



Georgia Division of Family and Children Services

INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE) GUIDELINES & PROTOCOL



**GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
INTIMATE PARTNER VIOLENCE (DOMESTIC VIOLENCE)
GUIDELINES and PROTOCOL**

DFCS Safety Management Section - First Edition, 2015

This is the first edition of the Intimate Partner Violence Domestic Violence Guidelines and Protocol, developed as part of an overall effort to increase the safety of adults and children through collaborative efforts between Georgia's state certified domestic violence agencies and the Division of Family and Children and Services (DFCS).

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<i>DFCS Education and Training Department</i>	<i>The Haven</i>
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DEFINITIONS

Department refers to the Georgia Division of Family and Children Services (DFCS), Child Protective Services.

Domestic violence (DV)/ Intimate Partner Violence (IPV) is a course of conduct, not a single incident. It is a pattern of assault and/or coercive behaviors including physical, sexual and emotional abuses, as well as economic abuse that adults use against their intimate partners to gain power and control in that relationship.

Domestic violence is present in all cultures, socio-economic classes, communities of faith, etc.

The definition of Domestic Violence in Georgia law is inclusive of Family Violence. Georgia law, 19-13-1 states Family Violence means the occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household:

- (1) Any felony; or
 - (2) Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.
- The term "family violence" shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention.

Family Team Meeting refers to a gathering of family team members who join together to craft, implement or change the individualized safety plans and/or case plans or to make critical decisions regarding child safety, permanency, and well-being.

Impending Danger refers to a child who is in a continuous state of danger due to a parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. The threats are negative family conditions that are out of control in the presence of a vulnerable child and therefore likely to have severe effects on a child at any time in the near future. The threats are specific, observable and can be clearly understood and described in the assessment content.

The five (5) criteria used to justify Impending Danger are:

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage and is

susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size and dependence, and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

- **Out of Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

Present Danger refers to an **immediate, significant and clearly observable** family condition, child condition, individual behavior, or action or family circumstance which is in the process of occurring and which obviously endangers or threatens to endanger a child and requires immediate action to protect.

(Caregiver) Protective Capacity refers to personal and parenting behavioral, cognitive and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as part of the way a caregiver thinks, feels and acts that makes her or him protective.

Safe or Unsafe

Children are safe when there are no Present Danger or Impending Danger threats, or caregiver protective capacities are sufficient to control existing danger.

Children are unsafe when there is Present Danger or Impending Danger threats, and caregiver protective capacities are insufficient to control existing danger.

Safety is not subject to degree; a child is either safe or unsafe. A child is not somewhat safe or conditionally safe when considering the circumstances of the home as the center of attention when making that judgment.

(DFCS) Safety Plan refers to a written arrangement between a family and Child Protective Services that establishes how present or impending danger will be managed. A safety plan must be implemented and active as long as danger exists and caregiver protective capacities are insufficient to assure a child is protected.

(Domestic Violence) Safety Plan is an interactive process that involves the adult non-offending caregiver, the children and domestic violence experts whenever possible to create steps to lower the victim's risk of being hurt by the abuser/offending caregiver. It includes information specific to the non-offending caregiver's and children's lives that will help keep them both safe.

Safety Assessment refers to a focused process for evaluating family/family member functioning to determine if there are negative family conditions that meet the threshold for impending danger. A safety assessment is conducted as part of the assessment of family conditions and continues throughout the life of a case. A safety assessment applies criteria which are associated with a set of standardized safety influences.

Safety services mean the actions, assistance, and supervision provided by safety service providers to manage the identified safety threats to a child.

Safety service provider means a participant in a protective action or ongoing safety plan whose actions, assistance or supervision help a family in managing a child's safety.

Please note: This does not mean that the safety service provider is working to change the caregiver's ability or behavior, but is compensating for the inability or unwillingness to provide safety.

Safety Threats refers to a standard series of questions that are used to make a preliminary assessment of assessment during the intake process and assists in determining the type CPS intervention

Safety (Danger) Threshold refers to the point at which a negative condition goes beyond being concerning and becomes dangerous to a child's safety. Negative family conditions that rise to the level of the Danger Threshold and become Impending Danger Threats are, in essence, negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity.

INTRODUCTION

Studies report that there are between 750,000 and 2.3 million non offending caregivers of domestic violence each year. Many victims or on offending caregivers are abused several times, so the number of domestic violence incidents is even greater. Research has consistently shown that a high proportion of children living in homes where there is intimate partner violence are themselves being abused, either physically or sexually, by the same perpetrator. The American Humane Association suggest that, annually, between 3.3 and 10 million children witness domestic violence. Children can be injured as a direct or indirect result of domestic violence. It is believed that more than half of the children living in homes where there is domestic violence are threatened with physical abuse and one-third are injured accidentally. The State of Georgia, Division of Family and Children Services (DFCS) has created the first statewide Intimate Partner Violence Guidelines and Protocol, to address the needs of families involved in the child protection system who also are experiencing domestic violence.

This document is divided into two sections. The first section is The Intimate Partner Violence (IPV) Guidelines. The IPV Guidelines will promote effective best practices during all aspects of child protective services and the intersection of domestic violence (e.g. intake, assessment, safety decision's, services). The second section is The Intimate Partner Violence Protocol. The IPV Protocol seeks to create multi-disciplinary partnerships and collaboration that support and promote the safety and well-being of non offending caregivers of domestic violence and their children by improving casework practice; elevating staff competencies; and by addressing practice, policy and resource challenges. The complexity of family violence requires cooperative efforts by all those involved, not only to assess reports, but to assist those referred and in need of supportive intervention.

The type of domestic violence referred to within both the guidelines and the protocol is identified as "Intimate Partner Violence," meaning only relationships where there is a true intimate (potentially sexual) relationship. (It is to be noted that the full and legal term of "Family Violence" in Georgia also includes people who are related by blood or marriage, have children together, or live or have lived together). Intimate Partner Violence is the establishment of coercive control and fear in a relationship through the use of violence and/or other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, stalking, and child maltreatment to control his/her current or former intimate partner, with maintaining control as the primary goal. Domestic violence occurs in heterosexual and gay and lesbian intimate relationships, in all ethnic and racial groups, and among people of all socio-economic and educational levels.

The Intimate Partner Violence Guidelines and Protocol will demonstrate best practices in assisting families and in developing a coordinated response through collaboration to address the multiple needs of families who are experiencing domestic violence and child maltreatment.

INTIMATE PARTNER VIOLENCE GUIDELINES



GUIDING PRINCIPLES

The **Georgia Division of Family and Children Services** investigates child abuse, finds foster homes for abused and neglected children, and provides numerous support services and innovative programs to help troubled families. These guidelines are based on the belief and a nationally recognized best practice that *achieving safety for adult non offending caregivers increases safety for children*.

There are several shared principles that guide the work of both child welfare and domestic violence service providers. The guiding principles make up the foundation of this section and promote a healthy collaboration. They include:

1. Collaborative Relationships:

Collaboration is vital for both child welfare and domestic violence providers in working together with families. Collaboration helps to develop new joint service models for families, develop joint protocols to remove interagency policy and practice barriers, enhance family safety and well-being, and improve access to services.

2. Coordinated Community Response:

A coordinated community response occurs when different members and/or agencies of the community coordinate their efforts to protect and assist families to be free of domestic violence. Together, DFCS staff, domestic violence service providers, courts, law enforcement, parole/probation, and community partners can establish a coordinated response and effective services. Coordination helps to ensure that the system works faster and better for adult non offending caregivers that their children are protected and receive the services they need, and that offenders are held accountable and cease their abusive behavior.

3. Adult Non offending Caregivers Deserve to be Safe:

The first premise which prioritizes the safety and well-being of all family members is clearly a bottom line in all our work with families. Thinking about the safety and well-being of children and adult non offending caregivers is especially important in working with families where domestic violence is occurring.

4. Adult Non offending Caregivers Are Not to Blame:

Non offending caregivers of domestic violence require support and services. Comments, questions or even case plans that appear as if the non offending caregiver is to blame can deepen a non offending caregiver's feelings of shame, guilt, or responsibility for the offender's violent behaviors and can negatively impact cooperation within all systems, and thus reinforce the offender's behavior.

5. Battering Caregiver Held Accountable:

Domestic violence is committed by batterers or offenders from every socio-economic status and gender, and every racial, ethnic and cultural group. The underpinnings of the use of power and control are consistent across groups. Child safety and risk assessment flows first and foremost from an understanding of the perpetrator's tactics, not from focusing on where people are living

or the status of their relationship. Interventions for adults can reduce risks to children and assures child safety. Studies have shown that some offender intervention programs have been successful. Although these interventions will not be effective with every family, nor remove other risks such as substance abuse, they are a critical set of tools to enhance the efficacy of child protection efforts.

INTAKE: GATHERING AND ANALYZING INFORMATION

Intake is the first stage of the child protective services (CPS) process and is one of the most important decision-making points in the child protection system. It is the point at which reports of suspected child abuse and neglect are received. Information gathered by caseworkers is used to make decisions regarding safety (e.g. Is the child at risk of present danger? What is the likelihood that maltreatment will occur sometime in the future?) and the type of CPS response required. At intake, caseworkers also perform a critical public relations function by responding professionally and sensitively to the concerns raised by community professionals and citizens, and by clarifying the role of the agency regarding referrals of suspected abuse or neglect. Referrals are accepted from all sources, and each report is treated as a potential case of child maltreatment. (*Child Welfare Information Gateway*)

Assessing for safety begins at the time of the report. Gathering information on the family's functioning during intake assists the department in assigning the case properly and lays a foundation for either an investigation or family support intervention. During the engagement of the reporter, the intake worker will obtain detailed and specific information on the caregivers' protective capacity, the child's vulnerability and the family functioning to make an appropriate intake decision and complete a preliminary assessment of the child's safety.

Screening for domestic violence should occur in all reports made to Intake of child abuse and neglect, not just those in which domestic violence is the presenting issue. **Intake staff should gather information on issues related to power and control, isolation, intimidation, threats of homicide or suicide, stalking, weapons, and the increase of violence in frequency or severity, as well as other types of abuse.** During the report, callers should be asked if they have knowledge of domestic violence occurring within the family and whether they have knowledge of the type of abuse (e.g. physical abuse, emotional abuse, sexual abuse, or use of isolation). Additional sources of information should also be asked of the caller. Information to ask the caller may include the reporter's knowledge of:

- Police reports
- Temporary Protective Orders
- Restraining order and stalking order filings
- Previous Child Protective Services allegations
- Probation and/or parole involvement

Reporters may also provide responses which may be potential indications ("red flags") of domestic violence. Indications may include knowledge of:

- Intimidation
- Coercive, controlling behaviors
- Threats
- Consistent degradation and devaluing of partner, name calling insults, destructive criticism

- Violence, including using physical force to damage property, harm pets and/or hurt people
- Forced or encouraged sexual intercourse and other abusive sexual acts
- Impeding access to medical and mental health providers
- Extreme possessiveness or jealousy
- Obsession with partner or family
- Isolating partner from family and friends
- Sabotage of work and/or education
- Property destruction
- Withholding financial or physical resources (e.g. not allowing or having to beg to use an automobile to obtain necessities such as food or medical care or not giving money for diapers)

Exploring and Applying the Family Functioning Assessment Questions

A diligent interview should then be conducted exploring the six Family Functioning Area's (FFA) based upon the reporter's familiarity and knowledge of the children and family. The information obtained from the six family functioning areas is then used in conjunction with any family or CPS history to determine whether the agency needs to intervene or the reporter's concern meets the department's threshold for intervention. The intake worker should not ask questions verbatim, but should engage with the reporter probing their knowledge of the family to obtain information related to the family functioning areas. The six (6) family functioning assessment areas are the following:

1. **What is the extent of the maltreatment?**
2. **What are the circumstances surrounding the child maltreatment?**
3. **How do the children function on a daily basis?**
4. **What are the general parenting practices in the family?**
5. **What are the disciplinary practices in the family?**
6. **How do the adults (caregivers) function on a daily basis?**

Step 1: Open Ended Questions

Questions should begin as open ended and then ask follow-up questions. Start with questions such as:

- Who is in the household? How are they related to each other?
- Tell me about the relationship between the adults.
- Is anyone in the family afraid of or intimidated by other family members?
- Tell me if anyone else in the family has been hurt.
- Have the police ever been called to the house? If yes, tell me about that. How many times? Was anyone arrested?

Step 2: Apply the FFA

If the reporter reveals information about domestic violence, the Intake worker will move into the more specific questions to assist in determining the severity, the fear level and the impact on the non offending caregiver and the children. Sample questions can include the following with possible FFA components to match:

- Describe what makes you concerned about the situation. Has the violence changed or increased over time? How often does it happen? (*FFA-Extent of the maltreatment*).
- Tell me about any recent injuries or accidents. (*FFA-Extent of the maltreatment*).
- Where were the children during the abuse? Describe what the children do when an abusive incident is taking place. (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).
- Describe the child's knowledge of the violence and any effects of the domestic violence on the children (child's reaction emotionally, psychologically, behaviorally, physically, etc.). (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment; Parental and life skills management; Children's functioning on a daily basis*).
- Who is protecting the children now? (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment; Children's functioning on a daily basis; General parenting practices*).
- Has the alleged maltreater threatened to leave with the children? If so, tell me about that. (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).
- Tell me about any threats to hurt or kill family members or pets. (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).
- Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has anyone used a weapon to threaten or harm someone in the family? If yes, tell me about that. Describe what, if any, weapons are in the house. (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).
- Has any family member stalked (harassed, followed, tracked, menaced) another family member? Has anyone taken a family member as a hostage? If yes, tell me about that. (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).
- Describe any contacts the alleged adult non offending caregiver has with family members or community members. (*FFA- Adult's-Caregiver's function on a daily basis*)
- Tell me about any assistance the alleged adult non offending caregiver has *tried* to access (e.g. domestic violence services, etc.). Any barriers to receiving those services? (*FFA-Parental and life skills management*).
- Tell me about any assistance the alleged maltreater has *tried* to access (e.g. offender's intervention services, therapy, etc.). Any barriers to receiving those services? (*FFA-Parental and life skills management*).
- Describe any assistance or services given by people or agencies to the alleged maltreater and the adult non offending caregiver (e.g., family members, friends, churches or social service agencies). (*FFA-Adult's-Caregiver's function on a daily basis*).
- Tell me about any family members using drugs or alcohol. (*FFA-Parental and life skills management; General parenting practices*).
- If the police are or were involved, what happened? (*FFA-Extent of the maltreatment; Circumstances surrounding the maltreatment*).

- Tell me what you think will happen if we contact the family. Do you think the family will be safe? Will the worker be safe? (*FFA- Extent of the maltreatment.*)
- Where is the alleged maltreater? Is there a time the maltreater is not at home? (*FFA- Extent of the maltreatment.*)

Note: To determine the alleged maltreater's access to the child and the alleged non offending caregiver the intake worker will gather information about the alleged maltreater's whereabouts, his or her access to the child, noting any responses that could meet the definition of impending danger. For example, the alleged maltreater may be in jail or may have a current protective order. That might provide immediate safety, but does not guarantee safety in the foreseeable future. Protective orders may be lifted or can be short-term and maltreater's frequently are released from jail after a short stay.

Questions to ask about access may include:

- Is the alleged maltreater a legal caregiver?
- Will the alleged maltreater have continued access to the child?
- What sanctions are in place to maintain no or limited contact, such as a Protective Order, Restraining Order or Stalker order filings?
- What is the probability or likelihood that the maltreater may return to the home?
- Has there been a history of economic control?
- What safety plan does the non offending caregiver have in plac



Practice Tip:

In addition to receiving the report, if the content of the report meets the criteria of domestic violence, the Intake worker should provide the caller with domestic violence resources, including at a minimum, the local and national domestic violence crisis line telephone numbers. This will enable the caller to use this information as a resource for present or future non offending caregivers in immediate crisis. The State of Georgia Domestic Violence 24 hour crisis line is 1-800-33-HAVEN (1-800-334-2836) or the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7899).

Step 3: Accepting a report of Intimate Partner Violence (Domestic Violence)

Not every child maltreatment report involving domestic violence needs to be accepted for formal investigation. When determining if the report of domestic violence meets the statutory criteria or definition of child abuse or neglect, consider the following potential present or impending dangers or safety threats:

- The child has physically intervened in an incident of domestic violence.
- The child has been physically injured because of intervening in or being present during a violent incident.
- The child exhibits emotional, psychological, or physical effects due to the domestic violence.
- The abuser has made threats of homicide or suicide and has access to weapons or firearms.
- There exists serious, recurring domestic violence (history) or domestic violence in combination with other significant risk factors (e.g., substance abuse).

- The offender is alleged to show disregard for the children's safety.
- The age and developmental level of the children places them at risk

The intake worker will then gather and analyze the family CPS history and the information pertaining to the six family functioning areas, (extent of the maltreatment, circumstances surrounding the child maltreatment, child's functioning on a daily basis, adult's-caregiver's function on a daily basis, general parenting practices in the family, disciplinary practices in the family). When the decision is made to screen in or accept the intake report, the safety threat questions (*See the section titled Safety Threat Questions in the Appendix*) will be applied to all information to determine the track assignment of either an Investigation or Family Support Services.

If an allegation of maltreatment is not identified, the report should be screened out or screened out and referred to early intervention/prevention.



