



Domestic Violence Guidebook

A Guide for Juvenile Court Professionals

Table of Contents

Introduction and How to Use This Guidebook	03
Child Welfare and Domestic Violence in Connecticut: A Brief History	06
Why is Domestic Violence a Juvenile Court Issue?	07
What is Domestic Violence?	09
The Safe and Together Model	15
Specific Ways Domestic Violence Perpetrators Harm Children	19
Assessing Impact of the Perpetrators Behavior on Children	21
Assessing Danger of Domestic Violence Perpetrators	26
Managing Safety	27
What Do Domestic Violence Survivors Do For Children?	30
Assessing Protective Factors	31
Role of Substance Abuse, Mental Health and Trauma In Domestic Violence Cases	32
Substance Abuse and Perpetrators	32
Substance Abuse and Survivors	34
Trauma and Mental Health	35
Cultural and Immigration	37
VAWA Self-Petitions, U-Visas and T-Visas	38
LGBTQ	40

Table of Contents

Domestic Violence and the Courts	41
Mandatory Arrest	41
Restraining Orders vs. Protective Orders	42
Collaboration	44
Multi-disciplinary Teams	45
Court-Ordered Evaluations	46
Visitation and Placement	48
Representing Families in Juvenile Court:	51
Some Additional Considerations for Practice	
What the Court Can Expect from CPS in Domestic Violence Cases	52
Working with Survivors	52
Working with Perpetrators	52
Working with Children	53
Appendix	
Selected Bibliography	55
Connecticut Specific Resources	57
National Resources	59
Additional Information and Materials	62
Perpetrators	
Working with batterers: A basic documentation schema	62
Case Planning with Batterers in Child Welfare Cases	63

Introduction and How to Use this Guidebook

This Guidebook has been developed as a result of recognition by the Connecticut Judicial Branch that professionals associated with the juvenile court process (Court Service Officers and other court staff, attorneys, mental health providers, therapists, Guardians ad Litem and others) would benefit from specific information and guidance related to domestic violence. In collaboration with the Connecticut Department of Children and Families (DCF), the state's Child Protective Services (CPS) agency, the Judicial Branch under the auspices of the federally funded Court Improvement Program¹ convened a series of workgroups to help identify current gaps in knowledge, key resources, and what information should be included in the Guidebook. Partners in this process included representatives from the Judicial Branch, including Court Services Officers, the Attorney General's Office, DCF Legal Division, and the Office of the Chief Public Defender.

Target Audiences

The Guidebook can be a useful tool for the professionals listed above and others who regularly interact with the Juvenile Court process. We recognize the complexity of the diverse roles of professionals, and we value our common goal of safety, permanency and well-being for children. As a foundation, the Guidebook utilizes the Safe and Together™ best practice model (a model designed for child welfare professionals), to guide case practice from beginning to end; including screening and identification, assessment and case planning. By using Safe and Together as a framework for shared language and perspective, it is our hope it will lead to both enhanced case practice and better, overall cross system communication.

We also hope that the information contained in this Guidebook:

- Will assist attorneys representing domestic violence survivors to better recognize (and bring to the Court's attention) their clients' full spectrum of efforts to promote the safety and well-being of their children; evaluate the efforts made by CPS and community providers to partner with the survivor around the safety and well-being of the children; create meaningful and reasonable specific steps for the survivor that do not increase danger or make her responsible for the perpetrator's behavior; identify appropriate services for the survivor (when necessary); and to articulate how the perpetrator may be directly interfering with the survivor's efforts to successfully resolve the concerns of the Court.
- Will help attorneys representing domestic violence perpetrators to better identify the specific behavior(s) of their clients' that need to be addressed in order to increase the safety and well-being of their children; to better evaluate the efforts of CPS and community partners to engage, assess and develop a plan for the perpetrating parent that best addresses the behaviors of concern; to draft meaningful and reasonable

¹ See:http://www.jud.ct.gov/scip/SCIP_Home.html

specific steps for the perpetrator based on the identified behaviors that pose risk to the children; to select appropriate services for the perpetrator; and to evaluate the effectiveness of those services for their client.

- Will assist attorneys and Guardians ad Litem representing children to better identify how the children have been impacted by domestic violence and what needs the children may have; evaluate the efforts of CPS and community partners to identify, assess and respond to the specific needs of the children; and to evaluate the interventions with the parents as they relate to the best interests and stated wishes of the children.
- Will assist mental health professionals who conduct court-ordered evaluations in better understanding the dynamics of coercive control and how the cumulative effect of the perpetrator's abusive behaviors has impacted family-functioning, including undermining parenting and the relationship of the children with the non-offending parent; how the perpetrator's behaviors may impact the survivor's and the children's mental health; how the perpetrator may be continuing to threaten, intimidate and undermine the survivor and the children; and influence the survivor's decision-making, especially in regards to safety-planning.
- Will assist Court Services Officers and other court staff in better understanding the dynamics of coercive control and how perpetrator's behaviors may impact the survivor's (and the children's) behavior; help in planning for safety when meetings or hearings are scheduled; and increase knowledge of appropriate resources.

Using the Guidebook

In the writing of this Guidebook, we have made every attempt to keep information brief, practical, relevant and most of all, *usable*. To that end, while the Guidebook can be read in its entirety, we have included tabbed sections, simple practice tips, links to information and resources in the online version, and information about Connecticut and national resources that may assist you.

A word about language and gender:

Domestic violence can occur in both heterosexual and same sex relationships. Males can be victims of domestic violence and they can be perpetrators, as can females. We also know that sometimes victims/survivors fight back or use physical violence. While many of the cases represented in Juvenile Court involve a male perpetrator and a female survivor, it is extremely important during assessment to focus on behaviors and what is known from collateral contacts, interviews, criminal history, and CPS history (among other sources) rather than making assumptions based on gender alone. A behavioral-based focus promotes more accurate assessment and interventions and throughout this Guidebook we have made every effort to use gender-neutral language.

You will also see we have chosen to use the terms “perpetrator” instead of batterer or abuser to indicate the person perpetrating the abuse and “survivor” or “non-offending parent” to indicate the person who is the adult target of the perpetrator’s abusive behaviors. While the legal system uses the term “victim”, the use of the term “survivor” is used here to emphasize the fact that many abused persons are extremely active in safety-planning and decision-making for their own (and, in many cases, their children’s) survival.

Child Welfare and Domestic Violence in Connecticut: A Brief History

Historically, domestic violence has largely been viewed as a women’s issue, and something that happened between adults, and not an issue concerning the safety and welfare of children. As research began to emerge regarding the impact of witnessing domestic violence on children and the intersection of child abuse and domestic violence, it forced CPS to re-examine policies and practices related to working with families in which domestic violence was present.

In Connecticut, the death of Baby Emily in 1995, prompted then Governor John G. Rowland to convene an independent panel to investigate why baby Emily had died. Baby Emily’s death highlighted the high stakes related to domestic violence and child maltreatment as the person who murdered Baby Emily was also abusing her mother. The panel identified several areas for improvement and outlined specific recommendations. One of the identified areas for improvement for the state CPS agency, the Department of Children and Families (DCF) included better practice related to screening and assessment when working with families impacted by domestic violence. The death of Baby Emily was also the catalyst for the development of the Office of the Child Advocate, an independent body responsible for monitoring and evaluating public and private agencies charged with the protection of children.²

During the same period, an intensive national effort in 1997 to bring together juvenile court judges, domestic violence experts, advocates, child welfare professionals, and community allies resulted in the publication in 1999 of *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice* (more commonly known as the “Green Book”). The Green Book outlines several recommendations for improvements in child welfare, juvenile courts and domestic violence service providers.³

In an effort to shift the culture and practice of the agency to ensure the best possible response to families experiencing domestic violence, the DCF funded the Domestic Violence Consultation Initiative in 2006. A private-public partnership, the goal of the Initiative was to support the DCF’s mission to promote the safety, permanency and well-being of children by elevating staff competencies and addressing practice, policy and resource challenges by partnering with domestic violence survivors for child safety, meeting the needs of children who have been impacted by domestic violence, and engaging and intervening with perpetrators. While the Initiative was by all accounts successful in increasing staff skills and competencies, in 2013, the DCF moved the agency in a new direction by creating internal positions and training existing DCF staff as Domestic Violence Specialists to work under the Area Resource Group (ARG).⁴

² *Investigation in the Death of Emily H*, released March 12, 2001 by Child Fatality Review Panel. Retrieved from The Office of the Child Advocate website: www.ct.gov/OCA under “Fatality Investigations”.

