behavior change and the worker will need to add the recommended services. These statements are not meant to be an all-inclusive list; they are meant to supplement and offer guidance when constructing an ISP. The plan ISP would be inadequate if only these statements were listed or if the statements were merely copied as formatted below.

The adult victim *(insert person's name on each step)* will participate in domestic violence safety planning with a domestic violence victim advocate and the child welfare safety planning with a child welfare specialist for herself and her child(ren).

The adult victim will implement the safety planning steps from each plan and demonstrate them to the child welfare specialist.

The adult victim will participate in an OAG certified or Tribal domestic violence victims program for assessment and services.

The adult victim will articulate to the worker what she has learned about keeping herself and her child(ren) safe.

The adult victim will have a written personal care and safety plan that she can review with the worker.

The adult victim will articulate what signs indicate the potential for violent or controlling behavior in her current or future partners. She will tell workers the steps she will take to keep herself and her child(ren) safe when she recognizes this behavior in her current or furture partners.

INTERVENTION STRATEGIES (Cont'd.)

The adult victim will identify and develop a support network of at least three individuals she can rely on for support outside the child welfare system. She will invite them to family meetings and describe the support she needs from them to be safe when she exits the CW system.

The adult victim will develop healthy ways to cope with the impact of domestic violence on herself and her child(ren) by participating in domestic violence trauma counseling for herself and her child(ren). She will demonstrate and discuss with her worker healthy coping skills to use for herself and teach to her child(ren).

The adult victim will use any community supports necessary to safely meet the needs of herself and her child(ren).

The adult victim will disclose any controlling or violent behavior occurring in her or her child(ren)'s life to her DV advocate and CWS so adjustments can be made to the safety plans.

INTERVENTION STRATEGIES (Cont'd.)

Batterers assessments

Batterer assessments are conducted by OAG certified or Tribal Batterers Intervention Programs (BIPs) utilizing an evidence-based assessment tool, such as the Domestic Violence Inventory (DVI), that is specifically designed for use with batterers. However, completing the DVI alone is not sufficient for a batterer assessment. The assessor should also conduct a structured interview with the batterer, complete a review of all available third-party collateral information such as law enforcement reports, court records, DHS records, etc., and obtain information from the adult victim when possible.

It is not appropriate or safe to refer a domestic violence adult victim for a batterer assessment, including a DVI, or for batterer services. Adult victims should be referred to an appropriate OAG certified or Tribal domestic violence victim program for danger and lethality risk assessment, safety planning, and additional services when it is safe for the victim to do so. A current list of OAG certified domestic violence programs for victims and batterers can be found at http://www.oag.ok.gov/certification and a current list of the Tribal domestic violence programs can be found at www.oknaav.org/tribalprograms/.

Batterers should be financially responsible for fees associated with their domestic violence assessments and services. BIPs may provide services on a sliding scale under certain circumstances, such as in cases of extreme financial hardship or disability. However, the fee should never be waived altogether. Child welfare may sometimes assist with BIP fees due to financial hardship; however, child welfare should not pay for all the batterer's fees.

INTERVENTION STRATEGIES (Cont'd.)

Batterers' Intervention Programs (BIP's)

Batterers Intervention Programs (BIPs) are courses certified by the OAG or Tribal BIP to provide assessment and group services for batterers. The BIP assessment screens for coexisting mental health and substance abuse problems and makes appropriate referrals as needed. Certified BIPs are required to be 52 weeks in length in accordance with OAG rules and standards for certification and conduct ongoing risk assessment, reporting any risks and concerns to the court. Programs utilize an accountability model that does not allow batterers to make excuses for or justify their behavior; they stress that violence is a learned behavior and batterers choose to control their partner and engage in violence. BIPs further facilitate accountability by charging fees that must be paid by the batterer, establishing attendance policies, and reporting repeat offenses to the court. BIPs follow established standards designed to enhance safety for adult victims of domestic violence and aim to achieve the following:

- Cessation of violent, abusive, and controlling behaviors toward the adult victim.
- Cessation of violent and abusive behaviors toward any child(ren) in the home.
- Education of about the effects of violence, abuse, and controlling behaviors on family members.
- Communication with the adult victim and referring agency to exchange information about the batterer's pattern of abuse and violence, purpose and limitations of the batterer's counseling, and any other relevant information about the batterer and his treatment.

Remember, the issues underlying domestic violence are power and control. The batterer is likely to engage in violent and abusive behaviors toward the adult victim whether or not they are angry. Domestic violence is not a problem of anger; therefore, anger management programs are not an appropriate substitute for batterers intervention programs.