Practice Tip:

If the local DFCS office notes a trend of ongoing or a significant amount of domestic violence cases, the office may consider creating a "specialized domestic violence unit" or request the Intake department to assign cases to a designated, domestic violence trained, subject matter expert staff member or one who demonstrates specialized expertise. Utilize this person on an ongoing basis to create practice consistency and a continuity of services as well for community partners.

PRACTICE GUIDELINES FOR ASSESSING THE FAMILY

When assessing family conditions and child safety during a Family Support or an Investigation case, there is an allegation of maltreatment. Safety concerns should be considered, specifically factors that pertain to child vulnerabilities, the caregiver's protective capacities (what they are currently doing to protect their children), and signs of present or impending danger.

Assessments of a family should be planned carefully when domestic violence is known to be an issue. Consideration should be given to the fact that the assessment may increase the risk to the child and the adult non offending caregiver. Any challenges to power and control, including DFCS intervention, may increase the likelihood of escalating the violence. An adult non offending caregiver's risk of being seriously harmed or killed may increase when she leaves the offender. Consider if the assessment of the non offending caregiver and the child needs to occur outside of the home.

Emotional Indicators of Domestic Violence

Before meeting with the family, it is important to be familiar with possible emotional indicators of domestic violence. Some indicators may include:

- Threatening behavior.
- One caregiver's hesitancy to speak up in the presence of the other caregiver.
- Behavior of one caregiver indicating fear of the other caregiver.
- Suicide attempts made by either caregiver.
- Depression.
- Excessive jealousy, possessiveness or other controlling behaviors by one caregiver over the other caregiver.
- Child's fear of separation from the battered caregiver.
- Child's absences and tardiness to school.
- Child's physical aggression in the home or at school.

Physical Indicators of Domestic Violence

At the initial meeting, assessing for safety is key. For either an Investigation or Family Support Services case with domestic violence alleged, the Case Manager should begin by observing the home environment and family members for physical signs of domestic violence. Physical signs may include:

- Visible injuries or injuries that may be hidden or attempted to be hidden.
- Flinching or signs of anxiety.
- Use of dominating or intimidating body language.
- Weapons.
- Holes in walls, broken furniture, broken doors and windows.
- Locks on the outsides of doors.
- Telephone is broken, disconnected, or missing.
- Home not adequately accessible for family member's disabilities.
- Guard animals, especially if family members exhibit fear of the animal.
- Home is in an isolated location.



Practice Tip:

Before meeting with the family, it is important to be familiar with your personal values, thoughts and understanding of domestic violence. Take the “Self Assessment” test located in the Appendix to gain an understanding of how well you perceive yourself performing duties related to domestic violence. If the results demonstrate a need for additional training, place a request immediately with your supervisor for the Intimate Partner Violence Training through the DFCS Education and Training Department and ask to transfer the case to a colleague with more knowledge of the dynamics of domestic violence.

INTERVIEWING THE FAMILY

During the interview of caregivers and children, questions should get to the duration, frequency, and predictability (e.g. how often does this occur, for how long, etc.) and influencing factors in order to determine how domestic violence is uniquely occurring in this family. Physical signs within the home and social indicators demonstrating domestic violence should also be noted.

Step 1: Interviewing the Children

Generally, children should be interviewed because of the following conditions:

- Impending danger is apparent—children are clearly at risk of physical harm during incidents of domestic violence or abuse.
- There may be discrepancy in the reports—reports may differ significantly regarding the whereabouts of children during incidents, the impact on the children, or whether the children themselves have been abused or neglected.
- A caregiver may request it—one partner suggests the children be interviewed to obtain more information about domestic violence. If the other partner reacts negatively or defensively to the suggestion, it may indicate an increased possibility of danger to the children.

Within every child protection case, the child should be interviewed first and by DFCS alone. For families referred to Family Support Services, a best practice is for the Case Manager to find unique and creative methods to interview the child alone. If the original intake report indicates there is domestic violence present, but the children are not in immediate danger of abuse, a best practice is not to interview the children first. Children may relate information to the alleged maltreater that may compromise the children’s and adult non offending caregiver’s safety.

When interviewing children, be sure to consider the following:

- Observation of child and caregiver’s interaction is key in noting an emotional connection.
- Assure the children that the violence is not their fault or the fault of the adult non offending caregiver.
- Support the ways in which the child stays safe.
- Be aware, a child may take responsibility for the abuse or side with the alleged offender.
- Acknowledge the alleged offender’s positive traits as well as ask about abusive behavior.
- Tell the child what information you will be sharing with either caregiver.

Determining Child Vulnerabilities

Domestic violence is a risk factor for children, both for potential physical abuse and emotional abuse. For physical abuse, the risk comes from either directly by the caregiver or indirectly by being caught in the violence, and for emotional abuse caused by witnessing the offender's violent and controlling behavior directed most often at their primary caretaker. However, current research demonstrates other factors that can diminish the risk, including: the child's resiliency, the child's relationship with the non-offending caregiver, and the presence of other supportive adults. A child may have a plan, created with a safe caretaker, and the ability to carry it out to avoid any physical harm. A child's resiliency and support network also may diminish the threat of emotional harm or mental injury (*See additional information on determining child resiliency at <http://promising.futureswithoutviolence.org/files/2013/06/Promising-Futures-Infographic-FINAL.jpg>*).

A child is considered vulnerable if he or she is:

- Intervening or likely to intervene, regardless of age.
- Unable to physically escape from the violence.
- Isolated from other family members, friends or other social support.
- Fearful for himself/herself or the non-offending caregiver.
- Blaming himself /herself for the violence.
- Does not have a good relationship with the non-offending caregiver.
- Being threatened and terrorized.
- Experiencing symptoms of trauma.
- Experience multiple types of abuse (e.g. emotional, physical, sexual).

Adapt your questioning to the developmental age of the child. Talk to the child about ways to stay safe as possible. As in any child interview, start with questions to develop rapport, and use the child's language. Ask general questions first, such as:

- Who lives or stays in your home (including pets)? Who visits?
- What things do you do with your mom? What things do you do with your dad (or other caregiver)?
- What's your favorite thing about your mom?
- Is there anything about your mom that makes you sad, scared or worried?
- What's your favorite thing about your dad (or other caregiver)?
- Is there anything about your dad that makes you sad, scared or worried?
- What are the rules in your house? Are there any specific rules just for your mom or dad (or other caregiver) ?

Emotional Impact-Child

If the child discloses violence, follow-up with clarifying questions to define terms, determine what happened, and the impact on the child such as:

- Tell me about the last time that happened.
- What do the adults in your household fight about?
- What happens when they fight?
- How does it make you feel?
- Has anyone asked you not to talk about this?

- Are you worried or scared about anything or for anyone?
- Who do you talk to about your home?

Physical Impact-Child

- What do you or your siblings do when there is fighting going on? What about other family members (including pets)?
- Does anyone hit, shove, push, or throw things? Who does that?
- Has anyone been hurt? Who was there? What happened next? (Follow-up with specifics about police, doctors, etc.)
- Has anyone ever tried to stop the violence? How?

Concluding the Interview- Child

When working with children, assess and assure their safety, reassure them they are not responsible for the violence, that it is not their fault if they did not tell anyone, and that it is ok to tell adults about the violence. Remember to discuss with them ways they can be safe at the first contact, throughout the life of the case and help if possible to maintain their bond with the non offending caregiver (*see the Domestic Violence Safety Plan section for additional information*). Talk to the child about what will happen next. Tell the child what information you will be sharing with the adults. Questions should include:

- Do you have anyone you can talk to if you don't feel safe, when you are worried, when you are hurt? Tell me the name of the person you can talk to. (e.g. relative, teacher, school social worker, counselor etc.)
- Do you know how to call 911 for help?
- What would you like to see happen?
- If you could have three wishes, what would they be? (*Look for normal developmental wishes. Responses indicating concern may include: I wish my mom would not get hurt anymore or I want my family to stop fighting*).

Step 2: Interviewing the Adult Non offending Caregiver

As mentioned previously, research tells us that **domestic violence homicide or serious assault is actually more likely to occur when the non offending caregiver is in the process of leaving the maltreater or has left the maltreater**. Therefore safety concerns to the non offending caregiver do not end if she leaves the maltreater. Additionally, due to the offender's behaviors of control, the parenting insight by the non offending caregiver may appear as if the non offending caregiver is unwilling to protect the child. Non offending caregivers of domestic violence may appear hostile or distrustful when asked to discuss the violence within the home because of threats of retaliation such as homicide and/or suicide or by threats made by the offender, (e.g. telling the adult non offending caregiver she will lose custody of the children). The appearance of minimizing or denying abuse may occur but in many instances is used as a coping or survival skill and is often misinterpreted as dishonesty or deception. Minimization or denial may also come from the reluctance of many non offending caregivers to identify with labels such as "domestic violence victim" or "battered woman," or to label their partners as "abusers" or "offenders." Therefore, it is helpful to avoid such labels as much as possible and instead, interview for information regarding specific abusive behaviors and unsafe situations.



Practice tip:

A trained DFCS case manager in understanding the dynamics of domestic violence is essential when interviewing families of domestic violence. If the case manager is not trained, the case manager should immediately contact his/her supervisor to request a staffing to determine reassignment of the case to a trained DV case manager. Reassignment will be determined by the supervisor.

Prior to Meeting

Prior to meeting with the non offending caregiver, be sure to remember the following:

- Because many adult non offending caregivers lack access to financial resources (e.g. health insurance, child care, stable income, etc.) or other housing options, the adult non offending caregiver may believe it is better, including for the children, to stay with the alleged offender.
- If there are allegations that the violence is mutual, look at the context and intent of the violence. Determine which partner is afraid of the other, which partner is effectively exerting power and control and whether injuries are defensive wounds. (Adult non offending caregivers often take measures to physically defend themselves, especially when other measures to achieve safety have failed.) (*See the section titled “Identifying the Primary Aggressor”*)
- Utilize the collaborative efforts between the local (state certified) domestic violence agency and DFCS ***at the onset*** to assist with providing resources and safety strategies with the non offending caregiver and her children.
- Have resources and referrals readily available to address other immediate needs of the adult and child non offending caregivers, including financial assistance, health care, and safety planning, etc.
- Be prepared to give the adult non offending caregiver information about domestic violence (e.g. Georgia’s crisis hot line number, etc.). If you know the offender has previous convictions, share that information with the adult non offending caregiver.

Build Rapport

When interviewing the non offending caregiver in domestic violence cases, use strategies to build rapport using encouraging conversation and by offering support. Remember, every family member should be interviewed separately, beginning with the child then the adult non offending caregiver and finally the domestic violence maltreater. When interviewing the non offending caregiver be sure to consider the following:

- Ask open-ended questions about the non offending caregiver’s well-being to start the conversation. However, express concerns and ask questions about bruises or other injuries.
- Ask about other issues first before asking about domestic violence. Ask about their relationship, including the positive aspects.
- Affirm to the adult non offending caregiver that the abuse is not deserved and not her fault.

- The adult and child non offending caregivers may express positive feelings toward the alleged offender. When asking questions about the abuse, focus on the alleged offender’s violence and controlling behaviors, not his/her personality.
- Discuss with the alleged adult non offending caregiver what will happen with the information gathered.

Questions to Avoid

Adult non offending caregivers of domestic violence may have already been labeled “bad mothers” by their offenders or others as a direct result of their non offending caregiver. Use strategies to avoid stigmatizing adult non offending caregivers when addressing domestic violence (*see the section titled Sensitive Practice, Respond Effectively in the Appendix*). Ask questions in ways that does not demonstrate power and control tactics or may appear to re-offend the non offending caregiver (e.g. “you should”, “you need to” or “you must”).

It is also important to avoid asking questions that may make the adult non offending caregiver feel that they are, in some way, to blame for their offender’s actions. Questions to avoid include:

- What did you do to make your partner mad?
- What could you have done to stop him or her from hitting you?
- Why don’t you just leave?
- You know that you’re responsible for protecting your child, right?
- Why do you put up with the violence?
- Why do you hit each other?
- What do you get out of the violent situation?
- If you care about your children, why would you stay?

Determining Power and Control

Remember, to begin the interview, ask about other issues first. To gain a clear understanding of Intimate Partner Violence specifically about power and control methods used according to the non offending caregiver, begin by asking about the relationship. Note and document any responses alleging power and control of the offender (*See the section titled Critical Components Guide in the Appendix for additional information*). Adapt the questions to your style, the language the alleged adult non offending caregiver uses and the situation. Beginning with general questions regarding the nature of their relationship to help determine power and control, can include the following:

- What is your partner like?
- Who makes decisions? How does that happen?
- Do you feel supported in your relationship?
- Disagreements happen in all relationships; what happens when you and your partner disagree?
- Does your partner ever act jealous or possessive? If so, how?
- Do you feel safe in the relationship?
- Has your partner ever used force (e.g., pushed, pulled, slapped, punched, kicked, etc.) against you?

Remember, many adult non offending caregivers may not identify with what is happening (physical abuse, emotional abuse, economical abuse, isolation-power and control) as domestic

violence. Although calling it “violence” during the assessment questioning may inhibit the conversation, it is important though, to label it as domestic violence and provide information on domestic violence toward the conclusion of the interview.

Full Disclosure of Domestic Violence

If the adult non offending caregiver makes a full disclosure of domestic violence according to the response or otherwise, proceed to a more detailed interview intended to elicit the extent, the impact of both the non offending caregiver and the child using the following information:

- **Types of Abuse-** verbal, emotional, physical, sexual, financial/economical.
- **Frequency of Abuse -** Express concerns for the safety of the alleged adult non offending caregiver and the safety of the children. Explain that domestic violence may increase in frequency and/or severity. Ask questions such as:
 - How often does each type of abuse occur (e.g. daily weekly, monthly, yearly)?
 - Is there any pattern to the abuse (e.g. on holidays, on payday, during drinking)?
- **Severity of Abuse-** Ask questions such as:
 - Have injuries been sustained?
 - What medical care was required and what was the outcome?
 - Is it more severe when no one else is around, or when the offender is using alcohol or drugs, etc.?
- **Pattern Changes-** Ask questions on the coercive tactics the alleged offender may use. These tactics range from very overt — such as physically preventing someone from leaving the house — to subtle ones, such as isolating an adult non offending caregiver from the family by complaining about the adult non offending caregiver’s treatment of the alleged offender. Questions can include:
 - Has the abuse become more severe or frequent in the last six months?
 - Has there been an increase in one type of abuse (for example, was name-calling most frequent until recently)?
 - When did the physical abuse begin to increase?
- **Incidents-** Identify the worst incident, first incident, and most recent incident. Ask questions such as:
 - What incident was the worst? What made it the worst?
 - When did the first incident occur?
 - What is the most recent example of this occurring?
- **Impact -**on non offending caregiver, alleged maltreater, children and others. Ask questions such as:
 - What was or has been the impact of this abuse on each of the family members?
 - Have they made any changes in behavior as a result of the abuse?
 - Have their social interactions or self-perceptions changed?
- **Fear level-** Ask questions such as:
 - On a scale from 1-10, with 10 being the most safe, how safe do you feel?
 - How has this fear changed your behavior?
 - Has your fear changed over time?

No Full Disclosure of Domestic Violence (Suspected Domestic Violence)

If the adult non-offending caregiver does not make a full disclosure or if the case manager suspects domestic violence, the case manager should still proceed with assessing for domestic violence asking questions pertaining to power and control tactics in determining if domestic violence exists (financial/economic abuse, isolation, emotional, physical, and sexual). The case manager **should not expect a full disclosure** of domestic violence but use the following questions to assess if domestic violence may be occurring:

Financial Intimidation and Isolation:

- How do you and your partner divide household responsibilities?
- How do you and your partner make decisions about money? Can you spend money when you want to? Whose name is on the accounts?
- What do you do during the day? Has your partner prevented you from going to work/school/church? Tell me about that.
- Does your partner harass you or make it difficult for you to work?
- Who are your friends and family? How much contact do you have with them? Is your partner usually there? Has your partner prevented you from seeing friends or family?
- Does your partner listen in on your phone calls or otherwise monitor your communication? Tell me about that.
- What was/is the relationship between your caregivers? Your partner's caregivers?

Emotional/ Psychological Abuse:

- Does your partner call you names, insult you or scream at you?
- Have you ever felt afraid of your partner? Tell me about that.
- What happens when your partner feels jealous or possessive?
- Has your partner ever threatened you, your children or your family? Tell me about that.
- Does your partner threaten to take your children?
- Does your partner threaten to take you away from your family?
- Does your partner ever threaten you with deportation? Is your partner making it difficult for you to get legal status?
- Have you ever been forced into doing something that makes you uncomfortable?
- Does your partner do reckless things that scare you, such as driving too fast with the children in the car? Tell me about that.
- How does your partner treat your pets? Your property?

Physical Abuse:

- If your partner has used force against you, tell me about the worst episode. What was the most recent episode?
- How frequently does this happen?
- How often do you get hurt by accident?
- Most people think of weapons as guns or knives, but other objects can be used to hurt someone. Has a weapon been used to threaten or harm someone in the family? If yes, tell me about that.
- Has your partner pressured you or forced you to have sex? Tell me about that.

Mental Health/ Substance Abuse Impact:

- Does your partner drink or use drugs? If so, how often and what happens then?
- Has your partner threatened suicide?
- Does your partner have recent military or law enforcement training? Has your partner served in the war?
- Do you use alcohol or drugs? (Note: drugs/ alcohol are sometimes used by non offending caregiver's as a way of coping with the abuse).