³ The “Greenbook” can be found online at www.thegreenbook.info

⁴ Each DCF region has a group of subject matter experts including registered nurses, mental health clinicians, and substance abuse clinicians that provide case consultation, referrals, and other duties. The new Domestic Violence Specialists are a part of this group.

Why is Domestic Violence a Juvenile Court Issue?

Without a basic level of expertise in understanding domestic violence and how perpetrators harm children, coupled with strong policy and practice guidelines that support best practice, the Juvenile Court cannot achieve its goals of ensuring safety, permanency and well-being of children. The impact of domestic violence on children involved in cases brought before the Court is powerful, pervasive, and often invisible to superficial scrutiny and many times closely intertwined with substance abuse, mental health, and other CPS issues. While domestic violence is frequently described as one of the most common issues facing families involved with Juvenile Court, the discussion of the impact of domestic violence on children and families remains limited and often simplistic.

The assessment of the intersection of domestic violence and child maltreatment is frequently focused on the following types of questions: “Were the children physically harmed during the incident?” “Could they have been harmed during the incident?” “Did they see or hear the violence?” While important, these questions reflect a limited understanding of the depth and breadth of a domestic violence perpetrator’s impact on family functioning. And it is this narrow understanding that limits our ability to help families by undermining our ability to:

- Assess and respond to the needs of children impacted by perpetrator’s behavior
- Understand the dilemmas, choices and strengths of domestic violence survivors and therefore limit our efforts to partner with them; and
- Intervene with domestic violence perpetrators

Many families involved with the Court struggle with a complex mixture of issues such as substance abuse by one or both parents, mental health diagnoses for one or more family members, trauma histories, child behavioral or educational issues, housing issues, lack of access to resources, and attenuated support systems, to name a few. Domestic violence perpetrators’ behaviors intersect with many of these issues in various and multifaceted ways. For a better understanding of the significance domestic violence perpetrators can play in issues important to the Court, let us consider how a perpetrator’s choices may impact a family with co-occurring substance abuse:

- A perpetrator may use violence and control to force or pressure his partner into using substances
- Substance use may be associated with fear for family members if the perpetrator uses violence or has used violence in the past while using or under the influence. Fear is often triggered even if the perpetrator does not get violent

- A victim/survivor with a substance abuse problem is often considered less credible with systems, giving domestic violence perpetrators opportunities to use systems as a means to further exploit and control the survivor
- As part of a pattern of control, a perpetrator may interfere with or sabotage a partner or a child getting substance abuse treatment
- The perpetrator may manipulate and use the principles of recovery to continue to control the household
- Domestic violence perpetrators often manipulate their partner and systems into believing that substance abuse treatment is the only form of intervention necessary

This list only partially captures the intersection of substance abuse and domestic violence and goes far beyond whether the perpetrator was using at the time of a particular incident of violence. When the understanding of the intersection of perpetrator's behaviors and child welfare concerns is limited only to incidents of physical violence where the children might be physically harmed or witnessed the incident, then the Court is at diminished capacity to effectively intervene to improve safety and reduce risk for the children.

This Guidebook is intended to help court staff; CPS, attorneys and other professionals involved with the Juvenile Court better identify and respond to domestic violence cases. In order to achieve this goal, it is essential to focus on the behavior patterns of domestic violence perpetrators and what they mean for children and families. The Guidebook should serve as a road map for good practice and good decisions. It starts with the importance of understanding domestic violence as a pattern of coercive control and seeing the perpetrator of the coercive control as 100% responsible for their choices to be violent, abusive and controlling. It stresses the significance of seeing how these choices have a cumulative impact on family functioning and how they often build on one another, amplifying the negative impact of the perpetrator's behavior on the children. And finally, it will provide specific concrete guidance around practice including what questions to ask witnesses and mental health professionals conducting court-ordered evaluations (including CPS staff) as well as setting expectations for practice and identifying appropriate safety plans, case plans and court-ordered specific steps.

What is Domestic Violence?

For the purposes of this Guidebook, we are defining domestic violence as:

Parents and/or caregivers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after a relationship has ended, or when the couple no longer lives together. The perpetrator's actions often directly involve, target and impact the children in the family.

Please note that in this Guidebook, the definition of domestic violence does not include family violence, such as violence between a child and parent, grandparent and parent, etc. and it differs from the definition of family violence included in CGS § 46b-38a – 46b-38f⁵ As the criminal definition of family violence limits itself to physical abuse, threats of physical harm and stalking, for the purposes of CPS and Juvenile Court, we find that a broader definition of domestic violence is more meaningful in assessment, case planning and interventions. For instance, many issues that are important considerations for the Juvenile Court in assessing and treating adverse impact on children (such as a perpetrator interfering with the medical care of a child or controlling finances in a way that impacts a child's basic needs) are outside the jurisdiction of law enforcement.

A perpetrator's pattern of coercive control can include:

- Physical abuse, including pushing, shoving, restraining, holding down, slapping, punching, kicking, strangling, striking with objects, etc.
- Sexual abuse, including rape, sexual degradation, not accepting a partner's boundaries, exposing the children to inappropriate talk/pornography/sexual acts.
- Threatening, including threats to kill, threats to take the children away.
- Verbal abuse, including name-calling, swearing, yelling, screaming.
- Emotional abuse, including put-downs, "crazy-making" behaviors, humiliation and degradation.
- Destroying property, including punching holes in walls, breaking objects intentionally.
- Withholding important paperwork, including passports, identity cards, immigration documents, medical cards, EBT cards.
- Undermining parenting and authority, including telling the children they do not have to listen to the other parent or interfering with the parental bond.

⁵ In the Connecticut General Statutes, "Family Violence" is defined as "...an incident resulting in physical harm, bodily injury or assault, or an act of threatened violence that constitutes fear of imminent physical harm, bodily injury or assault, including, but not limited to, stalking or a pattern of threatening, between family or household members. Verbal abuse or argument shall not constitute family violence unless there is present danger and the likelihood that physical violence will occur."

- Controlling behaviors, including making all of the decisions, talking over or for their partner, telling their partner what to do, not allowing their partner or children to go places or wear certain things.
- Financial abuse, including controlling all of the finances, not making joint financial decisions, hiding assets and debts.
- Jealousy and possessiveness, including constantly accusing a partner of cheating, constantly calling/texting, installing cameras or GPS devices, going through phones, personal belongings.
- Isolation, including isolating their partner and the children from family or friends.
- Sabotaging employment, including causing their partner to lose a job or not allowing their partner to work.
- Minimizing and externalizing blame, including blaming their partner for their abusive behaviors.
- Animal abuse, including harming or killing the family pet(s).

In addition to the above behaviors, in order to assess child safety and risk, it is also important to assess:

- Does the perpetrator have a criminal history? If yes, are there arrests for assault, disorderly conduct, breach of peace, threatening, interfering with a 911 call, unlawful restraint, violation of a protective or restraining order?
- Is there a history of police call outs to the home? What is the nature of the call outs?
- Is there a current Protective Order or Restraining Order in place or have there been past Protective or Restraining Orders against the perpetrator?
- Is there a history of violating protective and/or restraining orders?
- Does the perpetrator have a DCF history? Does it include past domestic violence with the same or different partners?
- Is the couple recently separated/divorced or has the survivor and the children left?
- Does the perpetrator have any current mental health or substance abuse concerns? Have there been any recent changes in mental health or substance abuse (i.e. refusing to take medication, increased use of substances)?
- Does the perpetrator own or have access to weapons?