INTERVENTION STRATEGIES (Cont'd.)

Child welfare contact with Batterers Intervention Programs (BIPs)

Batterers Intervention Programs (BIPs) may share information with child welfare professionals regarding the batterer. Child welfare specialists should maintain regular and ongoing contact with BIPs to gather the information they need to evaluate the continuing safety of the adult victim and the child(ren). When contacting BIPs, child welfare specialists should ask for information about:

- Any identified risks or safety concerns for the adult victim and the child(ren).
- Batterer's compliance with the rules and expectations of the BIP.
- Batterer's progress in the program and examples of behavioral changes he has exhibited.
- Coordinating and maintaining regular contact with probation/parole, if applicable.

INTERVENTION STRATEGIES (Cont'd.)

Interventions specific to the child(ren)

Personal safety planning: When developmentally appropriate, child(ren) can participate in safety planning with the child welfare specialist, adult victim, or domestic violence advocate to help them develop safety skills in response to identified risks.[1]

Trauma intervention: Referral to a licensed therapist with specialized training in child trauma intervention is a priority for children experiencing trauma. Some OAG certified or Tribal domestic violence victim programs offer trauma intervention counseling for children exposed to domestic violence administered by therapists are uniquely trained in domestic violence, risk assessment, safety planning, and trauma intervention. If the domestic violence victims program in your area does not provide this service, a list of therapists providing trauma intervention counseling (Trauma-Focused Cognitive Behavioral Therapy) for children across the state can be found at http://oklahomatfcbt.org/find-a-therapist/

Domestic violence counseling/groups: Many OAG certified or Tribal domestic violence victim programs offer specialized individual and/or group counseling and/or education groups for child(ren) exposed to domestic violence. A referral to these specialized services can be helpful for the child(ren).

[1]Bragg, H.L. (2003). *Child Protection in families experiencing domestic violence. Child Abuse and Neglect User Manual Series.* U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

INTERVENTION STRATEGIES (Cont'd.)

Safe visitation and exchange services: Visitation and custody plans should take into account the safety needs of the adult victim and the child(ren) as well as the batterer's history of violence and the ongoing risk he poses. Visitation arrangements should focus on "safe exchanges and safe environments for visits."[1] Visitation should be "consistent with children's treatment needs as well as their safety needs and use visitation centers when needed for court-ordered visitation between a child and a violent parent."[1]

[1]Schechter, S. & Edelson, J.L. (1999). *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice.* National Council of Juvenile and Family Court Judges Family Violence Department.

TRAUMA-INFORMED SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE

Suggestions for trauma-informed practice with adult victims

Working with families in the context of domestic violence often means that you are likely working with a traumatized adult as well as traumatized child(ren). Victimization and abuse are traumatic events and not everyone responds to trauma in the same way. The adult victim and the child(ren) may display varying degrees of traumatic responses to experiencing domestic violence and some could even develop post-traumatic stress. Several studies highlighting trauma responses in adult victims of domestic violence show the prevalence of post-traumatic stress exceeds the rates found in veterans returning from deployment, with prevalence even higher in adult victims who are sexually assaulted by their intimate partner in addition to other types of abuse.

For some women the intimate partner violence might be their first traumatic experience. But for others, it may be another trauma added to other traumatic experiences in their lives. Being abused by an intimate partner is a significant betrayal, and child welfare specialists should seek to:

- Understand trauma and the impact of trauma. An excellent resource for information about adult trauma specific to domestic violence is the National Center for Domestic Violence, Trauma and Mental Health at http:// www.nationalcenterdvtraumamh.org.

TRAUMA-INFORMED SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE (Cont'd.)

- Provide services that enhance physical and emotional safety for the adult and child(ren) victims.
- Share information related to their understanding of trauma with the adult victim. Child welfare specialists don't need to be "trauma experts" to provide information.
- Avoid unintentionally re-victimizing and re-traumatizing the adult victim by using words or displaying attitudes that may echo things the batterer has said to her about the abuse, such as the violence is her fault or that she will not be believed if she discloses. In particular, child welfare specialists should refrain from statements or attitudes that exhibit:
    - **Disbelief:** "Are you sure it happened that way?" or "Your version of events doesn't seem believable."
    - **Blame:** "What did you do to set him off?" or "When the two of you get into it…" or "You need to take accountability for your part in the abuse" or "Domestic violence classes will help you not to choose men that abuse you" or "If you had obtained a protective order, this wouldn't have happened."
    - **Judgment:** "How can you stay!?" or "A protective [or good] parent would not allow herself to be abused in front of her child(ren)."