Non Offending Caregiver Safety:

- Have you ever left the situation? Where did you go? What happened?
- Who are friends and family members you can talk to?
- What has worked for you in the past?
- Have you told anyone about the abuse (e.g. police, hospital, DFCS, friends)? What happened?
- How do you survive the abuse?
- Have you ever had any interaction with the local domestic violence agency? If so, how long ago? Who did you work with there? Was it helpful?
- What has your partner done to stop being abusive (e.g. participated in a Family Violence Intervention Program, etc.)?
- If you could change one thing about your partner, what would it be?
- How would your partner react if he found out you talked with me?
- On a scale from 1-10, with 10 being the most safe, how safe do you feel?

Protective Capacities

Non offending caregivers of domestic violence often utilize protective capacities, strategies and compensatory parenting in order to minimize the impact of DV on their children. It is important to listen carefully to identify these strategies, as they probably have not discussed them before and their techniques will be unique to their own situations. **It is also important to assess strengths and protective factors in the family and the strategies the alleged adult non offending caregiver has used to stay safe and keep their children safe.** (See the section titled *Parent/Care Protective Capacities Related to Child Exposure to Domestic Violence for additional examples in the Appendix*).

Remember to begin with general well being questions to help build rapport and establish trust. Then lead into questions on the safety of the child. Suggested questions to lead include:

Child Well Being:

- How are you managing day to day?
- How are you maintaining a regular schedule for the children?
- Are the children in school?
- Do the children get regular meals and a routine at bedtime?
- Are the children getting regular medical and dental care?

Child Emotional and Physical Safety:

- Have you talked to your children about the abuse? What do they say?
- Have you ever tried to keep the children from doing things that might lead to an incident?
- Have you ever had to instruct the children to leave for their own safety or yours?
- Have you ever left home because of the abuse? Where did you go and what happened?
- Have you ever called the police or 911? What was their response?
- Can you describe some of the ways you try to protect the children from physical or emotional harm? (*Probe by offering some examples, such as sending the children to a neighbors house when the fighting begins or giving the children a signal to not come home when things are bad*).
- Have you ever considered or obtained a Temporary Protective Order? If so, what was your partner's response? (*It is important for the DFCS Case Manager to make the non offending caregiver aware that it is understood that many non offending caregivers do not choose to obtain a Temporary Protective Order based on a possible increase in risk to the non offending caregiver and children*).
- Have you talked to your partner about how the children might be affected? Has it worked? Has it backfired?
- What do you think needs to happen for you and your children to be safe?

Assure the adult non offending caregiver that DFCS will support her and her child's safety and every effort will be made not to reveal the adult non offending caregiver's statements to the alleged maltreater. The non offending caregiver should be made aware of the following:

- Contact will be made by DFCS to the local domestic violence provider to identify any resources that may be available to her and her children.
- A contact number for the local domestic violence provider and advocate will be provided as a designated contact person should the non offending caregiver need assistance now or any time in the future including when the case is closed.
- DFCS Case Manager's contact information should also be provided should the non offending caregiver need assistance now or any time in the future.

Child Vulnerabilities (Domestic Violence Impact on the Children)

Questions to ask the non offending caregiver to assess the child vulnerabilities and the impact of the violence on the children can include the following:

Emotional Impact on the Children:

- Does your partner call your children names, insult them, or yell at them?
- Describe how your partner supports your parenting and how your partner interferes with your parenting.
- Have you noticed changes in your child's behavior?
- Is your child getting sick more often?
- Does your child have trouble sleeping?
- Describe any problems your child has in school or with friends. If problems are indicated, ask, do you think the problems are connected to the abuse that is going on?
- How often have you had to move or change your child's school?
- Describe activities or groups your child is involved with.

- Does your partner ask your child to pass messages to you or ask your child to report what you do during the day?
- If your child has visits with your partner, how has that been going? What does your child say about the visits? What happens at drop-off and pick-up times?
- Are your children ever afraid of your partner? When? How does your partner react to your children's fears?
- Can you describe any abusive incidents that your children have witnessed? How did your children react?
- Where are your children when the violence happens?

Physical Impact on the Children:

- Describe how your partner disciplines your child.
- Is your partner able to take care of your child and keep your child safe? Does your partner make decisions that are best for your child?
- Have you ever suspected that your partner may have been sexually inappropriate with your child?
- Have your children ever been hurt, either accidentally or on purpose? For example, have there been any abusive incidents where your children were caught in the middle, such as when you were holding a child or they jumped in the middle? Tell me about this.
- Describe how your children respond to the abuse. Have they ever tried to stop the abuse?
- Has he made threats about the children, such as "I'll hurt them if you leave," "I'll take them" or "I'll get custody" or "I'll call DFCS on you"? How do you react to such threats?

Overall Safety of the Children:

- How does all that we've discussed today affect the way you can care for your child?
- On a scale from 1-10, with 10 being the most safe, how safe are your children? How safe do they feel? How safe do they think you are?

The impact to children exposed to domestic violence is dependent on the balance between the **protective factors** and **impending dangers**. Determining what the caregivers are doing to mitigate the impact is as critical as determining the frequency and severity of abuse.

Concluding the Interview

The interview with the non offending caregiver should conclude with again assessing for the safety of the non offending caregiver and the child. Questions should include:

- How dangerous do you think your partner is? What do you think your partner is capable of? What is the worst-case scenario?
- How do you think your partner will react when finding out we talked to you or the children? When receiving the notice of disposition?
- What do you think will happen when I leave?
- When ending the interview, ask the alleged adult non offending caregiver about safe times and ways to make contact in the future.

Discuss implementing a domestic violence safety plan (*see the section titled Domestic Violence Safety Intervention for additional information*) with the non offending caregiver, provide information about domestic violence and make referrals to domestic violence service providers and other resources when appropriate.

Step 3: Interviewing the Offender

It's important to remember; the suspected maltreater should be interviewed alone and not be provided with information given by the adult/child non offending caregivers. The suspected domestic violence offender should be interviewed in a way that encourages disclosure of abusive behaviors (e.g. use other reports such as police, neighbors, parole or probation, courts, medical). If an interview with the alleged offender (or another family member) at initial contact will compromise the safety of any family member, consult with a supervisor to request an exception to interviewing the alleged maltreater at initial contact in order to allow for safety planning before the interview. Before interviewing the offender, be sure to remember the following:

- Do not ask the alleged offender about domestic violence in front of the alleged non offending caregiver.
- Ask about other issues first before asking about domestic violence.
- Ask about their relationship, including positive aspects. Begin with more general questions then follow up with more specific and detailed ones. Delay asking specific questions if it will put the alleged adult non offending caregiver or child in danger.
- Ask questions to assess for power and control tactics.
- Ask questions about steps the offender has taken or will take to accept responsibility for the violence and stop those behaviors and to create a safe environment.
- Ask about other issues including use of drugs or alcohol.



Practice Tip:

If the non offending caregiver insists for the alleged offender to be present when making contact with the family (due to possible fear, power and control impact, etc., an additional worker or a police officer should also attend to assist the DFCS staff member in interviewing the adult non offending caregiver and the offender separately.

Engagement without Collusion

When assessing the alleged offender, be aware of tactics commonly used by offenders to deflect attention away from them. Offenders will try to enlist you to collude with them against the adult non offending caregiver. Tactics by the offender include the following:

- Presenting as the victim.
- Using statements of remorse as a way to avoid consequences.
- Describing protective actions the alleged adult non offending caregiver has taken (leaving or calling police) as ways to be hurtful to the alleged offender.
- Presenting as the more stable and calm partner and better caregiver.
- Denying or minimizing abuse (“it’s not my fault if someone bruises easily, I just pushed a little”).
- Blaming the alleged adult non offending caregiver for the abuse.

- Avoiding responsibility by blaming alcohol or other substances, stress, etc., alleging drug or alcohol abuse or mental illness of the partner.
- Alleging unfaithfulness of the non offending caregiver.
- Presenting the alleged adult non offending caregiver's behavior in a negative way to get you to side with the alleged offender.

Questions to Determine Power and Control

Many alleged offenders will not identify what is happening as domestic violence. Calling it "violence" during the assessment questions may inhibit the conversation. It is important, though, to label domestic violence behavior as domestic violence and provide information on domestic violence toward the conclusion of the interview. You may want to reassure the alleged offender that the domestic violence questions are a routine part of any family assessment. These questions can also be used to screen for domestic violence when it was not part of the allegation. Ask questions according to your style and what may be needed within the situation. Again, begin with general questions regarding the nature of their relationship including the positive aspects. The case worker should not expect a full disclosure of domestic violence but use the following questions to assess if domestic violence may be occurring. Remember, during general questions, **the safety of the non offending caregiver and children is always being assessed.** General questions may include the following:

- Who lives in the household with you?
- Tell me about your relationship
- How do you get along with each member of the household?
- What do you like about your family and partner?
- How did you end up needing an assessment? What happened? Why is DFCS involved?
- What would say your partner's (e.g. wife, girl friend, boyfriend, etc) "job" is at home?
- What happens when you do not get your way?
- How do you get along with your partners family? Does your partners mom like you? Dad? Brothers/sisters?
- Tell me about the family with which you grew up.
- How is your family now the same or different than how you grew up or do you think you act the same as your dad/step dad/grandfather did? Why or why not?
- Growing up, how did your family handle conflict?
- Anything you think I should know about you or your family that I haven't asked?

During the general questions, listen for responses demonstrating power and control (emotional, financial, isolation, physical).

Power and Control Type/ Tactics

Next, lead into more specific questions to determine the power and control tactics being used. The following sample questions can be used when interviewing the alleged offender:

Financial Intimidation/Isolation:

- What does your partner do during the day?

- What would you say you have control over in the household and what does your partner have control over? If you had to say who had more control in the household, who would it be? How would you divide it?
- How do you make decisions about money? Whose name is on the accounts?
- Does your partner work? Do you think working ever interferes with your partner's parenting or within the relationship?
- Who are your partner's friends? How often does your partner see or talk with them?

Emotional/ Psychological Abuse:

- Do you ever feel jealous or possessive and if so, what do you do?
- Have you ever expressed concerns about your partner having another relationship? How did you communicate this?
- Do you listen in on your partner's phone calls?
- What happens when you and your partner disagree?
- Do you call your partner names, insult or scream at your partner?
- Does your partner ever seem afraid of you?

Physical Abuse:

- Who disciplines the kids? Why does _____ do the disciplining and not _____? Does it work well?
- Has anyone been hurt during an argument? What happened? Was anyone pushed, shoved, hit, strangled, etc.? If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen?
- Have you ever forcefully touched anyone in your family? In what way?
- Have you ever been so angry that you wanted to physically hurt someone?
- Have you ever threatened to harm or kill your partner, children or yourself?
- Do you have weapons (knife, guns, etc.) in the house? Have you used them against your partner?
- Has property been destroyed or damaged?

Substance Abuse/Mental Health:

- Do you or your partner use alcohol or drugs? How often?
- Have you or your partner received services through a therapist, psychiatrist or anyone similar?

Overall Family Safety

- On a scale from 1-10, how safe do you feel in your family? How safe do you think your partner feels? Your children?

Protective Capacities

Caregivers are more likely to be protective when they understand their protective role to recognize when their child's safety is threatened. They have an accurate perception of their child, recognize their child's needs, possess adequate knowledge about child development, parenting, and have realistic expectations for their child.

In domestic violence, it's important to remember **the offender's violence and controlling behaviors are making the child unsafe**. Certain types of controlling behaviors may also be considered as diminished protective capacities. Those behaviors include using the children as weapons against the other caregiver by controlling access; having the children tell the offender what the other caregiver is doing; repeatedly reporting the non-offending caregiver to the Department; undermining the non-offending caregiver's parenting; and undermining the normalcy and stability that children need. Identify specific behaviors and document how those behaviors are affecting the child. Additional examples of diminished protective capacities include:

Child Well Being:

- The offender does not view violent and controlling behaviors as in direct conflict with his or her responsibilities as a caregiver.
- The offender does not believe the behaviors are causing the child to be fearful and regress in school.

Child Emotional and Physical Safety:

- The offender uses violence when the child is in extremely close physical proximity, causing a high likelihood of injury.
- The children are at high risk of physical injury.
- The offender does not display concern for the children and their experience.
- The offender has an inaccurate perception of reality. *(This does not mean there is a psychiatric disorder. This means the offender is using criminal thinking and has a sense of entitlement that the behavior is normal and acceptable).*
- The offender feels entitled to use controlling tactics over the adult non-offending caregiver and children.
- The offender is not intent on emotionally protecting the children.
- The offender denies violent behavior toward the adult non-offending caregiver and in the presence of the children.
- The offender continuously undermines the adult non-offending caregiver's relationship with the child.
- The offender has no history of protecting the children.
- The offender's self-perception is as the non-offending caregiver — blaming the adult non-offending caregiver, the children and the system for the need for intervention.

Responses which demonstrate diminished protective capacities (*See the section titled Parent/Care Protective Capacities Related to Child Exposure to Domestic Violence in the Appendix for additional examples*) may lead to action plans and services that emphasize mental health as the primary need; however, domestic violence is a behavioral problem based on the use of power and control, not a mental health issue. Similarly, psychological assessments will not identify whether someone is an offender.

Child Vulnerabilities (Impact on the Children)

Questions to ask the offender to assess the child vulnerabilities and the impact of the violence on the children include the following:

Emotional Impact on the Children:

- Have you noticed changes in your child's behavior?
- Are you concerned about any of your child's behavior?
- If your child visits you, how has that been going? How much time do you spend together? Who, if anyone, helps care for your child on visits?
- Does your child has trouble sleeping or is getting sick more often?
- Describe any problems your child has in school or with friends.
- How often have you had to move or change your child's school?
- Describe activities or groups your child is involved in.
- How do you think your children see you or feel about you?
- How does the abuse interfere with the care of your child?

Physical Impact on the Children:

- What are the children disciplined for? What happens?
- Have the children ever been hurt? Where are they when this happens?
- Has anyone been hurt during an argument? What happened? Was anyone pushed, shoved, hit, strangled, etc.? If so, tell me about the worst episode. What was the most recent episode? How frequently does this happen?
- When this happened what did you do? What did other family members do (including pets)?

Concluding the Interview- Offender

If an offender tends to identify his or her partner or children as the problem instead of his or her own behavior, then the offender might be open to services for the partner or children. The worker can use this as an opportunity to work with the adult non offending caregiver and children; however, be careful as this can be seen as colluding with the offender and reinforcing the offender's control. Questions that may be helpful in determining if the offender may be open for services for him/her self, the non offending caregiver and children include the following:

- How would you like your child to think of you?
- How would you like your child's relationship to be with you and others in the future?
- If you could change one thing about yourself, what would it be?
- What have you done to stop the violence?
- Whom have you asked for help? What happened when you asked?
- Who are friends and family members you can talk to?
- Are there any services or information you might want for your partner, your family or yourself to help strengthen your family or to improve parenting skills?
- Are there any services or information your children need?

The interview with the offender should conclude with again assessing for the safety of the non offending caregiver and the child. The Case Manager should also consider the offender's responsibility, accountability, and willingness for change using the following:

- Has the alleged offender acknowledged the level of abuse?
- Did the alleged offender offer a similar or different account of the incidents than the adult non offending caregiver or the child?
- Has the offender had other relationships that resulted in court orders, arrests or other interventions to modify the behavior?
- Has the offender ever attended an offender's (batterer's) intervention program or counseling for the aggression?
- Did your responses get to the duration, frequency, and predictability and influencing factors in order to determine how domestic violence is uniquely occurring in this family?

The case manager should obtain a release of information from the offender prior to leaving the initial meeting. This release should include a clause that the domestic violence service provider will be informed of his case plan and may be entitled about his progress in the case plan goals. This information will enable the DFCS Case Manager and domestic violence service provider to monitor the offender's progress as a safety measure for the non offending care-giver and the child.

Identifying the Primary Aggressor

There are situations in which there are allegations of domestic violence against both caregivers. Domestic violence non offending caregivers may fight back and be charged with assault. Look beyond the initial incident to assess the dynamics in the family and to determine which party is the primary aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where the adult non offending caregiver has been arrested. To determine power and control in cases which appear as mutual violence specifically look for the following:

- Are there injuries defensive wounds (bite marks, scratches etc.)?
- Who is afraid of the other?
- What was the intent and level of the violence (was it self-defense or to punish/retaliate)?
- Who is effectively exerting control over the other or makes the primary decisions in the relationship?
- Who has more access to financial, economical resources?
- What is the impact of the violence on the children?
- Who has historically been the dominant aggressor, regardless of who is identified as the aggressor in the current incident?

It is important to remember that it is common for the adult non offending caregiver to claim responsibility for the violence as a form of self protection from retaliation.

SAFETY DECISION

The safety decision determines if the child is safe or unsafe by analyzing the child's vulnerabilities and whether or not the caregiver (both the offending and non offending caregiver) is willing and able to protect the child. Understanding the previously identified safety threats within the family is a critical component of the analysis. When looking at those behaviors, conditions or circumstances focus on the offender's behaviors and how they present a safety threat to the child, remembering the violence or abuse inflicted by the offender is responsible for those behaviors, not the adult non offending caregiver.

To meet the safety threshold, it is not enough to state that there is domestic violence. Document the **specific behaviors of the offender** that harm or could reasonably harm the child and how those behaviors currently affect the child (emotionally, physically, psychologically, etc.).