Case Example:

This case came to the attention of Child Protection (CPS) from the police due to Mr. Jones physically assaulting Ms. Rodriguez in front of their two children, Alex (5) and Ashley (4). Mr. Jones was intoxicated at the time of the incident. Mr. Jones was arrested and a protective order was put in place.

During the investigation, CPS learned that Ms. Rodriguez and Mr. Jones were involved in an intimate relationship in the past, although Mr. Jones continues to show up sporadically to Ms. Rodriguez's house, late at night, often intoxicated. Mr. Jones has a history of punching, pushing, and slapping Ms. Rodriguez; calling her a "slut" and a "whore"; demanding sex and becoming violent if she didn't comply; threatening to kill her if she applied for child support; not assisting with the care and support of the children, including not providing any financial support or consistent visitation; undermining Ms. Rodriguez's parenting by telling his son he didn't have to listen to Ms. Rodriguez; having his other partners threaten to beat up Ms. Rodriguez.

CPS also learned that Mr. Jones had 6 other children by 3 additional partners (8 biological children in all). He had a history of being abusive to his other 3 partners, and during the timeframe of DCF's investigation, another report was called in when Mr. Jones physically assaulted one of his other partners (Ms. Taylor) in front of their daughter. During the interview with Ms. Taylor, DCF learned that Mr. Jones came to reside at her house after he was arrested for assaulting Ms. Rodriguez and a protective order was put in place. Ms. Taylor stated that Mr. Jones was now staying with another girlfriend.

What do we know at this point about Mr. Jones' pattern of coercive control and how his behaviors impact his children?

Mr. Jones has a history of engaging in a pattern of coercive control against at least three of his former partners in which he also shares children, including recently being arrested for physically assaulting Ms. Taylor in front of their daughter Samantha (11). Mr. Jones' abusive behaviors against Ms. Rodriguez have included:

- Physical abuse, including punching, pushing, and slapping
- Threatening, including threatening to kill Ms. Rodriguez if she applied for child support and instigating his other girlfriends to threaten to beat up or "jump" Ms. Rodriguez
- Verbal and emotional abuse, including calling Ms. Rodriguez a "slut" and a "whore"
- Sexual abuse, including demanding sex and becoming physically violent if Ms. Rodriguez would not comply
- Financial abuse, including not providing any assistance for the care and well-being of the children even though Mr. Jones was employed full-time

- Undermining Ms. Rodriguez’s parenting, including telling his son not to listen to Ms. Rodriguez and not adhering to a visitation schedule, including often not showing up to see the children when a visit was scheduled
- Not respecting Ms. Rodriguez’s boundaries, including forcing himself into her house

Adverse Impact on Alex and Ashley:

Alex:

- Alex has witnessed his father physically assault his mother on more than one occasion.
- The police officer stated that Alex was awake and crying during the last incident.
- Ms. Rodriguez stated that Alex was awakened when Mr. Jones forced his way into her house and assaulted her, interrupting his sleep schedule
- Alex will tell Ms. Rodriguez that he doesn’t have to listen to her because “Daddy said I didn’t and he will beat your ass”
- Mr. Jones does not provide consistent visitation to see Alex, including telling Alex he will be coming to visit and then not calling and not showing up.
- Mr. Jones has not ever taken part in Alex’s caretaking, including not participating in medical appointments or school events. Mr. Jones has also never provided any financial support for Alex, and threatened to kill Ms. Rodriguez if she applied.

Ashley:

- Ashley has witnessed her father physically assault her mother on more than one occasion. The police officer stated that Ashley was awake, crying and clinging to her mother when they arrived during the last incident.
- Ms. Rodriguez stated that Ashley was awakened when Mr. Jones forced his way into her house and assaulted her and would not go back to sleep in her own bed, interrupting Ashley’s sleep schedule.
- Mr. Jones does not provide consistent visitation to see Ashley, including telling Ashley he will be coming to visit and then not calling and not showing up.
- Mr. Jones has not ever taken part in Ashley’s caretaking, including not participating in medical appointments or day care events. Mr. Jones has also never provided any financial support for Ashley, and threatened to kill Ms. Rodriguez if she applied.

What is the relevance of Mr. Jones’ history with past and current partners from a CPS standpoint?

Mr. Jones has a history of engaging in abusive behaviors against at least 3 partners in which he shares children, including being physically, verbally and emotionally abusive to his partners in front of the children. Mr. Jones currently has multiple charges pending regarding his physical abuse against 2 of his partners, and 2 current protective orders

Mr. Jones is not a consistent presence in any of his children's lives. He sees them sporadically and often does not follow through on visitation plans. He does not appear to have a close bond with any of his children, does not appear to have basic parenting skills, and appears to lack information about basic child development

Mr. Jones does not provide any financial assistance for 6 of his children, nor has he provided diapers, clothes, household items, childcare, medicine or food

It appears that Mr. Jones has a pattern of staying with his former partners, becoming abusive and then going to stay with another partner, continuing to put his children at risk to possible physical and emotional harm and exposing his children to his abusive behaviors

It also appears that Mr. Jones may have a problem with abusing alcohol

How might Mr. Jones' history of behaviors in past and current relationships be relevant to case planning?

Any engagement and case planning with Mr. Jones should include:

- Communicating and coordinating with other any other CPS workers regarding open cases involving Mr. Jones's children, including sharing information regarding Mr. Jones' history of abusive behaviors and ongoing concerns
- Clearly communicating to Mr. Jones the CPS concerns regarding his abusive behaviors towards all of his former partners and the impact of his behaviors on his children, including asking him about his lack of any financial support for 6 of his children
- Assess Mr. Jones's commitment to being a father to his children. What does it mean to him to be a father? Does he want to be a better father? What would that look like?
- Engaging Mr. Jones in a discussion regarding his willingness to address his pattern of abusive behaviors against his former partners. Can he take responsibility for his behaviors and the impact on his children without blaming his partner(s)? Is he willing to sign a safety agreement? Is he willing to work with CPS? Is he willing to abide by current court orders?
- Any safety plans or case plans with Mr. Jones should include specific behavioral goals such as:
 - Will abide by any current court orders, including protective or restraining orders
 - Will demonstrate safe, non-abusive behaviors, including not threatening, intimidating, assaulting or abusing any partners or engaging others to threaten or intimidate current or past partners. This also includes verbal abuse, emotional abuse, sexual abuse, not respecting boundaries and undermining of parenting
 - Will cooperate with substance abuse evaluation/recommendations
 - Will sign releases for probation/family relations/etc. as applicable

- Will demonstrate good parenting choices by not using the children as weapons against his partners/former partners
 - Will demonstrate good parenting choices by not speaking badly about his partners/former partners in front of the children or blaming his partners for his arrests in front of the children
 - Will support his partner's/former partner's parenting by abiding to agreed upon visitation schedules and abiding by house rules and routines
- CPS should also be coordinating/communicating with the criminal court regarding the handling of Mr. Jones cases, any recommendations for services (if applicable), and sharing any concerns regarding Mr. Jones's behaviors and the ongoing impact of his behaviors on the children, including asking that cooperation with CPS be added to his conditions of release.

Practice Tips:

Good practice benefits from the following key points:

- A definition of domestic violence that encompasses coercive controls towards family members including children is a much more meaningful and comprehensive approach to assessment and case planning. Instead of looking at "domestic violence" as separate from "child abuse and neglect" the perpetrator's behaviors should be looked at more holistically.
- The assessment of perpetrator's patterns needs to include behavior in prior relationships, behavior after separation and divorce and behavior with new partners. If we are assessing a parent who has been violent or abusive it is relevant and important to include information on their overall pattern of behaviors in relationships, not just in one relationship.
- While a Batterer Intervention Program (BIP)⁶ may be an appropriate part of a case plan, it is important that case plans include specific behavioral goals related to what we know about a perpetrator's pattern of behavior. By including specific behavioral goals, it is easier to evaluate progress and more accurately assess safety and risk.

⁶ In CT, these programs may involve Family Violence Education Program (FVEP), Explore, or Evolve. These are programs for perpetrators of domestic violence accessible to perpetrators involved in the criminal justice system.