TRAUMA-INFORMED SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE (Cont'd.)

Minimizing trauma for children

Regardless of whether a the child(ren) is removed from the home or not, just the presence of child welfare in the home increases the potential for additional trauma to the child(ren). Child welfare specialists and other professionals must be trauma informed when responding to the needs of the child(ren). Some examples of how to do this include:

- Talk with the child(ren) about what will happen next, communicating with them on their level.
- Tell the child(ren) what information you will be sharing with the adults.
- Ask the child(ren) what they are afraid of and what they want.

If the child(ren) must be removed from the home, the process should not be rushed because the child welfare specialist feels uncomfortable, busy, or anxious. The focus should be on minimizing the trauma of removal. Strategies for how to do this include:

- Talk to the child(ren) about where they are going and what will happen.

TRAUMA-INFORMED SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE (Cont'd.)

- Explain to the child(ren) why they have to be removed in a way they'll understand.
- Allow the child(ren) to pack some of their own things, if age appropriate.
- Minimize additional changes whenever possible.
- Keep the child(ren) in the same daycare and/or school when safe to do so (this may not be a safe option due to the risk posed by the batterer).
- Utilize kinship placements when safe to do so.
- Place siblings together
- Allow the child(ren) to call their parent(s) before bedtime the same day they are removed or early the next day.
- Allow contact with other relatives and close friends within the first few days of removal.
- Arrange a visit within the first 24 hours of removal if it is safe to do so.

COURT PROCEEDINGS

General considerations

Court proceedings can be a flashpoint in domestic violence cases, escalating the risk of violence for the adult victim and the child(ren). Examples of how child welfare specialists can help ensure the safety of the adult victim and the child(ren) during court proceedings include:

- Request separate hearings for the adult victim and the batterer when the adult victim requests it, when the physical and/or emotional safety of the adult victim would be compromised during joint hearings, or when the adult victim would be re-traumatized by joint hearings.
- Notify the adult victim in advance of the court date if any of her information must be shared during court proceedings so she may safety plan.
- Advise community service providers, such as the domestic violence victim program and/or Batterer Intervention Program, if appropriate, when court hearings are scheduled. Providers are better able to arrange, to be attend, or be available to the court during the hearing if they receive advance notice.
- Provide the domestic violence victim program and/or Batterer Intervention Program with sufficient notice when requesting court reports.
- Develop a safety plan for the adult victims and/or child(ren) during court proceedings.
- Ask the domestic violence victim program to provide risk assessment and safety planning pertaining to court proceedings for the adult victim.
- Be aware of the possibility of intimidation and threat when the adult victim and the batterer are in the same courthouse or courtroom.

COURT PROCEEDINGS (Cont'd.)

Court safety

The following strategies can by utilized to ensure the safety of the adult victim in the courtroom when the batterer poses a serious risk of danger or if requested by the adult victim:

- Allow a domestic violence advocate from an OAG certified or Tribal domestic violence victim program to be present with the victim during all court proceedings. If the adult victim is not yet receiving services or has not requested that an advocate to be present, advise the adult victim about the services provided by the domestic violence victim program, including courtroom support and advocacy, and offer to help her acquire an advocate for court.
- Stagger the departure of the victim and the batterer, allowing the victim to leave the courtroom several minutes before the batterer.
- Provide separate waiting areas when possible so the adult victim does not have to be in close proximity to the batterer.
- Arrange for court security to escort the adult victim to and from her car and in and out of the courthouse.
- Inform court security that the batterer will be at the courthouse and provide them with his name and a recent photo, if possible.

COURT PROCEEDINGS (Cont'd.)

Orders that may be issued by the Court in a deprived case

The court may issue the following orders in a deprived case to support the safety of the adult victim and the child(ren).

- **Batterer Ordered Out of the Home:** When the child(ren) is returned to a parent under protective supervision, the court may order any person living in the child(ren)'s home to vacate the home within 48 hours of the order being issued, either for a specific period of time or indefinitely [10A O.A §1-4-706]
- **No Contact Order:** When the child(ren) is returned to a parent under protective supervision, the court may order that a party, parent, or legal guardian of the child may prevent a particular person from having contact with the child [10A O.A §1-4-706]
- **Modification of Previous Court Orders:** Orders entered in other cases concerning child custody, child visitation, or child support can be modified by the deprived court during the deprived case.
- **Final Permanency Order (aka exit order or surviving order):** The court presiding over the child(ren)'s deprived case may order sole custody to one parent, even if that parent was the non-custodial parent, set visitation, and order child support by entering the final permanency order before terminating its jurisdiction. The order takes precedence over any prior child custody or child support orders issued in an administrative or district court prior to or during the deprived action. The order remains in full force and effect until further action is initiated in administrative or district court after the deprived case is dismissed.