A conclusion of impending danger should consider: the length of time, frequency, and predictability of the safety threats; present danger; identified individual or family behaviors, and conditions or circumstances that prevent a caregiver from adequately functioning in a parenting role.



Practice Tip:

In determining safety threats to the children, due to the offender's behavior, assess the following: his presentation of the level of physical danger towards the adult non offending caregiver; the history of physical abuse or sexual abuse to the children; the level of psychological cruelty to mother and/ or child; the level of coercive or manipulative control demonstrated through the interview, by the non offending caregiver or other resources; the sense of entitlement and self-centeredness of the offender; the presence of unreasonable demands of the offender, and signs of his perception of the adult non offending caregiver and children for example, as possessions.

Possible Indicators a Child is Unsafe

When making a decision regarding the safety of a child, first the violence must be out of control, meaning there are no outside or familial resources to adequately maintain the child's safety. The child could be harmed by the offender's behavior, either through physical harm or emotional harm. Second, the threat of harm to the child has to be imminent, which means within a couple of days to a few weeks. The behaviors and impact have to be specific and observable. The severity and frequency of the violence and the intensity of the control tactics also influence the impact on the child. Finally, the child is considered vulnerable to the safety threat. Possible examples include:

- A caregiver uses violence when a baby or a child is in extremely close physical proximity, causing a high likelihood of injury (e.g. one caregiver is holding the baby and almost dropped the baby when the other caregiver was hit. The baby could have been injured by being struck or by being dropped due to the violence).
- One caregiver has threatened to kill family members and has injured the other caregiver in front of the child.

- The child is extremely fearful or demonstrates other indicators of an emotional impact (e.g. regressed at school, grades have significantly dropped due to inability to concentrate).
- Through threats of violence, the family is isolated to the extent that basic needs are not met (e.g. family members are not allowed to leave the house without the threatening caregiver).

Possible Indicators a Child is Safe:

The following factors need to be sustained over time, as opposed to a short term situation.

- Support services in place for the adult non offending caregiver and children that help the adult non offending caregiver provide safety and mitigate the impact of the offender’s behavior.
- Enhanced protective capacities such as the following:
 - Either parent/caregiver takes steps to prevent the child from being exposed to domestic violence; tells the child NOT to intervene.
 - The offender takes steps to reduce or end the use of violence; abides by conditions of a protective order; refrains from using children in the abuse of the non offending caregiver; involved in an offenders intervention program; leaves the home and stays away.
 - The non offending caregiver conducts safety planning with the child; seeks assistance of others to stay safe and keep the child safe; uses strategies “in the moment” that have kept her and the child safe.
 - Either caregiver understands child development and the potential impact of exposure to domestic violence on child development; recognizes the various ways that tactics being used by the offender impact/harm the child.
 - Either caregiver expresses love, empathy, and sensitivity toward the child; experiences specific empathy from the child’s perspective and feelings; displays concern for the child and is intent on emotionally protecting him/her.

Finally, if you determine that a child is safe and the case is closed, concerns may remain therefore continue to ensure linkage to the local domestic violence service providers and other community resources for services. Talk to the adult non offending caregiver and the children about domestic violence safety planning (*See the section titled Domestic Violence Intervention*).

DOMESTIC VIOLENCE INTERVENTION

Domestic Violence Safety Plan-Adult Non offending Caregiver

Domestic Violence safety plans help non offending caregivers develop an individualized strategy in advance of potentially dangerous situations. Ask the adult non offending caregiver for options which may increase her safety or increase the risks to her safety. For example, obtaining a Temporary Protective Order presents such a challenge to some offender's control that the non offending caregiver may fear the offender will violate the order and may seriously assault or kill her.

Adult non offending caregivers attempt to use safety strategies to prevent, stop, or minimize abuse and to maintain their dignity in the face of intimidation and control. The following questions to consider will assist in establishing a domestic violence safety plan while identifying potential barriers.

- What safety strategies from the past have been effective?
- What works best to keep all family members safe during emergencies?
- Has a family member ever:
 - Called the police? What was the result?
 - Requested a court order? Did it help?
 - Seen a counselor? What happened?
 - Left home as a result of the abuse? What happened to the children?
 - Used a battered women's shelter? Was it helpful?
- What other methods have been attempted to keep family members, including the children, safe?
- Where would you go if you had to leave in an emergency? What would happen to the children?
- Is there a current protective (restraining) order? Does it include the children?
- Do you want help in seeking a court order for protection, going to shelter, or any other services for yourself and your children?

A good safety plan will include: information the adult non offending caregiver wants to take with her if she needs to leave quickly, teaching children what to do during violent incidents, having outside resources aware of and willing to act if they determine something is happening, and having a list of safe places to go if necessary. In addition, the adult non offending caregiver may consider having a small amount of money available in the event of emergency and put copies of important papers in a safe place outside the home. A safety plan suggestion for increasing safety is to begin by planning ahead. A safety plan example includes the following:

- Important phone numbers to keep close :
 - Police 9-1-1
 - Crisis Hotline- 1800-334-2836 (toll free)
 - Friends Phone Numbers: _____.
 - Domestic Violence Agency Name & Phone Number _____.
- I can tell my friend/ family member/ neighbor such as _____ and _____ about the violence and ask them to call the police if they hear suspicious noises coming from my home.

- If I leave my home, I can go to _____ (*choose a friend or neighbor's at home you would feel safe, or contact the crisis center to see about shelter*).
- I can leave extra money, car keys, clothing, and copies of documents with _____.
- To ensure safety and independence I can: open my own savings account, rehearse my escape route with a support person, and review the safety plan on _____ (date).

An example of a safety plan for the non offending caregiver is located within the section titled Domestic Violence Safety Plan in the Appendix.

Domestic Violence Safety Plan-Children

It is equally important to ensure that children living in homes of domestic violence should have safety plans of their own. Safety planning for children who experience domestic violence can help them manage fear and anxiety. It can also help to minimize any threats of harm during violent incidents at home.

The goal of safety planning is to empower children. The child should not be forced to plan for safety but should be encouraged to do so. When safety planning with children, it is important to not use words that may create more fear or anxiety. The case manager can acknowledge the fact that domestic violence is frightening and offer suggestions to the child about things he or she can do to stay safe. Safety plans must be realistic, appropriate and simple. The child must be competent to undertake the strategies designed. Possible safety plan strategies for children include:

- Stay out of the caregivers' fight because you may get hurt by flying objects or by hits intended for the non offending caregiver or may make the offender even angrier.
- Identify a room or other safe place in the house to go when the violence occurs.
- Identify escape routes from the house (*Many children learn about escape routes from school. This may be a similar plan.*)
- Identify a friend or neighbor's house that you can go to.
- Call for help. (*Role-playing a call to 911 may be helpful.*)
- Identify an adult you can trust and tell that adult what is happening at your house (e.g. a family member, teacher, etc.). The case worker should ask who that adult will be and this person can later be used as a collateral contact.

Safety planning does not guarantee safety. However, it may protect a child and may reduce any threat of physical harm. Information gathered from this interview should be shared with the adult non offending caregiver if the children's safety will not be compromised. The adult non offending caregiver may be able to assure the child that they should not intervene and remind the child of other safety plan strategies (e.g. go to neighbor's house, etc.). (*See a sample of a Domestic Violence Safety Plan in the Appendix*).

Domestic Violence Services

At the onset of cases involving domestic violence, caseworkers are strongly encouraged to seek the expertise of service providers for consultation regarding assessment and intervention techniques and assistance with accessing relevant services. At times, the Case Manager may

simply need support when working with the multiple needs of alleged perpetrators, victims, and children. Enlisting the help of service providers (as well as other substance abuse and mental health service providers, when appropriate) can make these challenging cases more manageable.

Georgia has 46 state certified domestic violence agencies and 24 sexual assault agencies, covering the entire state, to assist non-offending caregivers of domestic violence and victims of sexual assault (*See the Domestic Violence Agency Listing in the Appendix.*) Domestic violence agencies staff and volunteers assist adults and minors (accompanied by an adult), who are non-offending caregivers of physical, sexual, emotional, verbal, and psychological abuse and are very knowledgeable in safety planning. An advocate from a domestic violence agency is available 24 hours a day.

Domestic Violence agencies offer both shelter and outreach (non-shelter) services. Some non-offending caregivers choose not to receive services within a shelter but rather in their home or in another safe place. Outreach services are a great option when non-offending caregivers are not ready to leave their home. Both shelter and outreach services include legal advocacy, children's services, social services advocacy for medical, mental health or other needs, counseling services and support for both the non-offending caregiver and children. (*See the section titled Intimate Partner Violence Protocol for additional information on accessing domestic violence services.*)

Family Violence Intervention Programs

Use the Family Violence Intervention Programs (FVIP) for assistance when working with offenders. **Anger management classes and couples counseling is not similar to Family Violence Intervention Programs and should not be recommended in cases of domestic violence.** The Family Violence Intervention Program can intervene in areas of power and control that is not related to anger management. FVIP's can assist with:

- Strategies on how to hold the offender responsible for choosing to be violent and controlling.
- Assessing the offender's ability to remain safely involved in the family, whether in the home or through supervised visitation.
- Assessing the offender's protective capacities by looking for strengths and commitment to the family which supports being accountable.
- Appropriate referrals for the offender's intervention.
- Follow-up to monitor compliance.

Additional information regarding the locations of each FVIP in Georgia is located in the Appendix.

DFCS INTERVENTION

DFCS Safety Plan

The goal of the DFCS safety plan should be to keep children safe by joining with the non offending caregiver in developing this plan. In the DFCS safety plan, the caseworker targets the factors that are causing or contributing to the danger of the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection. The DFCS safety plan should be created with the family by the case manager and should avoid strategies that create potentially dangerous or inappropriate interventions such as couples counseling/assessments, mediation, or anger management in cases of domestic violence. The DFCS safety plan should not force the non offending caregiver and/or children to leave the residence and enter shelter. This should be the choice of the non offending caregiver.

Interventions with family members should attempt to meet the following four goals:

- 1) To protect the children.
- 2) To help the non offending caregiver protect self and the children, using non-coercive, supportive, and empowering interventions whenever possible through a domestic violence safety plan.
- 3) To include specific actions to mitigate the safety threat held by the offender to stop the abusive behavior.
- 4) Meeting the needs as established by the non offending caregiver (e.g. social and economical needs).

Efforts should be made to intervene in a manner that meets all of the above goals. However, where no intervention exists to meet the goals simultaneously, the goal of protecting children should take precedence. Safety of the children could include the non offending caregiver's protective capacities to ensure the safety of the child (e.g. child goes to a neighbors home when abuse begins, etc.). Once the safety of the child has been addressed, future interventions will continue to focus on all four goals.

Separate DFCS safety plans should be developed for non offending caregivers and offenders after thoroughly assessing the possible child harm resulting from being maltreated or witnessing domestic violence. Each person within the household should have a separate DFCS safety plan to control the present or impending dangers.

To determine the expected outcomes, review and document the safety threats and diminished protective capacities. Clearly identify the behavioral, emotional and/or knowledge changes that are necessary in order for the children to be safe.

Family Team Meetings

The Family Team Meeting is a planned event that brings together the family and friends or other family members and formal resources (such as child welfare, mental health, medical and other agencies) that the family has invited to help find ways to address concerns, make key decisions and/or create a plan for the future.

Family Team Meetings with the offender and non offending caregiver together should only be done with the non offending caregiver's consent, which should be obtained out of the presence of the offender, otherwise the Family Team Meetings should be held separately. Separate Family Team Meetings gives the non offending caregiver an opportunity to provide input into her needs without the impact of power and control tactics used by the offending caregiver during the meeting. Proper screening of safety concerns, including any impending dangers for all involved parties should be conducted prior to any decision to hold joint meetings with the offender and non offending caregiver. If the non offending caregiver does consent to a joint meeting, all efforts should be made to ensure the non offending caregiver's safety in the meeting. Separate Family Team Meetings should be held with the non offending caregiver and offender in all cases that there are legal interventions which restrict the parties' abilities to have contact, such as a Temporary Protective Order, Bond Conditions, Divorce Decree, or Restraining Order.

Before hosting a Family Team Meeting (FTM):

- Begin with the assumption that the offender will be excluded from the meeting. The offender can be represented at a separate meeting.
- Plan family meetings carefully. Develop domestic violence safety plans for the non offending caregiver, before, during and after the meetings.
- To ensure likelihood of their attendance at the FTM, within 5 days of the FTM, a domestic violence advocate should be invited to be present at all Family Team Meetings (FTM's) involving the non offending caregiver's plan. The domestic violence advocate can:
 - Complete a preparation interview with the non offending caregiver with a release of information and if it's safe to do so.
 - Act as a support to the non offending caregiver.
 - Provide information about domestic violence to the participants at the FTM, if it is safe to do so.
- If the non offending caregiver wants the offender present, ensure the appropriate people are in attendance to offer assistance as needed such as the local Family Violence Intervention Program (FVIP).
- To ensure likelihood of their attendance at the FTM, within 5 days a staff member from the local FVIP should be invited to all Family Team Meetings involving the offender's plan. The FVIP can:
 - Provide insight to DFCS into possible collusion of the offender.
 - Provide information about the program to the offender, if it is safe to do so.



Practice Tip: It also may be helpful to have the domestic violence service providers facilitate the Family Team Meetings on behalf of DFCS involving cases of domestic violence. This integration of specialized domestic violence knowledge contributes to more informed decisions benefiting the safety and well-being of all family members.

Case Planning

A case plan is developed with the primary caretakers individually to provide a road map for safety, stability, and the well-being needs of a child and the family. Safety is the number one

focus that drives the plan. Case Planning is not a document, it should be considered as a process to promote the following:

- Enhance Caregiver Protective Capacities.
- Promote long-term safety for the child and the non offending caregiver.
- Strengthen bonds between the child and safe consistent adults.
- Enhance resiliency within the child and caregivers.
- Provide access to resources/supports to promote safety and well-being of the children and the family.
- Promote healthier family relationships/healing.
- Provide knowledge of services and supports to promote safety in the future.

Non offending Caregivers Case Plan

The primary goal of case planning with non offending caregivers and their children is to promote enhanced protection and safety and to hold the offender accountable for his/her abusive behaviors. Case plan activities should have the non offending caregivers input. DFCS staff can empower non offending caregivers by allowing them to make informed decisions regarding safe alternatives and services that will enhance their children's safety. Additionally, involvement can alleviate an appearance similar to the offender's behavior in that it dictates control over choices. Further, case planning efforts with victims of domestic violence need to be culturally sensitive, supportive, and creative.

Case plans for the non offending caregiver should be developed in collaboration with the local domestic violence agency, through a release of information to address harm. Service providers can help to assure the plan is practical, viable, and achievable. Additionally, CPS caseworkers can avoid victim's perceptions that they are forced into receiving services when collaboration is involved. (*See the section titled The Intimate Partner Violence Protocol for additional information on collaboration*).

When scheduling a meeting(s) to develop a case plan, ensure ways in which the offender is not present. During the meeting, remember the following:

- **Don't** mandate a specific service or option; instead, explore choices with the adult non offending caregiver to meet the expected outcomes. As with any Department case, develop action agreements that are realistic and focus on the most immediate issues first.
- Case plans should include the adult non offending caregiver's safety and well-being, as well as that of the children, in which protecting mothers helps to, in turn, protect children.
- The case plan can include multiple action agreements. Talk with the adult non offending caregiver about other issues such as housing, court involvement or employment and coordinate planning so as to not overwhelm him/her.
- For non offending caregivers who also have substance abuse and/or mental illness, recent research stresses the importance of dealing with trauma in conjunction with dealing with the substance abuse/mental illness as opposed to dealing with one first.
- Continue to document the pattern of coercive control used by the offender, including tactics such as: isolation, taking away the adult non offending caregiver's power to make decisions or humiliation. This will help to identify the support services needed.

- Validate experiences, identify strengths, and build on those strengths to help him or her regain control over his or her life and achieve safety experiences.
- Refer to culturally competent or culture-specific programs as needed.

Offenders Case Plan

For offenders, the expected outcome is accountability, responsibility and safety. To meet this outcome, it is important for the offender to stop being violent, begin taking responsibility for the violence, and reduce their use of power and control tactics. Only then may it be possible for the other caregiver or the children to safely participate in other services with them. Examples of behaviors that support the expected outcome of accountability, responsibility and safety include:

- Ceasing to use tactics of coercive control, including violence if that is part of the pattern.
- Accepting responsibility for the choice to use tactics of coercive control and/or to be violent and saying that clearly to the adult non offending caregiver and children.
- Accepting the responsibility for choosing to expose the children to domestic violence.
- Agreeing to and following through with safe levels of contact.
- Supporting the non-offending caregiver's parenting and relationship with the child.
- Demonstrating an understanding of the effect the domestic violence has on the children by supporting their participation in counseling,
- Accepting responsibility participating in a Family Violence Intervention Program.
- Demonstrating equal responsibility for the children's safety and well-being including meeting the children's basic needs, such as financial and emotional support, without manipulation.