The Safe and Together™ Model

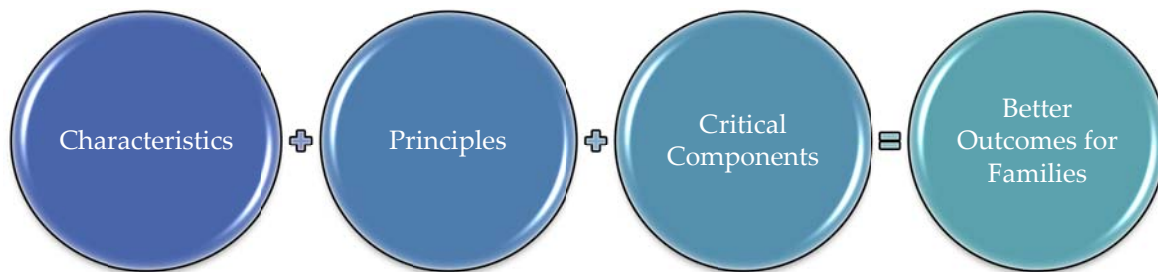
The Safe and Together model is a field-tested, promising practice approach to helping child welfare professionals make good decisions for children impacted by domestic violence perpetrators. Created by David Mandel, MA, LPC, the Safe and Together model was designed to help child welfare professionals improve competencies in working with families impacted by domestic violence. The Safe and Together model was utilized by the DCF in Connecticut from 2006-2013 and is currently being used in several states around the U.S. and internationally.⁷

The model is comprised of Assumptions, Principles and Critical Components that when used in conjunction with one another can help improve risk and safety assessment, case decision-making, interviewing, documentation, and cross systems collaboration and communication.

Characteristics, Principles & Critical Components

The Characteristics include:

- Child welfare systems cannot achieve their core mission of safety, permanency and well-being of children without being competent and skillful in their response to domestic violence cases.
- The interests of domestic violence survivors and child welfare are in significant alignment: reducing or eliminating the safety and risk concerns posed by batterers.
- Child welfare systems need to develop their capacities and competencies to intervene more effectively with domestic violence perpetrators.



⁷ See www.endingviolence.com for more information regarding Safe and Together.

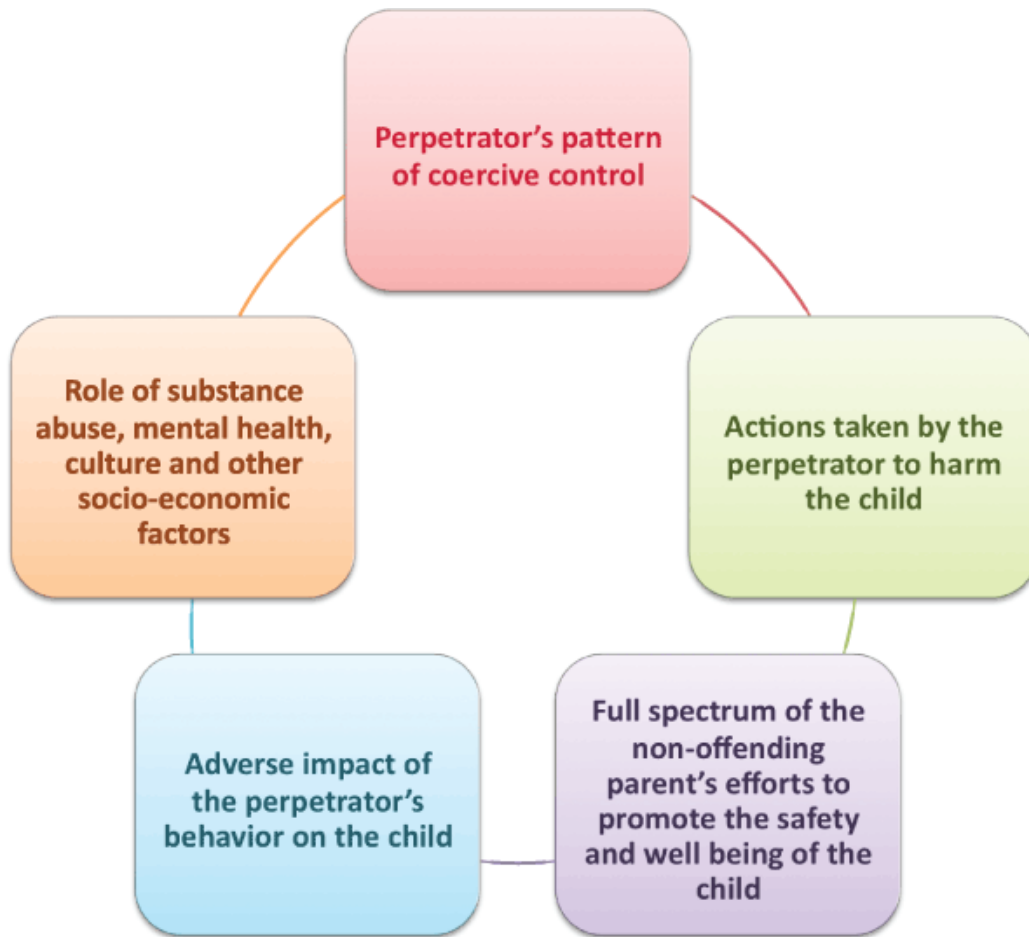
To improve practice and create better outcomes for children and families exposed to domestic violence perpetrator's behavior, the following Principles can help guide practice:

1 **Keeping child Safe and Together™ with non-offending parent**
Safety Healing from trauma Stability and nurturance

2 **Partnering with non-offending parent as default position**
Efficient Effective Child-centered

3 **Intervening with perpetrator to reduce risk and harm to child**
Engagement Accountability Courts

Implementation of these principles in case practice is supported by a focus on identifying the following Critical Components:



If a child welfare professional can describe the five areas described in the diagram above as completely as possible (based on information gathered from multiple information sources including interviews, collateral contacts, review of police reports and prior case history), it is likely that the case planning that occurs will be more effective in addressing the following:

- The safety, support and trauma needs of the adult survivor and the children, including keeping the children and the non-offending parent safe and together whenever possible.
- Reducing the perpetrator's risk to the children and supporting their strengths as they relate to the family
- Collaboration with community partners, including domestic violence advocates, batterer intervention programs, police, courts, and other community providers.

This approach emphasizes a process that helps keep the CPS worker and others associated with the family focused on what is most important to the safety and well-being of the children. Focusing on these five areas also supports meaningful and useful documentation by strongly emphasizing the identification of the behaviors

of both the perpetrator and survivor. It helps with the writing of summary of facts, affidavits, social studies, testifying in court and substantiation hearings.

In addition, this approach also incorporates sensitivity to issues of culture, gender, sexual orientation, affluence and other variables. By using a model that emphasizes certain “universal” aspects of coercive control, it helps child welfare professionals (including attorneys) see past stereotypes and biases to the perpetrator’s key behaviors regardless of personal traits, such as sexual orientation or race. At the same time, the approach also considers the role of culture, discrimination and other social factors in the power exercised by the perpetrator and the impact of the perpetrator’s behaviors on family functioning.

Practice Tip:

Attorneys, Guardians ad Litem, mental health professionals, domestic violence advocates and other professionals involved in child welfare can integrate the Safe and Together Principles and Critical Components in their work in the following ways:

- Use the 5 Critical Components as a framework for discussing cases involving domestic violence with CPS, providers, advocates, or other professionals.
- Determine if CPS has included information based on the five Critical Components in their documentation? If not, what is missing?
- Examine the case plan and specific steps to establish whether they are consistent with what is known about each of the 5 critical components. For instance, does the perpetrator’s case plan/specific steps correspond to what we know about her/his pattern of coercive control? Does the survivor’s case plan build on her/his efforts to provide safety, stability and healing for the children?
- Ascertain if CPS’s efforts have been consistent with the Safe and Together Principles. Have efforts been made to keep the children safe and together with the non-offending parent? Has CPS attempted to partner with the non-offending parent for child safety? Has CPS attempted to engage and intervene with the perpetrator?