RESOURCES

Oklahoma Safeline (1-800-522-SAFE or 1-800-522-7233)

The Oklahoma Safeline provides statewide 24-hour assistance with danger assessment, safety planning, crisis intervention, emergency shelter, and advocacy to adult victims of domestic violence, sexual assault, and stalking.

Office of the Attorney General (OAG) Certified Domestic Violence Programs

In Oklahoma, the Office of the Attorney General certifies domestic violence programs to provide services for victims and batterers. Batterers should be referred to OAG-certified Batterer Intervention Programs. The decision regarding domestic violence services for the adult victim should take any safety concerns she has about participating in these services into consideration and tailor a service plan that will be safe for her. Victim services are available to victims in every county in Oklahoma. A current list of OAG-certified domestic violence programs for victims and batterers can be found at https://www.ok.gov/oag/Public_Safety/Victim_Services/DVSA_Certification.html. Information on domestic violence victim programs and BIPs in local communities can also be found on the DHS website at www.okdhs.org by clicking on the purple ribbon in the lower left corner on the DHS homepage.

RESOURCES (Cont'd.)

Address Confidentiality Program (ACP)

The Address Confidentiality Program (ACP) provides services to residents of Oklahoma who are adult victims of domestic violence, sexual assault, and stalking. The goal of ACP is to help adult victims keep their location confidential by providing them with a substitute address and a mail forwarding service for use when interacting with state and local agencies, per Section 60.14 of Title 22 of the Oklahoma Statutes. When a participant provides the child welfare (CW) specialist with an ACP authorization card, the CW specialist refers to OAC 340:75-1-30 for guidance in entering the ACP information and securing the adult victim's finding address. More information is available at http://www.ok.gov/oag/Public_Safety/Victim_Services/.

Victim Information and Notification Every Day (VINE)

The Oklahoma Victim Information and Notification Every Day (VINE) is a program of the Office of the Attorney General and allows crime victims, including victims of domestic violence, sexual assault, and stalking, to obtain timely and reliable information about criminal cases and the custody status of an offender 24 hours a day. Victims can register to be notified by phone, email, text messages, or TTY device when an offender's custody status changes. VINE Protective Order allows victims to register to be automatically notified when a protective order has been served on the respondent. To register, visit https://www.vinelink.com or contact your local OAG-certified domestic violence or sexual assault program for assistance.

RESOURCES (Cont'd.)

Victim Protective Orders (VPO)

A victim protective order (VPO) is a legal order, issued by a court of jurisdiction for the purpose of preventing violent or threatening acts or harassment against, contact or communication with, or physical proximity to another person. Domestic violence advocates at OAG or Tribal certified domestic violence victim programs can assist adult victims with the VPO process and accompany them to court for support. The act of filing for a VPO can potentially escalate domestic violence, so it is critical that VPOs not be mandated and for adult victims to consider their safety throughout the process. Victims can obtain safety planning from advocates on the Oklahoma Safeline at 1-800-522-SAFE.

Oklahoma Crime Victims Compensation Program

Victims of a violent crime have statutory rights and may be eligible for financial assistance with expenses related to the violent crime, including medical, dental, prescriptions, counseling, loss of support, crime scene clean-up, and funeral expenses, through the Oklahoma Crime Victims Compensation Program. Each county has a victim witness coordinator at the District Attorney's office and an OAG-certified domestic violence program to assist individuals who fall into this category. Victims also have the right to be informed in writing of all their statutory rights.

More information is available at https://www.ok.gov/dac/Victims/Victims_Compensation_Program

RESOURCES (Cont'd.)

Native Alliance Against Violence (NAAV)
The NAAV is Oklahoma's tribal coalition against domestic violence and sexual assault. The NAAV provides technical assistance, training, and support to the tribes in Oklahoma and their tribal domestic violence and sexual assault programs. An adult victim who identifies having a tribal affiliation may wish to receive services from a tribal program offering culturally appropriate and culturally centered services. The NAAV can assist with referrals to tribal programs.

More information, including a current list of tribal domestic violence programs in Oklahoma, can be found at http://www.oklahomanaav.org

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Information on domestic violence batterer intervention progams (BIP's) and domestic violence victim programs in local communities can be found on the DHS website at www.okdhs.org.
Look for the purple ribbon in the lower left corner on the DHS homepage.

LOCAL DOMESTIC VIOLENCE RESOURCES

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