Unless the outcomes are met, **family or couples counseling or other services with joint contact are not appropriate.**

When meeting(s) to develop a case plan with an offender, remember the following:

- Explore ways the offender can meet the expected outcomes.
- Refer the offender to a Family Violence Intervention Program that is in compliance with the state administrative rules creating offender intervention standards (*see a listing of local Family Violence Intervention Programs in the Appendix*).
- Do not refer offenders using a pattern of coercive control to an "anger management" program.
- Coordinate with the criminal courts, offender intervention programs, parole and probation, civil courts and other systems holding the offender accountable.
- Sequence action agreements and services to focus first on "barrier" issues that must be dealt with before family members can benefit from other services. (For example, offenders with co-existing substance abuse problems may need to establish initial recovery; an acute and untreated mental illness may need to be stabilized on medication. However, it may be more effective to treat these issues concurrently. Consult with the offender intervention program).
- Refer to culturally competent or culture-specific programs as needed.

DFCS Services for Children

Children may be very vulnerable to the stress caused by a violent environment. Therefore it is important for children of domestic violence to receive services. Services by community providers are very helpful for children living in or away from homes of domestic violence. Domestic violence service providers, other community agencies and private therapists offer services including voluntary support groups for children in the community. If a child is living with the non offending caregiver in a shelter, individual support for the child is offered in addition to children's support group. In considering the type of services needed for children, include the child's unique needs and strengths. Additionally, developmental assessments of infants and toddlers are vital. Having resources for families such as Babies Can't Wait enhances safety and provides further opportunities for seeking assistance for the safety and well being of a child. Supporting educational development through Early Head Start and Head Start provides another safety net for young children to assure their needs are met.

Immediate and long term goals are needed when providing services to children. The immediate goals are to:

- Assess safety threats to the children and develop ways for the children to be safer.
- Identify and work toward healing from the effects of the violence.
- Assure the children that the violence and intervention are not their fault.
- If the children are living with ongoing domestic violence, they should have a plan to stay safe to include supportive adults outside the home.
- Maintain the children's bond with their caregivers, as appropriate.

Longer-term goals are to assess the trauma to the child and determine if mental health and other support services are needed. Mental health services for children can be accessed through the Department of Behavioral Health and Developmental Disabilities. In addition, children who witness domestic violence may be eligible to have counseling paid for by the Crime Victim's Compensation program. To do that, the adult non offending caregiver must be eligible and file a claim. Prosecution of a case is not necessary in order to qualify for crime compensation or mental health services. Check with the Crime Victim's Compensation program for further information at <http://cjcc.georgia.gov/victims-compensation>

Safety Monitoring

As in any case, continue to monitor for safety as the case progresses. As the adult non offending caregiver and children feel safer, they may make more disclosures about domestic violence. The offender may still be exercising power and control even if out of the home. The offender may use visitation, DFCS involvement or court procedures to continue to intimidate the non offending caregivers. Asking about the non offending caregiver and children about safety throughout the case can help identify these tactics. On an ongoing basis:

- Conduct individual interviews with caregivers and children to assess safety.
- Maintain regular contact with family members, safety service providers and support people identified by the caregivers.
- Maintain regular contact with parole and probation, offender intervention programs, domestic violence programs and other service providers to assess safety and progress.

DFCS Case closure

Action agreements such as case plans outline the services, support, and actions needed to improve the behaviors, conditions, circumstances related to domestic violence. Additionally, case plans should help to guide families towards increasing child safety and enhance a caregiver's protective capacity. As with any case, the case is closed when:

- The expected outcomes identified are met.
- The actions outlined are met
- Behavior change exists.
- The child is safe.

DFCS and Domestic Violence Services Providers Intimate Partner Violence Protocol

“Working Together”



“I can do things you cannot, you can do things I cannot; together we can do great things.”
— [Mother Teresa](#)

Intimate Partner Violence Protocol

DFCS and domestic violence agencies, despite their differences, share one primary goal—the *safety and freedom of victims and children from violence*. Both agencies can work to accomplish this for all non-offending caregivers of violence by joining in partnership to develop new ways to work on behalf of the families they serve. Collaborative partnerships and integrative practice approaches can be enhanced greatly through the use of protocols. A protocol is an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect and domestic violence. Protocols, to include a Memorandum of Understanding (MOU), are nationally recognized tools that can aid in communication and understanding of each agency's role and develop a coordinated response to families with a co-occurrence of child maltreatment and domestic violence. Some DFCS offices have developed such relationships with their local domestic violence agencies. In fact, some partnerships have made it possible for the DFCS Case Manager, the Domestic Violence Advocate and the client to meet jointly as part of case management and case planning services. While we recognize that not all programs have this capacity, this partnership can create an opportunity for a direct connection to a domestic violence agency that a non-offending caregiver might otherwise not make.

The intent of The Intimate Partner Violence Protocol is to promote the safety and well-being of both children and the non-offending caregiver in these families. It outlines methods for the local DFCS and the state-certified domestic violence agency to utilize in collaboration where domestic violence is present. Each county/region may have individualized needs and can adjust the Protocol and the Memorandum of Understanding accordingly.

ROLE AND RESPONSIBILITIES

DFCS offices and the domestic violence agencies' roles and responsibilities are to provide and coordinate comprehensive services for adult non-offending caregivers of domestic violence and their children to maximize their safety and well-being. The roles and responsibilities are important in recognizing the activities assigned to, required or expected of each person. To create a more comprehensive approach, both agencies should begin by taking active roles in building relationships and in developing a shared understanding of their respective roles and responsibilities through the following:

- 1) **Shadowing activities.** Both providers can visit each other's agency, observing practices such as intakes or participate in domestic violence and child abuse/neglect trainings. By doing so, both agencies can learn the referral process, their assessment process and how each determines caregiver protective capacities and child safety.
- 2) **Cross-training opportunities.** Cross-training allows child welfare and domestic violence professionals to receive and provide relevant information about their respective processes and subject areas. This is also an opportunity to clarify misconceptions about their roles, responsibilities, and authority (e.g. legislation, etc.).

- 3) **Integrating case practice knowledge and expertise.** DFCS staff can include the domestic violence agency in case decisions and hold interagency staffings regularly or at critical decision-making points. This process also engages domestic violence service providers in the child protective services process by increasing their awareness of service or case planning efforts.
- 4) **Sharing information.** Information sharing and confidentiality issues frequently present barriers to collaboration. DFCS staff can collaborate to the extent allowed by informing service providers of case decisions, explaining the child protective services process, consulting with domestic violence agencies on practice approaches, and including them in case planning. Domestic Violence service providers also can explain confidentiality policies and laws to DFCS staff, along with the non offending caregiver's expectations that the sensitive information they share will not be used against them. Both agencies can create a balance by developing practice guidelines regarding reporting to DFCS in cases of child maltreatment and for sharing client information to include the importance of utilizing confidentiality release forms so that case information may be shared.

The following roles and responsibilities are identified to understand each person's function when collaborating and assisting families of domestic violence and child maltreatment.

Division of Family and Children Services (DFCS)

DFCS Case Manager:

- a. Provide referrals for families, including to domestic violence agencies for the non offending caregiver and Family Violence Intervention Programs for the offending caregiver.
- b. Develop a Domestic Violence Safety Plan (*See the section titled Domestic Violence Safety Plan in the Appendix*) with the adult non offending caregivers and child, using the assistance of a domestic violence advocate if needed.
- c. Utilize informed consent by the non offending caregiver to release any confidential information.
- d. For either Investigation or Family Support Services cases:
 - o Complete present danger and impending danger assessments.
 - o Develop individualized DFCS safety plans which demonstrate the safety of the child and the safety of the adult non offending caregiver.
 - o Develop an individualized case plan which demonstrates the following: the development of caregiver's protective capacities while decreasing the child's vulnerabilities, access to resources including domestic violence providers and to include those which hold domestic violence offenders accountable (e.g. Family Violence Intervention Program).
 - o Refer the family to additional resources for services as identified.
 - o Request the attendance of a domestic violence advocate for upcoming Family Team Meetings at least 5 days prior to the meeting
 - o Maintain a working collaborative relationship with the assigned Domestic Violence advocate regarding individualized case plans.
- e. Demonstrate clear and thorough documentation of assessing for safety and the provision of services.

- f. Actively participate in scheduled meetings with collaborators and community partners related to domestic violence.

DFCS Supervisor:

- a. Ensure screening occurs and comprehensively conducted and specifically geared toward the assessment of domestic violence.
- b. Ensure that each newly hired DFCS case manager receives comprehensive training on the dynamics of domestic violence, the barriers to leaving an abusive relationship, and co-occurrence of child maltreatment and domestic violence, with topics to include: identifying protective capacities and child vulnerabilities, engaging offending care givers, de-escalation techniques, domestic violence safety planning and service provisions for cases with a co-occurrence of substance abuse/mental health/domestic violence.
- c. Collaborate with service providers and community partners who have expertise in the field of domestic violence, in addition to local domestic violence agency professionals, the courts, law enforcement officials, and others to ensure that children and adult non offending caregivers of domestic violence receive consistent and comprehensive interventions.
- d. Attend regularly scheduled meetings with collaborators and community partners related to domestic violence (e.g. Domestic Violence Task Force).
- e. Develop and implement a streamlined referral process for domestic violence services.
- f. Provide quality supervision and conduct case reviews to ensure that workers adhere to domestic violence intervention, to include:
 - o Clear and thorough documentation, which is essential to strong casework.
 - o Interventions are designated by and tailored specifically to each family, including referrals to local domestic violence agencies, consultation with domestic violence advocates, assessing for protective capacities, partnership with the adult non offending caregiver, emphasizing offender accountability and that children are safe from maltreatment.
 - o Feedback to case managers when interventions are completed correctly and incorrectly.
 - o Expectations of safe and effective domestic violence practice established in performance evaluation standards.
 - o Adherence to the role of the DFCS case manager as outlined within the protocol.
- g. Ensure all DFCS staff adheres to the role of the DFCS Case Manager as outlined within the protocol.
- h. Advise DFCS leadership on barriers related to DFCS/DV policy and best practice.



Practice Tip:

Regular case consultation meetings between the local domestic violence agency and DFCS staff to include case managers and/or supervisors are encouraged (monthly or quarterly). The purpose is to discuss complex cases involving domestic violence, share strategies on providing services or resources for the family, and to review gaps or discuss systemic issues that should be resolved collaboratively between both agencies. Additional meeting options for collaboration are: The Domestic Violence Task Force meetings, Child Abuse Protocol Meetings or Child Fatality Review

meetings. For meetings specific to a client's case, seek releases of information prior to the meetings.

Domestic Violence Services

Domestic Violence Advocate (Emergency Shelter and Outreach):

- a. After a non offending caregiver makes known of DFCS involvement and an Information For Release Form has been signed, contact the DFCS case manager within 24 hours, notifying DFCS of the non offending caregiver's new residence. With non offending caregiver's approval:
 - o Provide consultation with the assigned DFCS case manager to include the following areas: safety assessments, identification of the caregiver's protective capacities and the child's vulnerabilities (assessing the impact of domestic violence on the children), any emerging dangers, family stressors, development of safety plans and case plans.
 - o Provide documents noting the filing of a Temporary Protective Order by the non offending caregiver to DFCS within 24 hours of the filing.
- b. Attend Family Team Meetings as requested by DFCS with 5 days notice prior to the meeting.
- c. Provide training to DFCS staff as needed on the dynamics of domestic violence and the barriers to leaving an abusive relationship, as well as other related topics.
- d. Advise DFCS on domestic violence policy and best practice.
- e. Actively participate in scheduled meetings with collaborators and community partners related to domestic violence and child maltreatment.



Practice Tip:

To help create comfort and trust by the non offending caregiver, referrals made by the Domestic Violence advocate to DFCS for child protective services should include informing the non offending caregiver first and allowing her to be present when the report is being made.

Domestic Violence Agency Supervisor:

- a. Ensure each newly hired domestic violence advocate receives comprehensive training on the overlap of child maltreatment and domestic violence.
- b. Collaborate with child welfare staff and community partners who have expertise in the wellbeing of children and maintain collaborative efforts to ensure that children and adult non offending caregivers of domestic violence are receiving consistent and comprehensive interventions.
- c. Attend regularly scheduled meetings with collaborators and community partners, including DFCS.
- d. Ensure adherence to the role of the domestic violence advocate as outlined within the protocol.
- e. Provide quality supervision to ensure advocates adhere to established best practices for domestic violence and child welfare intervention, to include:

- Referrals to local community services, consultation with DFCS on assessing for protective capacities, advocacy and partnership with the adult non offending caregiver.
 - Feedback to domestic violence advocates when interventions are completed correctly and incorrectly.
 - Expectations of safe and effective domestic violence practice in performance evaluation standards.
- f. Advise DFCS on domestic violence policy and best practice.
- g. Ensure Domestic Violence Advocates are adhering to the role of the advocate as outlined within the protocol.

SERVICES ACCESS PROCEDURES

To create a comprehensive protocol not only is it important to understand the roles and responsibilities of each agency, but also to develop collaborative practices where domestic violence is present. The following service procedures are key areas recommended for collaboration with practical steps to create a coordinated response.

Non Offending Caregiver in Shelter

In the event it is learned that the non offending caregiver, including the children to be interviewed, is a resident of the local domestic violence shelter, the following steps will be completed:

- 1) DFCS will contact the local domestic violence shelter at their administrative office or the numbers provided, and indicate that contact is needed with the non offending caregiver for an assessment, etc. (If the DFCS case manager is unknown to the domestic violence agency, the domestic violence advocate will contact the supervisor of the DFCS staff member and ask the supervisor to verify the case manager's employment status).
- 2) The Domestic Violence Advocate will meet with the client to share the message from the DFCS staff member, discuss the DFCS case including the request by DFCS to meet and interview the client and/or children.
- 3) A release of information must be signed by the non offending caregiver before information is shared between each agency regarding the client.
- 4) With the resident's consent to meet with the DFCS staff member, the domestic violence agency will respond to the DFCS case worker within 5 hours to approve the visit to the shelter or to another location that may be more feasible (e.g. administrative office, etc.). As soon as possible, but not to exceed 24 hours of the domestic violence agency receiving message, a meeting time and location will be arranged.
- 5) To help create a comfortable and trusting environment for the non offending caregiver and to increase participation of the investigative or family support services process, the domestic violence advocate has the option to attend any meetings jointly with both DFCS and the non offending caregiver. Only the designated advocate will attend the meeting with the DFCS staff member, resident and the child or children with the resident's consent.
- 6) In the event it is determined that there are impending dangers to the child, due to the adult non offending caregiver's behavior's, conditions or functioning, the DFCS staff member and the domestic violence agency will make every reasonable effort to contact the adult non offending caregiver before removal.

Please note the following:

- a. Random or unannounced visits to the shelter will not be permitted due to the domestic violence agencies legal confidentiality requirements to ensure the privacy of non offending caregivers is protected at all times, nor will any acknowledgement of the client residing at the shelter.
- b. DFCS will contact the domestic violence advocate regularly for consultation and technical assistance on safety, risk, case planning and progress.

- c. Domestic Violence agencies are mandated reporters and may initiate a report of child maltreatment to DFCS. The protocol will still need to be utilized in assessing, access to shelter, confidentiality requirements, etc.

Please remember: There will be times when DFCS, community based care agencies or other staff/agencies/contracted personnel involved with the family (when a DFCS case is open) will need to meet with the family for follow-up and/or to provide on going services. The following guidelines are to be followed if such a case will occur:

- a. A signed release of information must be on file in the resident's case records.
- b. Contact must be made with the domestic violence agency to arrange meetings.
- c. Court or hearing information will be provided to the domestic violence advocate (i.e. date, time, and location) if the adult non offending caregiver is not available.
- d. Random or unannounced visits to the shelter will not be permitted.

Family Team Meetings

- 1) Requests for the local domestic violence agency to attend must be received at least five business days prior to the initial scheduled Family Team Meeting.
- 2) The domestic violence agency staff will assist the non offending caregiver and children with domestic violence service needs identified and requested by the non offending caregiver during the meeting.
- 3) Because safety of the non offending caregiver is paramount, if there are any persons present which the client did not request to attend the meeting or did not agree to, the domestic violence agency staff will advocate with and on behalf of the client for the meeting to be cancelled, for the client not to participate, or restricting those persons from participating in the Family Team Meeting.

Follow-up on Service Referrals

- 1) The local domestic violence or DFCS agency **must** have a current signed "Release of Information" from the client in order to provide any feedback regarding the status of the non offending caregiver or children's participation in any referred program(s).
- 2) Both agencies must request in writing any status reports regarding clients. This request must detail for which service they are specifically requesting a status report.
- 3) Upon receiving a written request with a current Release of Information on record, either agency will provide a status report within three (3) business days.

MEMORANDUM OF UNDERSTANDING

Families affected by domestic violence and child maltreatment report they are reluctant to request assistance, are required to participate in services that do not address the underlying issues, and frequently feel misunderstood by professionals. Communities with protocols to include existing Memorandum's of Understanding (MOU) have found that children who are exposed to domestic violence were less likely to be placed in out-of-home settings and that families were more motivated to work with professionals to reduce their risk of future family violence. Families served in communities where MOUs have been established report a higher level of satisfaction in working with professionals (*Children Protection in Families Experiencing Domestic Violence*).

The purpose of the MOU is to strengthen partnerships between child welfare and domestic violence programs to work more closely together and benefit from the interchange of ideas and practices for adult non offending caregivers and children affected by domestic violence. It is a written agreement that serves to clarify the intentions of the protocol including an understanding of the relationships and responsibilities between two or more organizations that share services, clients, and resources.