Specific Ways Domestic Violence Perpetrators Harm Children

In order to accurately assess the risk domestic violence perpetrators pose to children, as well as to identify adverse impact, it is important to gain as much information as possible as to the specific behaviors the perpetrator has engaged in. This includes information about the perpetrator's behaviors beyond the incident that may have brought the family to the attention of CPS, and this also includes information in addition to physical violence.

Generally, if there has been physical abuse of the child, a child has been physically harmed in the process of trying to intervene, or a child has witnessed the perpetrator being physically violent, CPS is skilled at identifying adverse impact. However, it is also important to assess impact from the history of the perpetrator's pattern of behaviors, (rather than looking at a single incident or only considering physical violence) in order to accurately assess risk and to better identify the impact, thus increasingly the likelihood of better interventions.

Common ways domestic violence perpetrators harm children include:

- Direct physical, emotional, verbal, and/or sexual abuse of the children.
- Exposing the children to their violent or abusive behaviors.
- Creating a climate of fear and instability.
- Interrupting the child's housing, school, and friends due to having to go to a domestic violence shelter or having to stay with relatives.
- Interfering with the children's ability to access medical care due to not allowing the survivor access to the car or withholding medical cards.
- Withholding immigration or other important documents such as birth certificates, thus interfering with school or medical care.
- Directly involving the children in the abusive behaviors, including asking children to participate in the abuse.
- Interfering with attachment and the relationship between the survivor and the children, including undermining the survivor's parenting and authority.
- Interfering with the children's relationship with each other, including favoring one child or targeting another.
- Using the children as a weapon against the survivor, including withholding financial help, being inconsistent with visitation, not bringing the children back after a visit.
- Isolating the children from family and friends.
- Interrupting the children's routines, including interrupting sleeping and meal times.

Practice Tip:

When referring a perpetrator who is engaging in a pattern of coercive control against his partner and children to a treatment program:

- A batterer intervention program (BIP) is considered the most appropriate treatment programming for perpetrators engaging in a pattern of coercive control. A BIP should specifically be addressing the coercive control and supporting the perpetrator in behavioral change. Child protection should communicate child safety concerns to the BIP when making the referral, including expectations for behavioral change.
- As coercive control is not indicative of an anger problem, an anger management program or group should not be considered an effective intervention for child safety.
- Individual counseling should be considered only in limited circumstances, as collusion is always a risk. Again, it is important that the individual counselor or therapist has a level of expertise in working with perpetrators of domestic violence and is aware of CPS's concerns regarding the perpetrator's behaviors, as well as expectations for behavioral change.
- CPS should share information regarding the perpetrator's pattern of coercive control with any mental health providers and/or substance abuse providers working with the perpetrator.

Assessing Impact of the Perpetrator’s Behaviors on the Children

As stated previously, the more that is known about the perpetrator’s full spectrum of abusive behaviors, the easier it is for CPS to identify adverse impact across several domains of child functioning, including cognitive, behavioral, emotional, social and physical.

Some common signs of impact on children include:

- Believing that they are responsible for the perpetrator’s abuse
- Guilt over not intervening or guilt over intervening
- Shame and embarrassment
- “Perfect” child
- Parentified child
- Depression
- Anxiety and hyper-vigilance
- Truancy
- Withdrawing from friends or activities
- Sadness
- Acting out; getting in trouble
- Aggressive behaviors
- Self-harming behaviors
- Attention seeking behaviors
- Excessive anger
- Nightmares
- Rigid gender stereotypes
- Trouble forming peer relationships
- Regression
- Worrying about the perpetrator
- Medical complaints, illness
- Trouble sleeping

Practice Tips:

In order to demonstrate how a child is being adversely impacted by a perpetrator’s behaviors, what information is available from the case record, collateral information, and interviews about the following:

- Is the child struggling in school? Are assignments late? Is the child falling asleep? Is there a sudden change in the child’s behaviors/academic progress? Is the child truant?
- Is the child getting enough sleep or suffering from sleep disorders?
- Is the child struggling socially? Is he/she withdrawn? Is he/she aggressive?

- Is the child acting out or engaging in high-risk or illegal behaviors?
- Is the child exhibiting signs of Post-Traumatic Stress Disorder (PTSD), depression, or anxiety?
- Does the child have recurring health problems?
- Is the child exhibiting regressive behaviors?
- Is the child suddenly overly clingy?
- Is the child struggling to hit developmental targets? We often consider this in infants and toddlers, but it is also important for school-age children, pre-adolescents and adolescents.
- Do the children have unhealthy sibling relationships, characterized by excess physical fighting, verbal fighting, extreme jealousy, and lack of any bond?
- Do the children have a poor relationship with the survivor? Do they respect the survivor's authority in the home?

If one can answer yes to any of the above, can a relationship be drawn from what is being seen in the children's behaviors and what is known about the perpetrator's pattern of abusive behaviors?

One must also be mindful to remember that not all children experience or are impacted by perpetrators in the same way, even children in the same family. Often, a single child may be targeted, while the other children are not. Developmental level, temperament, gender, coping skills, the relationship of the child to the perpetrator and other protective factors (such as a support system or involvement in sports or other extra-curricular activities) all play a role in how children are impacted. It is important to assess the impact on each child separately as impact and interventions may vary from child to child.

The Good News:

Research has shown that adverse impact can be lessened in children when properly assessed and addressed.⁸ We also know that when children have consistent routines, a sense of physical and emotional safety, and a chance to talk about what has happened and what is currently happening in their lives, they can heal. Often, the domestic violence survivor can provide all of those things.

⁸ Grych, John H., et al., *Patterns of Adjustment Among Children of Battered Women*, JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 68 (1), 84-94. (2000)

Case Scenario:

Mark and Susan are the two biological children of John and Stephanie. Mark is 15 and Susan is 8.

John has a long history of being physically, verbally and emotionally abusive to Stephanie. He has also isolated her from family and friends, does not allow her to work, gives her an allowance for groceries, and will not allow her access to the car or finances. John's physical abuse and substance abuse has escalated in recent months and a hotline referral was called in to CPS by the police after John was arrested for pushing and hitting Stephanie. Susan was present during the incident, but Mark was not.

Both children are very bonded to their mother and both do well in school. When interviewed separately by CPS, Mark reported that he sees his role as "the man of the house" and he feels that it is his job to protect his sister and his mother. He stated that he does not have a relationship with his father and that he has never felt close to his father. Mark disclosed that his father has pushed him in the past and called him a "sissy" and "faggot" for spending time with his mother and sister. Mark stated that he used to be afraid of his father, but he is not afraid anymore. He also stated that he sometimes does not go out with his friends because he is worried about leaving his mother and sister alone. His dream is to join the military after high school like his cousin, but he is afraid of what might happen to his mother and sister if he is away.

When Susan was interviewed, she stated that she loves her father but he scares her when he yells. She stated that she is sad because she used to do more things with her father and that sometimes she cries and sometimes her mother comes into her room to sleep with her. She stated that she was afraid during the most recent incident that her father would "really hurt" her mother, but she is also afraid that her parents might get divorced and that she will never see her father.

How are Mark and Susan impacted differently by John's behaviors?

Adverse impact on Mark:

- Mark stated that he does not have a relationship with his father and he has never felt close to his father
- Mark stated he used to be afraid of his father
- John's abusive behaviors have impacted Mark developmentally, by interfering with healthy developmental expectations and milestones. Mark (at age 15) sees his role as "man of the house" and feels he needs to protect his mother and sister from his father. Mark stated that he is sometimes afraid to go out with friends because he is fearful something might happen to his mother and sister. Mark also stated that he has goals for

his future (joining the military) that he feels conflicted about pursuing because of fear of leaving his mother and sister

- Mark stated that he felt guilty that he was out with his friends when his father assaulted his mother
- John has physically assaulted Mark in the past, including pushing him
- John has verbally and emotionally abused Mark, including calling him a “sissy” and a “faggot” for wanting to spend time with his mother and sister

Adverse impact on Susan:

- Susan stated that she is scared of John when he yells and sometimes it makes her so scared that she cries
- Susan witnessed the recent incident in which John pushed and hit Stephanie. Susan stated she was scared
- Susan sometimes has trouble sleeping because of John’s yelling and then she is afraid to go back to sleep, interrupting her sleep schedule
- Susan feels conflicted about her feelings towards her father in that she loves him and is sad that he does not do things with her; she is afraid that she may never see him if her parents divorce and she is afraid of him and afraid that he may “really hurt” her mother

What are your safety and risk concerns regarding Mark? Susan? Are they different? How? If this case became court-involved, how might that impact specific steps⁹?

As John’s direct behaviors towards Mark and Susan are different, and the way in which they are impacted by his behaviors toward their mother is different, safety and risk concerns are also different. For Mark, an important concern would be his physically getting hurt or seriously harmed when intervening with his father (or hurting or seriously harming his father) and the long-lasting impact of John’s behaviors, including loss of any father-son relationship. For Susan, her sadness, interrupted sleep, fear for her mother, and conflicting feelings towards her father are more concerning.

Any specific steps should be directly tied to what is known about John’s behaviors and the adverse impact. An example of John’s specific steps might include:

- Will abide by any current court orders, including protective or restraining orders
- Will demonstrate safe, non-abusive behaviors, including refraining from physically abusing, yelling, verbally abusing, threatening, and emotionally abusing Stephanie
- Will come up with an alternative place to stay if he is intoxicated
- Will cooperate with substance abuse evaluation/treatment
- Will allow his wife access to the family car, finances and financial information
- Will support Stephanie’s efforts to seek employment

⁹ Specific steps are ordered by the court in child protection cases and are actions or steps the respondent(s) are ordered to follow to safely retain or regain custody of their child(ren) See C.G.S. §46b-129 (b), (d) and (j); Ct.P.B. Sec. 33a-6

- Will demonstrate safe, non-abusive behaviors by refraining from physically assaulting Mark, calling him names, and attempting to undermine his relationship with his mother and sister
- As deemed appropriate by Susan’s therapist, will participate in activities and/or therapy with Susan in order to help repair his relationship with Susan
- Will apologize to Mark by taking full responsibility for his abusive behaviors, including the lack of their relationship, attempting to undermine Mark’s relationship with his mother and sister, and Mark feeling responsible for protecting his mother and sister

Additionally, specific steps for Stephanie might include:

- Stephanie will continue to discuss safety planning with CPS, and CPS will share appropriate community information and resources that can assist her. Mark may be included in safety-planning as appropriate (Stephanie will ensure Mark has access to a cell phone, Mark will not physically intervene, Mark will call the police, contact a neighbor, and/or try to leave if his father escalates.)
- Stephanie will continue her efforts to provide safety and stability for her children, including continuing to make sure they are medically up-to-date, attending school, and involved in extra-curricular activities. Stephanie will also continue to be emotionally available to her children and talk with them appropriately about their feelings and support their current and future goals.
- Stephanie will continue to share information with CPS regarding John’s behaviors, including changes in his behaviors towards her or the children and concerns about his escalating behaviors.

Partnering with domestic violence survivors is often the most efficient and effective means for child welfare to assess and intervene in cases involving domestic violence.

Assessing Danger of Domestic Violence Perpetrators

There has been extensive research devoted to assessing dangerousness in domestic violence perpetrators and several assessment tools currently exist. While all assessment tools have limitations and cannot predict future outcomes, some knowledge of danger assessment can be a useful tool in domestic violence cases.

One of the most well-known tools being utilized in communities around the country is Dr. Jacquelyn Campbell's *Danger Assessment*¹⁰. Based on research conducted after intimate partner homicides, Dr. Campbell created a checklist meant to be used with a survivor in order to assess the potential of severe violence and or homicide. For the purposes of this Guidebook, the entire checklist is not included, (it is available at www.ncjrs.gov) but some of the factors that may indicate dangerousness or lethality:

- Has the survivor stated that she believes that the perpetrator will kill her and/or the children?
- Was the perpetrator violent towards the survivor during pregnancy?
- Is the survivor planning to leave or has left the perpetrator?
- Has the perpetrator's violence increased in recent months?
- Has the perpetrator made specific threats to kill the survivor and/or the children?
- Does the perpetrator have access to a weapon(s)?
- Has the perpetrator strangled or choked the survivor?
- Has the perpetrator sexually assaulted the survivor?
- Has the perpetrator been violent to the children?
- Is the perpetrator suicidal or have a history of attempting suicide?
- Has the perpetrator had an increase in drug/alcohol use?
- Has there been any mental health changes and/or changes or halting of medications?

Practice Tips:

- If any of the above behaviors are present, special care should be taken in conversations with a survivor regarding safety planning for her and the children. Additional considerations include confidentiality/redaction of safety plan information, confidentiality of a survivor's address, separate hearings or meetings, and checking in frequently with the survivor.
- Currently, several police departments in Connecticut are utilizing Dr. Campbell's Lethality Assessment tool. While police cannot release specific information learned from the assessment, CPS can inquire if an assessment was completed and if police had concerns regarding lethality.

¹⁰ Campbell, Jacquelyn C., et al., *Assessing Risk Factors for Intimate Partner Homicide*, NIJ JOURNAL, Issue 250 (2003)

Managing Safety

Knowledge about a perpetrator's pattern of abusive behaviors, dangerousness, and potential for lethality is also important in thinking about one's own safety, as well as the safety of CPS workers, in-home and out-of-home providers, and other court personnel. While many perpetrators of domestic violence are only violent or abusive to their partners and families, considering your own safety when meeting with a perpetrator or considering ongoing safety for survivors and children during the duration of CPS involvement or the court process is a vital part of good case practice.

Some things to consider for your own safety:

- What is your knowledge of the perpetrator's current and past behaviors? Do you have information related to past criminal history, access to weapons, past threats or intimidating behaviors when working with previous attorneys/CPS/providers?
- When going to meet with a perpetrator, do others know where/when/who you are meeting with? Do you have access to a cell phone? Are you aware of entries/exits? Can you get to your car?
- Based on what you know about a perpetrator's past and/or current behaviors is it safer to meet him in a more public place or bring a colleague with you?
- If your client escalates, intimidates or threatens you during a meeting, are you knowledgeable about de-escalating techniques? Does your agency/employer have policies related to what is done following an incident?

Some things to consider regarding ongoing safety during the CPS and/or Juvenile Court process:

- Should there be separate or bifurcated hearings/meetings for the perpetrator and survivor? This can include CPS meetings, court conferences, mediation, court hearings, in-home therapy, etc.
- If you are representing a survivor, or are working with a survivor, have you discussed safety planning in preparation for meetings, hearings, and court? Can she enter/exit through a separate door? Can she have an escort to/from/car or transportation? Is someone accompanying her? Are marshals/security aware?
- If you are representing a perpetrator, have you discussed clearly with him your expectations for safety during meetings/hearings/court proceedings? This includes following any current court orders, but also should incorporate expectations around no contact, staring, intimidation in waiting rooms, not using family members to intimidate, threaten, harass; entering/exiting the building alone, etc.
- If you represent children, is the child having ongoing contact with the perpetrator throughout the CPS or court process? How is the perpetrator talking with the child about CPS involvement? Is the perpetrator intimidating or threatening the child if he/she talks with DCF, therapists, you?

Specific Protective Strategies Taken By Survivors to Promote Safety and Well-Being of Children

Based on research, it is known that domestic violence survivors are more often than not actively engaging in activities to plan for and promote safety for themselves and their children. The term “safety-planning” can be defined in myriad ways across systems/disciplines and can be a source of confusion during cross-discipline conversations. For the purpose of this section safety planning is defined as any behaviors, activities, and/or strategies a domestic violence survivor engages in to promote safety for his/herself and the children. Safety-plans can include both short and long-term strategies, and some include specific plans for the children. Sometimes referred to as “Non-Traditional Safety-Planning”, plans can include a spectrum of different strategies that may change over time, in direct response to the perpetrator’s behaviors.