**MEMORANDUM OF UNDERSTANDING BETWEEN
THE DIVISION OF FAMILY AND CHILDREN SERVICES AND
THE STATE CERTIFIED DOMESTIC VIOLENCE AGENCY**

(SAMPLE)

THIS AGREEMENT ("Agreement"), between the _____ (county) Division of Family and Children Services (hereinafter called DFCS) and the _____ (domestic violence agency name) state certified domestic violence agency, effective on _____ (date) through _____ (date);

WHEREAS DFCS and the state certified domestic violence agency will provide collaborative services to assist non offending caregivers of domestic violence as outlined in the Child Welfare/Domestic Violence Protocol established by the domestic violence agencies and the Division of Family and Children Services

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, the parties hereby agree to the following:

I. Agencies Will:

- 1) Provide services in accordance to the protocol as it relates to their roles and responsibilities, services procedures and training.
- 2) Meet with each other _____ times per year to review and discuss current services, policies, practices, challenges and strategies to overcome challenges by their respective programs.
- 3) Complete any/all confidentiality agreements required (as outlined in the protocol), to ensure client safety and to assure that the location of the shelter remain confidential and not shared with ANYONE including friends and family.

II. Entire Agreement and Amendment

- A. This MOU contains the entire agreement between the parties with regard to its subject matter and supersedes all other prior and contemporaneous statements, agreements, and understandings between the parties regarding its subject matter.
- B. No amendment, modification or alteration of this MOU will be valid or effective unless such modification is made in writing and signed by both parties to this MOU and affixed to this Agreement as an amendment.

III. Period of Agreement

This Agreement shall become effective _____ (date) and end on _____ (date) unless otherwise terminated as provided for in this MOU.

We, the undersigned, approve and agree to the terms and conditions as outlined in this Memorandum of Understanding.

Regional or County Director
DFCS Office

Executive Director
State Certified Domestic Violence Agency

Date

Date

IPV PROTOCOL TRAINING AND EVALUATION

Training

DFCS staff members either providing service or overseeing services for families with a co-occurrence of child maltreatment and domestic violence should receive The Intimate Partner Violence training through The DFCS Education and Training Department. The Intimate Partner Violence Training will introduce staff members to the dynamics of domestic violence and provide education on assessing, safety planning and the case planning of domestic violence cases.

A best practice is for DFCS staff to have the IPV training before being introduced to the IPV Protocol. Training on the practices of this protocol is essential in ensuring the protocol is used effectively. To ensure the continuation of the protocol's use is to ensure both Domestic Violence providers and DFCS Social Services staff (Case Managers, Supervisors, etc.) is trained on the IPV protocol. Trained DFCS and domestic violence staff on the protocol will be assigned by their offices to administer trainings of the protocol to each new staff member respectively. The protocol trainings will occur on an ongoing basis for new staff or for staff that may need to review the practice and procedures.



Practice Tip:

To create an ongoing sustainable collaboration relationship, the Domestic Violence agency should consider training new DFCS staff on the protocol in conjunction with other related topics (e.g. Domestic Violence 101, Children Exposed to Domestic Violence, etc.). DFCS should consider doing the same in training new Domestic Violence agencies on the protocol in conjunction with child welfare related topics (e.g. child abuse and neglect reporting, child welfare policies, procedures, etc.). Additionally, if a large number of staff members from both agencies require a protocol training, the assigned DFCS trainer and Domestic Violence trainer can opt to train both agencies together, simultaneously to demonstrate a strong partnership.

Evaluation

Ongoing review and discussion on the dynamics of domestic violence and the practices within this protocol should be conducted at least quarterly on a county and/or regional level with both local domestic violence advocates and DFCS staff together, highlighting best practices and lessons learned.

The implementation of the protocol will be evaluated by DFCS state office on an ongoing basis from the standpoint of the original goals which are the following:

- create multi-disciplinary partnerships that support and promote the safety and well-being of non offending caregivers of domestic violence
- improving casework practice
- elevating staff competencies
- addressing practice, policy and resource challenges

APPENDIX



Domestic Violence Safety Plan

Safety Plan for Staying:

- Call a domestic violence program to help me make my safety plan. The phone number is: _____
- Where can I go to be safe and to get help when abuse is about to or is happening?
- Keep important numbers and change for phone calls with me at all times.
- Get a post office box so my partner will not see my mail coming to the house and only go during busy times of the day when it is safest.
- Open a checking account in my name at: _____
- Make an escape plan from home and practice it with my children.
- When I think the abuse is about to happen, try to stay away from rooms that I cannot get out of, such as a bathroom.
- Stay out of rooms that have things he could use to hurt me, such as the kitchen or the garage.
- Learn when and how to call 9-1-1.
- Let someone know the abuse is about to happen. Call: _____ Or _____.

Safety As I Prepare To Leave

- Keep important numbers by the telephone and teach the children when and how to use them.
- Create a code word for the children or my friends so they can call for help.
- Tell my neighbors about the violence and instruct them to contact the police if they see or hear anything suspicious.
- Make a list of safe places to go in case of an emergency: family, shelter, police department, and friends.
- The best time of day for me to leave: _____.
 - o Where I can stay: _____.
 - o How I will get there: _____.
 - o How I will get the children: _____.
 - o Who will help me: _____.
 - o What will I do if my partner surprises me: _____.
- Remember my list of important things when leaving the house (see "items to remember" list).
- Keep copies of important documents and keys in a safe place outside the home.
- Try to put money aside or open a separate savings account (in a different bank if you have a joint account).
- Put together and hide an escape bag. This bag should have items that I need the most or hard to replace. Hide this bag with someone you trust who will not tell. Make sure I can get to it safely if I have to leave home in a hurry. I can give it to a co-worker, person from church, or a friend that my partner does not know.

Domestic Violence Safety Plan (cont'd)

Items to Remember:

- Identification
- Mine and my children's birth certificates
- Social Security cards
- School and medical records
- Money, bankbooks, credit cards
- Keys to house/car/office
- Driver's license and registration
- Medications
- Children's favorite toy and/or blankets
- Welfare (public assistance) documents
- Passport(s), green cards, work permit
- Divorce papers
- Lease/rental agreement, house deed
- Insurance papers
- Address book/picture of abuser
- Items of sentimental value, jewelry
- If your partner notices these missing items, he may think that you are trying to trick him.
- He may think you are leaving without him knowing it. This may put you in more danger
- You may want to make copies of the original documents and keep the copies only.

Safety Plan For When The Relationship Is Over:

- Plan to change the locks, install a security system, or an outdoor lighting system.
- Install smoke detectors.
- Inform people my partner no longer lives here and to notify me or the police if he is seen in the area.
- Tell the people who take care of my children, they have permission to pick them up from school, etc. Supply them with copies of any court papers ordering the abuser to stay away.
- Avoid locations where I may run into my offender: bank, stores, and restaurants.
- Obtain a protective order from _____ court; keep it with me at all times, put an additional copy in a safe place or with someone, and notify the police of violations.
- Make a plan to contact someone for support, such as a friend or family member. Call a hotline and/or attend a support group if I feel down or ready to return to a potentially abusive situation.
- Important Phone Numbers:
 - o Police :
 - o Local Domestic Violence Agency:
 - o Local Child Protection Agency :
 - o Friends :
 - o Other:

Parent/Caregiver Protective Capacities Related to Child Exposure to Domestic Violence

Early in CPS involvement with families, existing Protective Capacities provide a foundation for planning for safety of a child. Over time, CPS looks for development of additional caregiver Protective Capacities as part of a change process within a family. Examples of Protective Capacities listed under Either Parent/Caregiver are more likely to be demonstrated by the Non-offending Parent (adult victim of DV, or NOP) early in the case. As the case progresses, however, CPS should look for the DV Offender (person using violence/coercive tactics) to develop additional Protective Capacities and not simply rely on the NOP to make changes.

Protective Capacity

Personal and caregiving **behavioral, cognitive and emotional** characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. More than one protective capacity may need to be demonstrated.

Behavioral Protective Capacity

Specific action, activity, performance that is consistent with and results in parenting and protective vigilance.

- Takes Action;
 - History of Protecting
 - Physically Able
 - Adequate Energy
 - Assertive and Responsive
 - Able to Access/Use Resources for Basic Needs
- Demonstrates Impulse Control;
- Able to Set Aside Own Needs in Favor of Other (Children);
- Demonstrates Adequate Skill to Fulfill Caregiving Responsibilities;
- Adaptive as a Caregiver.

Examples of Behavioral Protective Capacities Related to Child Exposure to Domestic Violence¹

Either Parent/Caregiver

- Sends child to another room, a neighbor's house, etc. when anticipating abuse or when abuse starts
- Makes arrangements for the child to be out of the home when anticipating abuse or when abuse starts
- Makes arrangements for another adult who will protect the child to be in the home when violence/abuse is anticipated to occur
- Tells child not to intervene
- Tells child the abuse is not their fault
- Develops a safety plan with the child so he/she knows what to do when he/she is scared or violence is occurring
- Teaches child to call 911 and tells him/her to call the number when he/she is scared or violence is occurring
- Talks to the child who has been exposed to violence to help him/her to identify feelings, worries (protection from emotional impact)
- Has conversations with older youth about healthy relationships and

Non-Offending Parent/Caregiver

- Protects child from physical, verbal, emotional and psychological abuse by DV offender
- Engages in safety planning for herself
- Utilizes services and supports that help her with basic needs (DV safety planning/advocacy/shelter services, safe caregivers, police, courts, friends and relatives, etc.)
- Has separated from the DV offender and gives no indication that she plans to reunite until circumstances warrant
- Has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions
- Has made appropriate arrangements, confirmed by others, to assure that the child is not left alone with the maltreating person
- Is physically and emotionally able to intervene to protect the child
- Has asked and expects the offending adult to leave the household, and takes steps to assure the separation is maintained effectively (or has planned with worker for CPS to ask him to leave—because her doing so may generate retribution)

DV Offender Parent/Caregiver

- Employs healthy behaviors--other than violence/abuse--with his partner and his child (confirmed by NOP)
- Provides adequate resources to meet child's basic needs (i.e. refrains from withholding resources that have direct and harmful impact on the child), confirmed by NOP
- Leaves the home and stays away, with no effort to contact or engage the NOP (confirmed by NOP)
- Utilizes services and supports that help him remain non-violent and non-abusive
- Abides by the conditions of a restraining/protective order; a plan made with CPS to provide safety for the child and/or NOP; or a supervised visitation plan
- Articulates and uses a plan to avoid situations in which he has resorted to violence/abuse in the past (confirmed by NOP and others)
- Refrains from using violence/abuse when child is present; or from involving child in abuse of the NOP (confirmed by NOP)

¹ *Exception questions* can identify caregiver behaviors that have promoted child safety in the past, which can be useful in planning for future safety. For example, ask a question such as “Tell me about a time when a similar incident occurred, but your child did not get hurt. What was different? What did you say/do then that you didn't do this time? How could you remember to do that again?”

differentiates healthy from unhealthy behaviors

- Promotes normalcy and resiliency for children by involving them in healthy activities, playing with them, and supporting healthy peer and family relationships
- Cooperates with the caseworker's efforts to provide services and assess the specific needs of the family

- Refrains from undermining parenting or authority of the NOP with the child (confirmed by NOP)
 - If substance abuse is part of the pattern of behavior leading to violence, refrains from drinking/drugging when child is present or expected to arrive at home (confirmed by others)
-

Cognitive Protective Capacity

Specific intellect, knowledge, understanding and perception that results in parenting and protective vigilance.

- Self-Aware;
- Intellectually Able/Capable;
- Recognizes and Understands Threats to Child Safety;
- Recognizes the Child's Needs;
- Understands His/hers Protective Role;
- Plans and Articulates a Plan to Protect.

Examples of Cognitive Protective Capacities Related to Child Exposure to Domestic Violence

Either Parent/Caregiver

- Has adequate knowledge and skill to fulfill caregiving responsibilities and tasks, including meeting any exceptional needs that the child might have
- Understands child development and the potential impact of exposure to DV on child development
- Has adequate problem-solving skills as demonstrated by past actions
- Understands that exposure to violence and abusive behavior is unhealthy for their child
- Understands the specific threat to their child and the need for their child to be protected
- Can identify past exceptions to the

Non-Offending Parent/Caregiver

- Understands that her safety and the safety of her child are connected
- Can specifically articulate a plan to protect the child, such as leaving when a situation escalates, calling the police in the event the restraining order is violated, etc.
- Is capable of understanding the specific threat to the child and the need to protect
- Recognizes the various ways that tactics being used by the DV offender impact/harm the child (i.e. DV offender withholding money for food results in child going to school hungry; tension in the home as a result of anticipation of an assault results in a child feeling anxious and unable to relax and play)²

DV Offender Parent/Caregiver

- Recognizes that his partner and child are autonomous beings with their own needs, and are not simply present to meet his needs
- Is capable of understanding that the tactics he uses to control his partner also have a potentially harmful effect on the child
- Understands that his behavior is a choice that he makes, and that he can make different choices—which do not depend on the NOP changing anything about her behavior
- Understands the services and supports available to help him make changes
- Can articulate a vision of healthy fathering, and can describe steps for achieving that vision

² A *scaling question* could also help here. “On a scale from 1 to 10, how worried are you about how this is affecting your child? Here’s my number, and why I gave it this number—what else do I need to know that might help me get closer to seeing it your way?”

current concern, and differences in circumstances and conditions at that time (i.e. a time when the DV offender did NOT choose to use violence, or when the NOP was able to protect her child)

- Can identify cultural role models that support non-violence in relationships

Emotional Protective Capacity

Specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance.

- Able to Meet Own Emotional Needs;
- Resilient as a Caregiver;
- Tolerant as a Caregiver;
- Caregiver is Stable and Able to Intervene to Protect;
- Expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings;
- Positive Attachment with the Child.

Examples of Emotional Protective Capacities Related to Child Exposure to Domestic Violence³

Either Parent/Caregiver

- Expresses love, empathy, and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings
- Has a strong bond with the child, and is clear that the number one priority is

Non-Offending Parent/Caregiver

- Is emotionally able to carry out a plan and/or to intervene to protect the child (not incapacitated by past/current trauma or fear of DV offender)
- There is no precedence for the current exposure to DV in respect to type and

DV Offender Parent/Caregiver

- Is emotionally able to carry out a plan to protect the child (not incapacitated by past/current trauma)
- Has some filters around use of violence and abuse
- Can tolerate exploration of his own

³ *Relationship questions* can help with assessment of emotional protective capacities of caregivers. For example, ask a question such as “What would your child say he was feeling the night you were arrested?” or “What would your teen-aged daughter say she is learning about relationships by watching how you treat her mother?”

<p>the safety and well-being of the child</p> <ul style="list-style-type: none"> • Displays concern for the child and is intent on emotionally protecting the child • Does not place responsibility on the child for the problems of the family • Has demonstrated though past actions the ability to parent with tolerance and resiliency • Identifies healthy coping strategies that they personally use in times of stress⁴ • Feels capable and motivated to utilize supportive services and resources⁵ • Does not have significant individual needs that might affect the safety of the child (i.e. severe depression or lack of energy resulting from trauma) • Seeks emotional support from other adults, and not from child • Identifies a vision for healthier functioning in the future, and articulates steps to achieving that vision⁶ 	<p>severity, and the NOP demonstrates appropriate concern and intolerance</p> <ul style="list-style-type: none"> • Despite violence and abuse, has a sense of her own self-worth and believes she has a right to be safe • Believes the child's report of maltreatment and is supportive of the child • Does not have significant individual needs, which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc. 	<p>experiences of violence/abuse as a child/youth, and the impact of those experiences</p> <ul style="list-style-type: none"> • Can tolerate discussion of his current behaviors (<i>which for safety reasons cannot be from disclosures of his partner or child, but should come from 3rd party sources or direct conversation with him</i>) and the impact of those behaviors on child • Despite history of childhood violence or trauma, has hope and a vision for a better future for his child and acknowledges his responsibility for creating that future
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⁴ **Coping questions** can help a person, who feels like a failure, or who can't see their own strength, to feel more empowered and to have hope that things can be better in the future. For example, say "You're living in a situation where you never know what will happen when your boyfriend arrives home from work, and yet you've managed to provide your kids with routines and structure by having regular meal and bed times, by getting them involved in activities, and by having them do chores. How have you managed to find the energy to do that, and to keep it up over time?"