These strategies may include:

- Trying to please and placate the perpetrator
- Giving in to sex
- Working more than one job; putting away money
- Being hyper-vigilant about reading the perpetrator’s moods and actions
- Using friends, neighbors, faith communities, counselors and family
- Blaming his/herself for the perpetrator’s behavior
- Encouraging the perpetrator to drink so that he/she might pass out
- Arranging for the children to be out of the house as much as possible
- Sending the children out of the room
- Intervening between a perpetrator verbally/physically/emotionally abusing a child
- Calling the police
- Fighting back
- Using the criminal court/family relations/family violence victim advocate
- Talking with the children about what to do if the perpetrator becomes escalated
- Obtaining a restraining order
- Arranging for the children to see a counselor or talk to someone
- Returning to the perpetrator after leaving; dropping divorce proceedings
- Asking the court to modify or drop a protective order
- Seeking support from a domestic violence program
- Leaving, or planning to leave
- Talking with and comforting the children after an incident
- Using “safe” language about the perpetrator with the children, such as: *“Your father loves you very much and he is getting some help so he can be a safer dad.”*

Practice Tips:

- If you are representing a survivor or a child in court, what do you know about the survivor's history of safety planning and protective strategies? Is it well documented in the CPS record?
- In representing survivors of domestic violence, it is also important that the survivor is not lumped together with the perpetrator, i.e. *"this couple engaged in domestic violence"* or held accountable for the perpetrator's behaviors, such as including specific steps that state:
 - He/she will not engage in domestic violence
 - He/she will keep the perpetrator out of the house
 - He/she will abide by the protective/restraining order (if the survivor is the protected party)
- When asking a survivor about safety-planning, most survivors will not know how to respond if you ask them about their "safety-plan". However, if you ask some of the following questions you will likely get more information: *What does a normal day look like? Can you tell when your partner may become violent? What does he/she do? What has helped to keep you and your children safe? What kinds of things have you tried? What hasn't been helpful? What would be most helpful to you and your children right now?*
- While many survivors may utilize domestic violence crisis services, be thoughtful about unnecessarily mandating counseling in specific steps. Instead consider: *"Father will contact the local domestic violence crisis services to access information about services they provide and will utilize them for assistance in safety-planning and support as necessary"*
- Remember that perpetrators respond differently to systems and court involvement. Some perpetrators may respond favorably to criminal, civil or juvenile court involvement, some may change their behaviors (for example, increase control, emotional abuse, financial abuse, verbal abuse and decrease physical abuse) and some perpetrators may escalate. Always ask a survivor how his/her partner is responding to outside involvement and inquire about the survivor's fears as the process continues.
- It is important to remember that many times a survivor may change his/her safety plan if a perpetrator changes his/her tactics. For the purposes of specific steps, it is important to ensure that if the survivor changes a safety plan, it does not put him/her in danger of going against court orders. Consider including something like, *"Mother will continue to safety-plan for her and the children. She will continue to discuss her safety-planning with the Department"*
- When representing survivors, pay attention to confidentiality in terms of a survivor's safety planning and how it is documented and discussed. Are there things in the documentation that if the perpetrator knew, would put the survivor/children in more danger? Are there specifics regarding the survivor's and children's safety-planning that would compromise their safety if the perpetrator knew?

What Do Domestic Violence Survivors Do for Children?

After being exposed to a perpetrator's abusive behaviors, current research supports that children need a sense of safety, familiar routines, nurturance, and the ability to talk about what has happened.¹¹ Survivors of domestic violence are frequently providing all, or many of these things for their children. From a child-centered view, it is extremely important to assess a full range of survivors' protective capacities, including how they are promoting a sense of safety and well-being, and how they are supporting the children in healing from trauma.

Some Things to Consider:

What do you know about how the survivor is relating to the children around safety, stability, nurturance and healing from trauma? Have you asked him/her specifically? If he/she is doing these things, is it reflected in the documentation?

How are CPS and the court assessing the survivor's efforts to relate to the children in these ways?

How are you/CPS/advocates/mental health professionals supporting and building upon the survivor's efforts to provide these things to the children?

¹¹ See especially: Groves, B.M. (2002) *Children who see too much: Lessons from the child witness to violence project*. Boston: Beacon Press.

Assessing Protective Factors

In order to accurately assess safety and risk in families being impacted by domestic violence and to ensure the best interventions for children, including unnecessary removals, CPS and the Court must have both knowledge about the perpetrator's pattern of abuse and impact on the children and information related to present protective factors.

As discussed in the previous section, domestic violence survivors are frequently the best source of information regarding the perpetrator's abusive behaviors and, they are also often the source of many protective factors. Research related to children and trauma has shown that a strong relationship between a survivor and his/her children is a key factor in healing and resiliency for children.

Practice Tips to Help Assess Protective Factors:

- What is known about the survivor's history of safety-planning and current safety-plan? Are there things CPS can help with to strengthen a safety plan?
- Is the perpetrator cooperating with CPS or is he/she engageable? Can the perpetrator acknowledge (on some level) his/her behaviors as representing a risk to the children? Is the perpetrator willing to engage in services, etc. in order to help change his/her behavior?
- Are there current protective and/or restraining orders in place that the perpetrator is abiding by and the survivor feels the perpetrator will continue to follow?
- Are the children maintaining a consistent routine? Are the children attending school and activities? Are there trusted adults that are talking with the children about what they have experienced? Are the children involved in age-appropriate safety planning? Are the children visible in the community?
- Is the children's school/daycare/coach, etc. aware of any current court orders?
- If there are court orders or visitation orders in place, is the perpetrator following the orders?
- Is the perpetrator a biological or psychological parent to the children? Does the perpetrator have a close relationship with the children?
- What do we know about the impact of the batterer's behaviors on the children? Are the children currently in counseling?
- Is there a strong support system for the family? (This may include family, friends, neighbors, a faith community, etc.) Are friends/family aware of the perpetrator's behaviors? Does the perpetrator have friends/family that will help support him/her in changing behaviors?
- Are both parents employed, and/or have a history of employment? Is the family able to meet financial obligations?
- Does the family have stable housing?

Role of Substance Abuse, Mental Health and Trauma in Domestic Violence Cases

Co-occurrence of substance abuse, mental health and /or trauma in families experiencing domestic violence is unfortunately quite high, and many families who come in contact with the Court struggle with a myriad of issues.

- A US study reports that 60% of women accessing drug or alcohol services (n = 360) reported current or past domestic abuse.¹²
- A Yale trauma study showed that abused women are 15 times more likely to use alcohol and 9 times more likely to use drugs than non-abused women.¹³
- A number of studies have found that the perpetrators use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober.¹⁴
- Multiple studies have documented the correlation between domestic violence and higher rates of depression, anxiety and PTSD for women.¹⁵

Substance Abuse and Perpetrators

While it is important to distinguish that substance abuse and mental health do not cause a perpetrator to be abusive, it is also important from a child safety standpoint to understand the role substance abuse and/or mental health play in the perpetrator's pattern of coercive control and abusive behaviors. A better understanding of how the substance use and/or mental health diagnoses impacts the perpetrator's behaviors, can lead to better assessment, interventions and safety-planning. For instance, if a perpetrator tends to escalate in violence when drinking, that helps us to create effective safety-plans with the survivor and children, and interventions with the perpetrator if the perpetrator continues to use substances or relapses. If a perpetrator tends to be less abusive when using, (such as passing out or disappearing for days or weeks), than that information is also important for case planning and safety-planning.

Because there is no causal link between substance abuse and domestic violence, it is important when case planning to consider separate treatment programs that will address both the coercive control and the substance abuse. While some perpetrators may require detox or an inpatient program initially in order to establish a period of sobriety, substance abuse treatment

¹² Swan, S., Farber, S. and Campbell, D. 2001. *Violence in the Lives of Women in Substance Abuse Treatment: Service and Policy Implications*, Report to the New York State Office for the Prevention of Domestic Violence, Rensselaer, New York.

¹³ Shipway, Lyn. (2004) "Domestic Violence: A Handbook for Health Professionals."

¹⁴ Brecklin, L., 2002. The role of perpetrator alcohol use in the injury outcomes of intimate assaults, *Journal of Family Violence*, 17 (3), 185-196.