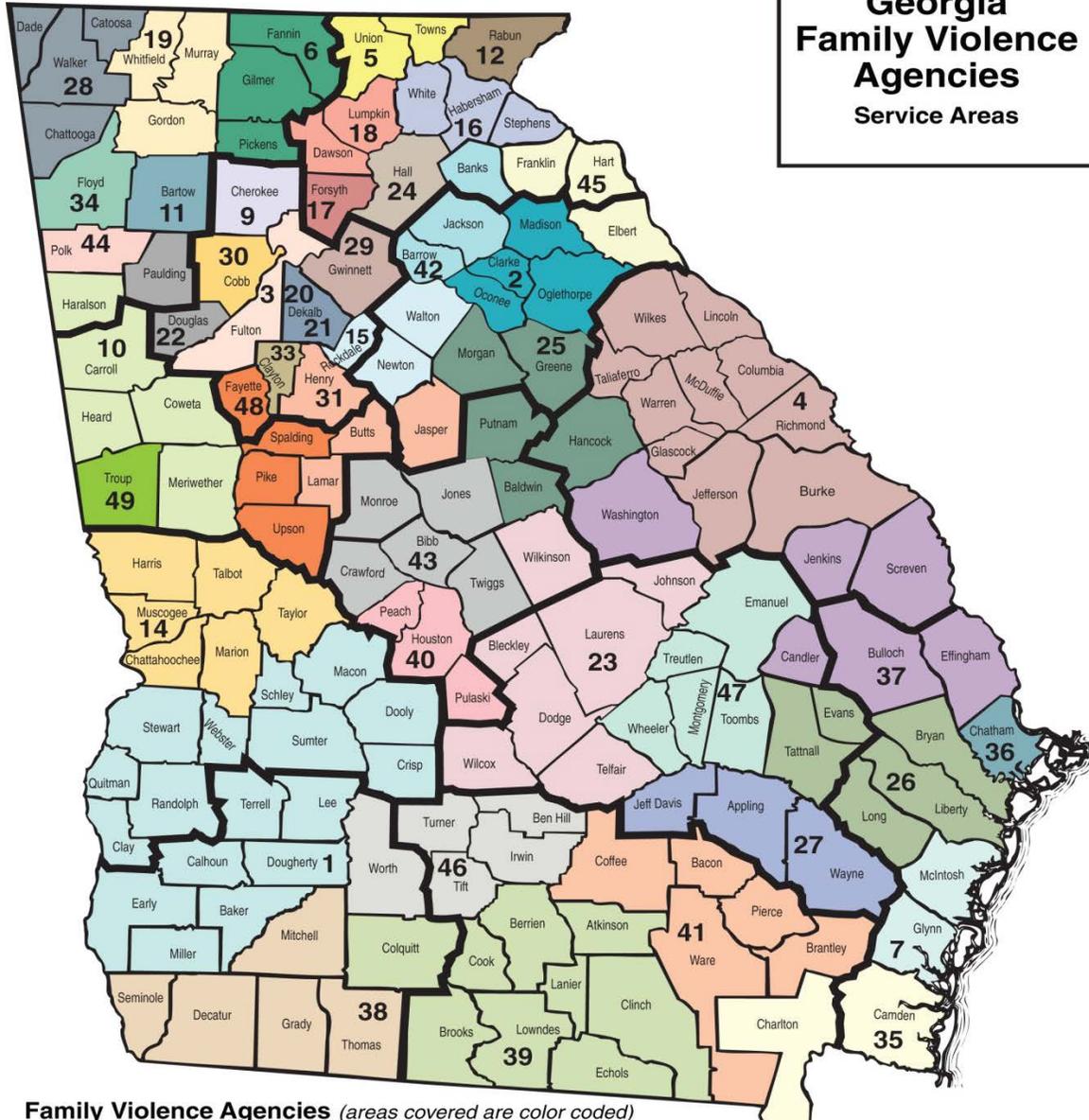
⁵ **Scaling questions** can be used to help assess a person's ability, motivation and willingness to seek help. For example, ask "On a scale from 1 to 10, where 1=No way I'm doing that, and 10=I'm starting today, where are you in terms of your willingness to call the Men Overcoming Violence program? How could I help you increase your number by one or two points?"

⁶ **Miracle questions (also called a preferred future question)** can help to determine whether a person has a vision for a healthier future, or can develop such a vision. For example, ask a question like "If you woke up tomorrow and your relationship with your wife was exactly how you wanted it to be, what would have changed? What would you be doing and saying?" or "A year from now, if you were looking back and thinking about how different things are than when CPS was involved, what would be different? How might that happen?"

- Consistently expresses belief that the maltreating person is in need of help, and he or she supports the maltreating person getting help. This is Caregiver/Parent's point of view without being prompted by CPS.
-

Division of Family and Children Services

Georgia Family Violence Agencies Service Areas



Georgia's Domestic Violence Agency Listing

GEORGIA HOTLINE: Call 1-800-33-HAVEN (1-800-334-2836)

1 Liberty House of Albany	229-439-7065	27 Wayne County Protective Agency - Fair Haven	912-588-0382
2 Project Safe	706-543-3331	28 Family Crisis Center of Walker, Dade, Catoosa, & Chattooga Co.	706-375-7630
3 Partnership Against Domestic Violence—PADV	404-873-1766	29 Partnership Against Domestic Violence	770-963-9799
4 Safe Homes of Augusta	706-736-2499	30 YWCA of Northwest Georgia	770-427-3390
5 Support in Abusive Family Emergencies - SAFE	706-379-3000	31 Flint Circuit Council on Domestic Violence - Haven House	770-954-9229
6 North Georgia Mountain Crisis Network	706-632-8400	33 Association on Battered Women of Clayton Co. - Securus House	770-961-7233
7 Glynn Community Crisis Center - Amity House	912-264-4357	34 Hospitality House	706-235-4673
9 Cherokee Family Violence Center	770-479-1703	35 Camden Community Crisis Center - Camden House	912-882-7858
10 Carroll County Emergency Shelter	770-834-1141	36 Savannah Area Family Emergency Shelter - Safe Shelter	912-629-8888
11 Christian League for Battered Women - Tranquility House	770-386-8779	37 Citizens Against Violence - Safe Haven	912-764-4605
12 Fight Abuse In The Home - FAITH	888-782-1338	38 Halcyon Home for Battered Women	229-226-6666
14 Columbus Alliance for Battered Women - Hope Harbour	706-324-3850	39 Battered Women's Shelter - The Haven	800-334-2836
15 Project Renewal	770-860-1666	40 Salvation Army Safe House	478-923-6294
16 GA Mountain Women's Center - Circle of Hope	706-776-4673	41 Waycross Area Shelter Abused Women & Children - Magnolia House	912-285-5850
17 Forsyth County Family Haven	770-887-1121	42 Peace Place	770-586-0927
18 NOA's Ark	706-864-1986	43 Crisis Line & Safe House of Central Georgia	478-745-9292
19 Northwest Georgia Family Crisis Center	706-278-5586	44 Polk County Women's Shelter - Our House	770-749-9330
20 International Women's House	770-413-5557	45 NE GA Council on Domestic Violence - Hart Haven	706-376-7111
21 Women's Resource Center	404-688-9436	46 Tifton Judiciary Circuit Shelter - Ruth's Cottage	229-387-9664
22 SHARE House	770-489-7513	47 The Refuge Domestic Violence Shelter	912-538-9935
23 WINGS—Women In Need of God's Shelter	478-272-8000	48 Fayette Co Council on DV - Promise Place	770-468-1673
24 Gateway House	770-536-5860	49 Harmony House	706-885-1525
25 Circle of Love	706-453-4017	Locations are numbered according to the Georgia Family Violence Agencies Service Area Map	
26 Tri County Protective Agency	912-368-9200		

CERTIFIED FAMILY VIOLENCE INTERVENTION PROGRAMS
Georgia Commission on Family Violence
Telephone: 404-657-3412 Fax: 404-656-3987

Alapaha Judicial Circuit

Redirect Counseling Services
202 South Church St.
Homerville, GA 31634
1-800-901-3101
229-293-0444

Alcovy Judicial Circuit

A New Approach FVIP, LLC
11975 Highway 142
Oxford, GA 30054

Atlanta Intervention Network
1115 Church Street
Covington, GA 30014
770-602-1979

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

Georgia Intervention Alternatives
1149 Hendricks Dr.
Covington, GA 30012
770-785-9297

Appalachian Judicial Circuit

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

Appalachian Way Counseling, LLC
80 S. Main St.
Jasper, GA 30143
706-994-6580

Renew Counseling of North Georgia
1549 A East Church Street
Jasper, GA 30143
706-276-6018

Renew Counseling of North Georgia
89 Hospital Circle, Ste. 5
Ellijay, GA 30541
706-276-6018

Renew Counseling of North Georgia
670 West First St.
Blue Ridge, GA 30513
706-276-6018

Atlanta Judicial Circuit

A New Approach FVIP
3355 Lenox Rd, Suite 750
Atlanta, GA 30326
404-551-5571
(Weekends Available)

A New Approach FVIP, LLC
291 Hamilton E. Holmes Drive
Atlanta, GA 30318
404-551-5571

Alternative Strategies
10 Glenlake Parkway, Suite 130
Atlanta, GA 30328
404-805-9804

Choice Counseling & Evaluation Service
4555 Mansell Rd., Ste 300
Alpharetta, GA 30022
770-594-5317

Defying the Odds, Inc.
5526 Old National Hwy, Bldg. I Ste. D
College Park, GA 30349
404-209-7258

Defying the Odds, Inc.
2001 M.L King Jr. Drive
2nd Floor , Suite 210
Atlanta, GA 30310
404-564-4495

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

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

Georgia Intervention Alternatives
6800 Roswell Road
Sandy Springs, GA
770-785-9297
(Spanish, Portuguese available)

Georgia Intervention Alternatives
6800 Roswell Road
Sandy Springs, GA
770-785-9297
(Gay, Bisexual, Transgender men)

A New Approach FVIP, LLC
1085 Ponce De Leon NE
Atlanta, GA 30306
404-551-5571
(Gay, Bisexual, Transgender men)

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

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

Medlock Bridge Counseling Center, LLC
9800 Medlock Bridge Road Ste. 2
Johns Creek, GA 30097
770-495-6339
(Serves Gwinnett and Bells-Forsyth)

Ponce de Leon Counseling Services
41 Marietta Street, Ste. 600
Atlanta, GA 30303
404-589-4445

Road to Recovery
200 Hannover Park Rd., Suite 120
Sandy Springs, GA 30350
770-640-7778
1-866-950-5601
(Spanish available)

Reflections Family Violence Intervention
1000 Cambridge Sq., Ste. D
Alpharetta, GA 30009
770-953-6401

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

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

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

Atlantic Judicial Circuit
The Susenbach Group
4216 Coral Park Drive
Suite 109
Brunswick, GA 31520
912-264-1215

Augusta Judicial Circuit

A & BC
1824 Gordon Hwy.
Augusta, GA 30904
706-736-1700

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

A & BC
3120 Peach Orchard Rd
Augusta, GA 30906
706-736-1700

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

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

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

The Counseling Group
209 East 6th Street
Waynesboro, GA 30830
706-554-0088

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

Bell-Forsyth Judicial Circuit

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

New Hope Counseling
108 Colony Park Dr., Ste 300
Cumming, GA 30040
678-947-2881

New Leaf Counseling & Recovery, LLC
107 Colony Park Dr, Ste 600
Cumming, GA 30040
678-648-6021

North GA Counseling and Education Center
308 Tribble Gap Rd, Ste C
Cumming, GA 30040
678-513-2877

Blue Ridge Judicial Circuit

Ascension Counseling and Mental Health,
LLC
50 Academy Street
Canton GA 30114
678-763-5860

Cherokee FVIP
409 Old Boring Lane
Woodstock, GA 30189
770-928-7300

Choice Counseling & Evaluation Services
150 North Street, Ste. B
Canton, GA 30114
770-594-5317

Choice Counseling & Evaluation Services
7977 Hwy 92, Ste 114
Woodstock, GA 30189
770-594-5317

Focus Counseling & Training, Inc.
3227 South Cherokee Ln., Ste 1360
Woodstock, GA 30188
770-516-1050

Brunswick Judicial Circuit

The Susenbach Group
4216 Coral Park Drive
Suite 109
Brunswick, GA 31520
912-264-1215

Chattahoochee Judicial Circuit

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

Judicial Alternatives of Georgia, Inc.
930 2nd Avenue
Columbus, GA 31901
706-653-7750

Project Rebound, Inc.
1170 Brown Avenue, Suite B
Columbus, GA 31906
706-221-4830

Cherokee Judicial Circuit

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

Clayton Judicial Circuit

Angels Recovery & Spirituality
914 Main Street
Forest Park, GA 30297
404-363-7890
404-312-6531
(Spanish available)

Associated Counseling & Evaluation
Services
499 Arrowhead Blvd.
Jonesboro, GA 30236
770-603-8131

Creative Harmony
6188 Hwy 42
Rex, GA 30273
678-773-0367

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

New Bridges Life Center dba Georgia
Lifeworks
409 Arrowhead Blvd. Suite C-2
Jonesboro, GA 30246
770-477-7630
678-489-6319

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

Road to Recovery, Inc.
4561 Jonesboro Rd.
Forest Park, GA 30297
404-361-5009
1-866-950-5601
(Spanish available)

Cobb Judicial Circuit

Ascension Counseling and Mental Health,
LLC
675 Windy Hill Rd
Smyrna GA 30080
678-763-5860

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

C & T Counseling, LLC
2470 Windy Hill Road, Ste. 221
Marietta, GA 30067
770-955-4357

Choice Counseling & Evaluation Services
675 Roswell Street
Marietta, GA 30060
770-594-5317

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

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

High Impact Training & Counseling
1246-C Concord Rd, Ste. 101
Smyrna, GA 30080
770-436-2215

Reflections Family Violence Intervention
2520 Windy Hill Rd, Ste. 203
Marietta, GA 30067
770-953-6401

Road to Recovery, Inc.
815 Windy Hill Road
Smyrna, GA 30080
770-437-0050
1-866-950-5601
(Spanish available)

Conasauga Judicial Circuit

The RESOLV Project
214 West King St.
PO Box 984
Dalton, GA 30722-0984
706-270-5130
(Spanish available)

Coweta Judicial Circuit

Center for Court Approved Counseling
Trojan Center
907F South Park Street
Carrollton, GA 30117
678-796-1035

Center for Healthy Behavior
110 Field Street, Suite A181
Newnan, GA 30263
678-570-7448(Spanish available)

Center for Healthy Behavior
2170 West Point Rd., Suite 33
Lagrange, GA 30240
706-957-3131

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

Dougherty Judicial Circuit

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

Douglas Judicial Circuit

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

Family Transition Center, Inc.
8341 Grady Street
Douglasville, GA 30134
770-485-4030

Restoration Services
6279 Fairburn Rd.
Douglasville, GA 30134
678-522-6910

Dublin Judicial Circuit

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

Eastern Judicial Circuit

Parent & Child Family Violence
Intervention
120 Fahm St.
Savannah, GA 31401
912-236-7423

Recovery Place Family Counseling
835 E 65th St.
Savannah, GA 31405
912-303-9036

Enotah Judicial Circuit

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

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

New Hope Counseling of Blairsville
76C Hunt Martin St.
Blairsville, GA 30512
706-745-4066

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

Flint Judicial Circuit

A Growth Place
10 Wilson Road
Stockbridge, GA 30281
770-506-9575

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

Person to Person FVIP
206 Hampton Street
McDonough, GA 30253
770-898-1155

Person to Person FVIP
35 Atlanta Street
McDonough, GA 30253
770-898-1155

Griffin Judicial Circuit

Offender's Counseling Program
734 South Hill Street
Griffin, GA 30224
770-412-0577

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

Zant Supervision Georgia FVIP
235 B Slaton Ave.
Griffin, GA 30223
678-688-2888, ext 301

Gwinnett Judicial Circuit

A New Approach FVIP, LLC
2959 Duluth Hwy 120
Duluth, GA 30096
404-551-5571

Ascent Performance Consultants
2230 Scenic Highway, Suite 301
Snellville, Ga 30078
678-252-2181

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

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

Angels Recovery w/Furtner & Associates
6755 Peachtree Industrial Boulevard, Suite
110
Atlanta, GA 30360
678-936-0863

Defying the Odds, Inc.
3235 Satellite Blvd.
Bldg. 400 Suite 300
Duluth, Georgia 30096
(770) 291-2038

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

Person Centered Court Services
3735 Harrison Rd., Ste 400
Loganville, GA 30052
770-466-7374

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

Road to Recovery, Inc.
320 West Pike St. Suite 201
Lawrenceville, GA 30045
678-985-8211
1-866-950-5601
(Spanish available)

Houston Judicial Circuit

The Southern Center for Choice Theory
FVIP
202 Carl Vinson Parkway
Warner Robins, GA 31088
478-471-7785

Lookout Mountain Circuit

Professional Counseling and Consulting
Services
35 Harley Lane
Ringgold, GA 30736
706-965-9997

Macon Judicial Circuit

The Southern Center for Choice Theory
144 Park St.
Macon, GA 31204
478-471-7785

Middle Judicial Circuit

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

Mountain Judicial Circuit

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

Chattahoochee Winds Counseling
215 Washington St.
Clarkesville, GA 30523
770-654-3798

Chattahoochee Winds Counseling
260 Warwomen Rd.
Clayton, GA 30525
770-654-3798

Chattahoochee Winds Counseling
70 North Alexander St.
Toccoa, GA 30577
770-654-3798

Northeastern Judicial Circuit

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

Creation Counseling
743 Main Street
Gainesville, GA 30501
678-343-1451

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

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

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

Road to Recovery, Inc.
840 Main Street
Gainesville, GA 30501
770-534-2664
1-866-950-5601
(Spanish available)

Northern Judicial Circuit

Ocmulgee Judicial Circuit

Georgia Intervention Alternatives
1412 Eatonton Road, Ste 500
Madison, GA 30650
877-730-1993

Georgia Intervention Alternatives
202 W. Broad Street
Greensboro, GA 30642
877-730-1993

Georgia Intervention Alternatives
4261 Gray Hwy.
Gray, GA 31032
877-730-1993

Judicial Alternatives of Georgia
North side Office Park
185-A Roberson Mill Road
Milledgeville, GA 31061
478-452-1788

Oconee Judicial Circuit

Ogeechee Judicial Circuit

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

The Counseling Center
711 Zitterour Rd.
Rincon, GA 31326
912-826-6442

Joshua One Eight FVIP
32 Courtland St.
Statesboro, GA 30458
912-489-9918

Pataula Judicial Circuit

Byrd & Byrd Services
432 Crawford Street
P.O. Box 209
Dawson, GA 39842
229-449-4493

Paulding Judicial Circuit

Piedmont Judicial Circuit

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

Georgia Intervention Alternatives
46 Professional Dr.
Jefferson, GA
877-733-1993

Rockdale Judicial Circuit

Angels Recovery FVIP
2100 Highway 138 NE
Conyers, GA 30013
678-549-4575
404-312-6531
(Spanish only)

Atlanta Intervention Network
930 Green St. SW
Conyers, GA 30012
770-602-1979

Georgia Intervention Alternatives
2100 Hwy 138 NE
Conyers, GA 30013
770-785-9297

Providence Community Corrections
1000 Iris Drive, Suite E
Conyers, GA 30094
770-388-9535

The Listening Ear
343 Salem Gate Drive, SE
Conyers, GA 30013
404-929-1470

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

Rome Judicial Circuit

Compassion
716 Avenue A
Rome, GA 30165
706-346-1117
(Spanish available)

South Georgia

Red Hills Counseling Services, LLC
107 E. Water St.
Bainbridge, GA 39817
229-254-1736

Southern Judicial Circuit

PeaceWay Counseling & Mediation
Services, Inc.
2405 Bemiss Road
Valdosta, GA 31602
229-333-2351

Redirect Counseling Services, Inc.
430 Connell Rd.
Valdosta, GA 31602
229-293-0444

Southeast Corrections
720 B South Main Street
Moultrie, GA 31768
229-616-7799
(Spanish available)

Southwestern Judicial Circuit

Byrd & Byrd
100 Turnkey Circle
Leesburg, GA 31763
229-449-4493

Stone Mountain Judicial Circuit

A New Approach FVIP, LLC
957 Main Street, Ste B, Upper Level
Stone Mountain, GA 30083
404-551-5571

Alternative Strategies
160 Clairemont Ave
Suite 200
Decatur, GA 30030
404-805-9804

Alternative Strategies
7846 Stonecrest Square
Lithonia, GA 30038
404-805-9804

Ascent Performance Consultants
2230 Scenic Highway
Suite 301
Snellville, GA 30078
678-252-2181

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

Atlanta Intervention Network
114 New Street
Decatur, GA 30030
770-602-1979
770-713-8580

Atlanta Lesbian Health Initiative Domestic
Violence Program
1530 DeKalb Ave., Suite A
Atlanta, GA 30303
678-548-9027
(Women only for same sex relationships)

Caminar Latino
P.O. Box 48623
Doraville, GA 30362
404-413-6348
(Spanish only)

Center for Pan Asian Community Services,
Inc.
3510 Shallowford Rd NE
Atlanta, GA 30341
770-936-0969 (Korean available)

Choice Counseling & Evaluation Services
3042 Oakcliff Rd, Suite 210
Doraville, GA 30340
770-594-5317

New Directions FVIP/STAND, Inc.
4319 Covington Hwy, Suite 117-A
Decatur, GA 30035
404-288-4668
(Spanish available)

DeKalb Criminal Justice Services FVIP
455 Winn Way
Decatur, GA 30030
404-508-6445

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

Georgia Intervention Alternatives
2600 H. F. Sheppard Dr.
Decatur, GA 30034
770-785-9297
(Same-Sex Male Classes)

Good Shepherd Services
2426 Shallowford Terrace
Atlanta, GA 30341
770-986-8279
770-455-9379
(Vietnamese and Chinese available)

Human Excellence Behavioral Health
Services
5300 Memorial Drive, Ste 116
Stone Mountain, GA 30083
404-292-3600

Jaré Counseling and Consulting Services,
LLC
1544 Wellborn Rd., Suite 3
Lithonia, GA 30058
678-768-3199

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

Men Stopping Violence
2785 Lawrenceville Hwy., Ste. 112
Decatur, GA 30033
404-270-9894

New Bridges LifeCenter dba Georgia
Lifeworks
4286 Memorial Dr., Suite B
Decatur, GA 30030
678-598-8312
404-389-0882

Positive Growth Counseling Center
3660 Market St.
Clarkston, GA 30021
404-549-1313

Reunited Counseling & Training, LLC
3590 Covington Hwy
Decatur, GA 30032
404-687-9188

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

Road to Recovery, Inc.
3155 Presidential Dr. Suite 104
Atlanta, GA 30340
770-220-2885
1-866-950-5601
(Spanish available)

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

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

Tallapoosa Judicial Circuit

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

Tifton Judicial Circuit

Toombs Judicial Circuit

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

Towaliga Judicial Circuit

Georgia Intervention Alternatives
7 North Lee Street
Forsyth, GA 31029
877-730-1993

Zant Supervision Georgia FVIP
207A Main Street
Barnesville, GA 30204
678-688-2888, ext 301

Waycross Judicial Circuit

The Susenbach Group
4216 Coral Park Drive
Suite 109
Brunswick, GA 31520

Western Judicial Circuit

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

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

Georgia Safety Threats

PRESENT DANGER SAFETY THREATS

Present Danger Situations:

From experience, we know that there are not an unlimited number of situations which constitute Present Danger. While remembering to use the definition of Present Danger to guide your judgment about any situation, you can rely on the following delineation of Present Danger situations to frame your assessments and conclusions. This list categorizes association between Present Danger and the family.

Present Danger Associated with a Child:

1. Multiple Injuries.
2. Face/Head
3. Serious Injury
4. Unexplained Injuries
5. Several Victims
6. Parent's Viewpoint of Child Is Bizarre
7. Child Is Un-supervised or Alone for Extended Periods.
8. Child Is Unable to Protect Self.
9. Child Fearful/Anxious
10. Child Needs Medical Attention

Present Danger Associated with a Caregiver:

1. Maltreating Now
2. Premeditated
3. Caregivers Are Unable to Perform Essential Responsibilities-
4. Bizarre Behaviors.
5. Bizarre Cruelty.
6. Caregivers Described as Dangerous
7. Caregiver Is Out of Control
8. Caregiver Intoxicated

9. Caregivers Overtly Reject Intervention

Present Danger Associated with the Family:

1. Life Threatening Living Arrangements
2. Family Violence and/or Spouse Abuse Present
3. Family Will Flee
4. Family Hides Child

When judging for Present Danger, there are a number of other concerns that you should take into account. Understand that these additional areas of interest do not represent Present Danger but help to qualify Present Danger.

1. Child is 0 - 6 Years Old
2. History of Reports
3. The Family Situation Will/May Change Quickly
4. Services Inaccessible or Unavailable
5. Accessible to a Threatening Person
6. Family Isolated

IMPENDING DANGER SAFETY THREATS

1. Living Arrangements Seriously Endanger the Physical Health of the Child(ren).
2. One or Both Parents/Caregivers Intend(ed) to Hurt the Child and Show No Remorse.
3. One or Both Parents/Caregivers Cannot or Do Not Explain the Child's Injuries and/or Conditions.
4. A Child is Extremely Fearful of the Home Situation.
5. A Parent or Caregiver is violent and No Adult in the Home is Protective of the Child(ren).
6. One or Both Parents/Caregiver'(s) Emotional Stability, Developmental Status, or Cognitive Deficiency Seriously Impairs Their Ability to Supervise, Protect, or Care for the Child(ren).
7. One or Both Parents/Caregivers Cannot Control Their Behavior.
8. The Family Does Not Have Resources to Meet Basic Needs.
9. No Adult in the Home Will Perform Parental Duties and Responsibilities.
10. One or Both Parents/Caregivers Have Extremely Unrealistic Expectations of a child.
11. One or Both Parents/Caregivers have Extremely Negative Perceptions of a Child.
12. *One or Both Parents/Caregivers Fear They Will Maltreat the Child and/or Request Placement.*
13. *One or Both Parents/Caregivers Lack Parenting Knowledge, Skills, and Motivation Which Affects Child Safety.*
14. *Child Has Exceptional Needs Which the Parents/Caregivers Cannot or Will Not Meet.*

The Principles of Sensitive Practice

The goal of Sensitive Practice is to foster a sense of safety for clients. By adopting the principles of Sensitive Practice as a standard, DFCS staff conveys respect, support clients autonomy and the right to participate in decision making processes within DFCS and decrease the likelihood of inadvertently re-traumatizing the survivors of abuse with whom we work knowingly or unknowingly. The Principles of Sensitive Practice include the following:

Respect	Acknowledging the inherent value of clients as individuals with unique beliefs, values, needs, and histories means upholding and defending their basic human rights and suspending judgment of them.
Taking Time	Taking adequate time with clients ensures that they do not feel depersonalized or objectified.
Rapport	Developing and maintaining an interpersonal style that is professional, yet conveys genuine caring, promotes trust and a sense of duty.
Sharing Information	Informing clients of what to expect on an on going basis and inviting them to ask questions and offer information and feedback helps reduce anxiety and promotes active engagement in the planning process.
Respecting Boundaries	Paying ongoing attention to boundaries and addressing difficulties that arise reinforces the client's right to personal autonomy.
Fostering Mutual Learning	Fostering an environment in which information sharing is a two-way process encourages survivors to learn about options and how to become an active participant in the creation of their plan. It also assists DFCS staff to learn how to best work with individuals who have experienced interpersonal violence.
Understanding Nonlinear Healing	Checking in with the survivor throughout each encounter and over time, and being willing to adjust their actions accordingly, enables DFCS staff to meet the needs of individuals whose ability to tolerate questions and information sharing may vary over time.
Demonstrating Awareness and Knowledge	Showing that they are aware of interpersonal violence helps professionals foster a sense of trustworthiness and promotes an atmosphere in which survivors are willing to work alongside DFCS staff.

Critical Components Guide

The Critical Components a useful training tool to help identify essential information in domestic violence cases.

CASE INFORMATION

CASE #: _____

OFFENDER NAME: _____ DOB: _____

SURVIVOR NAME: _____ DOB: _____

CHILDREN'S NAME(S):

CRITICAL COMPONENTS

1. DESCRIBE THE BATTER'S PATTERN OF CONTROL:

2. DESCRIBE THE NEGATIVE EFFECTS THE OFFENDER'S ACTIONS HAVE HAD ON THE CHILDREN:

3. DESCRIBE ACTIONS TAKEN BY THE SURVIVOR TO ENSURE THE CHILDREN'S SAFETY & WELL BEING:

4. DESCRIBE THE NEGATIVE IMPACT THE OFFENDER'S BEHAVIOR HAS HAD ON THE SURVIVOR'S CAPACITY TO PROTECT:

5. PLEASE ILLUSTRATE WHAT ROLE THE FOLLOWING HAVE PLAYED IN THE SAFETY & WELL BEING OF THE CHILDREN:

Substance Abuse:

Mental Health:

Culture:

Socio-Economic:

Other:

STATE OF OREGON
Department of Human Services
Kids' FIRST / Safe & Together
Critical Components Evaluation Form

Self Assessment Form

In general, how well do you perceive yourself or your child welfare staff performing in the following areas (circle or underline your answers):

Domestic Violence Offenders

- A. Identifying and documenting domestic violence offenders' patterns of coercive control and actions taken to harm the children:
Poor Adequate Good Excellent
- B. Seeking out, engaging and interviewing domestic violence offenders:
Poor Adequate Good Excellent
- C. Developing safety/case plans for domestic violence offenders:
Poor Adequate Good Excellent
- D. Collaborating with other systems (e.g., criminal courts, law enforcement, adult probation) to intervene with and hold offenders accountable:
Poor Adequate Good Excellent
- E. When the offender is the father, holding him to a high set of expectations as a caregiver:
Poor Adequate Good Excellent
- F. Seeing the importance of the father, who is a offender, to the children:
Poor Adequate Good Excellent
- G. Not automatically lumping offender and non offending caregiver together as "co-perpetrators" of the abuse and neglect in documentation or case presentation and, conversely, identifying their separate roles related to risk and safety of the children:
Poor Adequate Good Excellent

Domestic Violence Non offending caregivers

- A. Identifying and documenting the full spectrum of the non offending caregivers' efforts to promote the safety and well-being of the children:
Poor Adequate Good Excellent
- B. Engaging and interviewing non offending caregivers in a way that promotes a partnership focused on the common goal of safety and well-being of the children:
Poor Adequate Good Excellent
- C. Not blaming the non offending caregiver for the violence and abuse of the perpetrator:

Poor	Adequate	Good	Excellent
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D. Identifying the impact of trauma on non offending caregivers

Poor	Adequate	Good	Excellent
------	----------	------	-----------

E. Avoiding automatic conclusions, e.g., “If she remains in this violent relationship, it must mean she doesn’t understand domestic violence.”

Poor	Adequate	Good	Excellent
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F. Developing safety/case plans that meet the needs of the non offending caregiver and the Department:

Poor	Adequate	Good	Excellent
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G. Collaborating with survivor’s advocates and other service providers

Poor	Adequate	Good	Excellent
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Children Exposed to Domestic Violence Offender Behavior

A. Identifying how domestic violence offenders’ behaviors impact the normal development of children at different ages and stages:

Poor	Adequate	Good	Excellent
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B. Understanding the pathways from the offenders’ behavior to adverse outcomes for children:

Poor	Adequate	Good	Excellent
------	----------	------	-----------

C. Interviewing children about domestic violence:

Poor	Adequate	Good	Excellent
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D. The importance of keeping children safe and together with the non offending caregiver (non offending caregiver) whenever possible:

Poor	Adequate	Good	Excellent
------	----------	------	-----------

E. Developing case plans for children that address their needs related to the domestic violence:

Poor	Adequate	Good	Excellent
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Other Factors (Substance abuse, mental health issues, culture, socio-economic factors)

A. Creating safety/treatment plans that address substance abuse, mental health issues as separate factors

Poor	Adequate	Good	Excellent
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B. Asking questions of /communicating with substance abuse and mental health providers about the domestic violence

Poor Adequate Good Excellent

C. Asking questions of/communicating with the domestic violence services about the concerns related to substance abuse and mental health (when present)

Poor Adequate Good Excellent

D. Identifying how the offenders' coercive control tactics may impact substance abuse or mental health treatment:

Poor Adequate Good Excellent

E. Working with cultural factors in families, e.g., Not see violence as caused by culture, working with cultural strengths/factors to develop case plan:

Poor Adequate Good Excellent

Position in the agency: _____

Length of service in child welfare or related field: _____

Length of time in current position: _____

Georgia's- DOMESTIC VIOLENCE RESOURCES

24 hour Domestic Violence Hotline

If a client would like to talk to someone about the abuse in her/his life, please call Georgia's 24-Hour Statewide Domestic Violence Hotline.
1.800.33. HAVEN (1.800.334.2836) V/TTY.

Georgia Coalition Against Domestic Violence

Services include: Advocacy, public policy, resources, training and technical assistance.

Website: www.gcadv.org

Contact Information: 114 New Street, Suite B
Decatur, GA 30030
404.209.0280 – Phone
404.766.3800 – Fax

Georgia Commission on Family Violence

Services include: Develop standards in the certification and regulation of Family Violence Intervention Programs (FVIP's), legislation advocacy, Domestic Violence Task Force assistance.

Website: www.gcfv.org

Contact Information: 244 Washington Street, SW
Suite 300
Atlanta, GA 30334
404.657.3412 –Phone
404.656.3987- Fax

DFCS Safety Management Section, (Family Violence Services)

Services include: Technical assistance, support and consultation to DFCS staff, Domestic Violence providers and community and state partners on comprehensive services for families with a co-occurrence of child maltreatment and domestic violence.

Contact Information:

Atlanta, GA 30303
404.657.3413-Phone

The Governor's Office for Children and Families

Services include: Provide state and federal funds to implement prevention and intervention strategies for the purpose of meeting the needs of victims of domestic violence and sexual assault; Certify that quality services are available to victims of domestic violence and sexual assault and provide technical assistance to build capacity.

Website: www.children.georgia.gov/family-violence

Contact Information: 7 Martin Luther King Jr. Drive SW
Suite 351
Atlanta, GA 30334
404.656.5600- Phone

IPV Guidelines and Protocol Resources

Assessing Risk to Children From Contact With Offenders” by Lundy Bancroft, Domestic Violence Report, April/May 2002

Child Welfare Information

Gateway http://www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm

Georgia Commission on Family Violence, Family Violence Intervention Programs, www.gcfv.org

Guidelines for Public Child Welfare Agencies Serving Children and Families Experiencing Domestic Violence – National Association of Public Child Welfare Administrators, An affiliate of the American Public Human Services

Association, <http://www.aphsa.org/policy/Doc/dvguidelines.pdf>

New Hampshire Division for Children, Youth and Families – Domestic Violence Specialized Training: Day One: Safety Engaging Adult Non offending caregivers and Their Children: http://www.thegreenbook.info/documents/engaging_with_families.pdf

Oregon Department of Human Services, Child Welfare Practice for Cases with Domestic Violence <https://apps.state.or.us/Forms/Served/ce9200.pdf>

Promising Futures Without Violence, Promoting Resiliency <http://promising.futureswithoutviolence.org/files/2013/06/Promising-Futures-Infographic-FINAL.jpg>

Safe and Together Model <http://safe-and-together.endingviolence.com>

Safety organized, trauma-informed and solution-focused domestic violence practice in child protection: Safety and Case Planning by the National Resource Center for Child Protective Services

The Protocol For Family Violence and Investigations in Duval County- Hubbard House, Inc., Jacksonville, Florida.