¹⁵ Humphreys, C. & Regan, L., 2005. *Domestic Violence and Substance Abuse: Overlapping Issues in Separate Services, Final Report*.

alone should not be considered adequate treatment for perpetrators with co-occurring issues. Most substance abuse programs do not have staff with specific training in working with domestic violence perpetrators, nor do they offer specific programming to address coercive control. While sometimes perpetrators will only acknowledge their substance abuse or only agree to participate in substance abuse treatment as part of their controlling behaviors, from a child welfare standpoint, a plan to specifically address the coercive control is crucial to promoting child safety.

Practice Tips:

- What does the survivor, children, and perpetrator say about how the perpetrator's substance use impacts his/her abusive behaviors? Do collateral contacts also provide information to support this?
- Can the perpetrator acknowledge his/her substance abuse and coercive control are separate issues? Can he/she take responsibility for both without blaming his abusive behaviors on his substance use?
- When making referrals to a substance abuse program or treatment, CPS should also be sharing information regarding concerns about the perpetrator's pattern of coercive control.
- When making referrals to a batterer intervention program, CPS should be sharing information regarding concerns about the perpetrator's substance abuse, current level of sobriety, and engagement in programming. Releases and/or provider meetings should be considered in order to share information and treatment goals, as well as to prevent manipulative behavior or "splitting".
- Are the perpetrator's abusive behaviors increasing or decreasing with sobriety? Has the perpetrator changed his/her abusive behaviors (such as decreasing physical violence, but increasing control, verbal abuse and emotional abuse)?

Substance Abuse and Survivors

Survivors of domestic violence may also have problems with substance abuse. As previously discussed regarding perpetrators with substance abuse problems, a survivor's substance abuse does not cause her to be abused. Sometimes the substance abuse is present before the abuse started and sometimes it is a result of self-medicating or attempting to cope with the abuse. Sometimes the perpetrator is also struggling with addiction, and sometimes not. Women with trauma histories are also at increased risk for alcohol and drug abuse.

When assessing and intervening in families in which a survivor is abusing alcohol or drugs it is important to assess both the domestic violence that is occurring in the survivor's current relationship (or past relationships) and assess the substance abuse. Exploring the relationship between the two without blame is also crucial to effective treatment or case planning. Like with perpetrators, addressing the domestic violence and the substance abuse may require utilizing both domestic violence survivor support services and substance abuse treatment services.

Practice Tips:

- What do child protection and the court know about the survivor's substance abuse history in relation to the domestic violence?
- How does the perpetrator's pattern of coercive control and abusive behaviors impact the survivor's substance abuse or sobriety? For instance, does the perpetrator supply drugs or alcohol to the survivor or intentionally undermine recovery? Does the perpetrator sabotage the survivor's relapse recovery plan by not allowing him/her to attend AA meetings because of jealousy?
- Ask the survivor how you can be supportive in finding a safer way to cope, such as, "How would you like to work through your addiction and how can I support you in doing so? What can the court do that would be helpful in supporting your recovery within the confines of its role? "
- If the perpetrator is not a substance abuser, what is he/she doing specifically to support the survivor's efforts at sobriety? Is he/she providing care for the children, allowing access to transportation, supporting the survivor in attending treatment or meeting with a sponsor?
- Does the perpetrator use the survivor's substance abuse history against him/her? How does the perpetrator talk about the survivor's substance abuse and recovery efforts to the children? Does the perpetrator attempt to discredit a survivor with child protection, providers, or the Court?
- Have you, and/or the child protection worker validated the survivor's strengths, including safety planning and efforts at recovery?

Trauma and Mental Health

Like substance abuse, rates of co-occurrence of mental health or trauma in families experiencing domestic violence are at an increased risk. During assessment, it is critical to not only assess for the presence of mental health or trauma impact in parents and children, but it is also crucial to parse out the relationship of the perpetrator's history of behaviors and how those behaviors may cause or exacerbate mental health or trauma triggers in survivors and children, and/or how a perpetrator's mental health or trauma history may impact his abusive behaviors.

Much emphasis has been devoted to trauma research and better trauma practice during recent years. Information is readily available regarding assessing for trauma and guidelines for treatment (see appendices), but frequently gaps are present in adequately addressing trauma in families with domestic violence and balancing immediate concerns regarding safety and risk for both children and the survivor.

Post-traumatic Stress Disorder (PTSD) is defined as a person exposed to a traumatic event or events in which a person experiences, witnesses, or was confronted with an event that was perceived as traumatic and the person's response involved intense fear, helplessness or horror. After the event or events, the person may re-experience the event, avoid stimuli associated with the event, or experience increased arousal. Research on trauma and the brain clearly shows how trauma affects brain development, stimulates the nervous system (causing hyper-arousal), and alters the limbic system (including stimulating the amygdala and regulation of emotions). This is especially critical to understand when working with adult and child survivors, who may have trouble focusing, may appear disorganized, may have a flat affect, or may actively disassociate during meetings.

Recognizing signs of trauma is crucial when working with adult and child survivors. Due to the trauma, survivors may:

- Have difficulty managing emotions
- Have difficulty focusing, especially during long meetings
- Have an altered view of themselves, including viewing themselves as helpless
- Have an altered view of the perpetrator, including pre-occupation with the perpetrator, viewing the perpetrator as all-powerful, idealizing the perpetrator
- Have an altered relationship with others
- Lack adequate self-regulation
- May appear chronically disorganized or overwhelmed
- Have ongoing physical ailments
- Have difficulty in trusting others
- May have difficulty in remembering all of the details of the abuse

In children, trauma associated with exposure to the perpetrator's behaviors may also have a profound impact on physical and emotional development, including difficulty in hitting developmental milestones and successfully progressing through developmental stages.

Practice Tips:

- Thoroughly discuss and explain the process and any choices with survivors, including discussing potential risks and benefits of choices.
- How is the perpetrator supporting the adult survivor's and children's mental health treatment? Is the perpetrator sabotaging efforts by the survivor to access counseling, supports or medication for his/herself or the children? Case-planning and/or specific steps for the perpetrator should directly address these concerns.
- Has the perpetrator used the survivor's mental health diagnoses against him/her? This can include threatening to take the children away or discrediting the survivor with child protection or other systems.
- If the perpetrator has a trauma history, or is experiencing PTSD symptoms, assess trauma needs in conjunction with also addressing the abusive behaviors. For instance, individual treatment that focuses on addressing childhood trauma should only be considered in conjunction with a batterer intervention program or a therapist expressly addressing the perpetrator's pattern of coercive control.
- How has the trauma in the family been assessed?
- As a professional working with the family, are you aware of common signs of trauma (such as those listed above)? Can you identify any of the signs in your client?
- Is trauma impacting how your client can engage in the child protection or Juvenile Court Process?
- If you can identify trauma signs in your client, ask your client "As it pertains to my role, how can I help accommodate what you need?"
- Validate the survivor's strengths, especially as it relates to parenting, safety planning and caring for the children.
- Help locate appropriate resources including therapists experienced in treating trauma and domestic violence.
- Continue to safety-plan with the adult and child survivor (as age-appropriate), including sharing community resources and discussing concerns regarding upcoming hearings or meetings, as well as changes in the perpetrator's behaviors.
- When developing case plans or specific steps for survivors engaged in trauma treatment, consider the following:
 - As a result of trauma treatment the survivor will be able to:
 - Discuss the impact of trauma on ability to function
 - Identify red flags or warning signs to emotional instability
 - Identify red flags of unhealthy relationships, including specific signs of abuse
 - Practice and utilize effective coping strategies
 - Practice setting boundaries
 - Discuss safety-planning strategies

Culture and Immigration

Domestic violence occurs in every race, class, culture, religion, gender and sexual identity. While families of color and families of lower economic class may disproportionately come in contact with the child welfare system for a variety of reasons, it is a myth to believe that there are higher rates of domestic violence among these populations.

From a standpoint of cultural responsiveness, Attorneys, social workers, judges, court staff and providers strive to recognize, respect and value their clients. This may include everything from being aware of biases, seeking out experienced, competent and unbiased interpreters, and learning more about a particular culture or religion and how that may be impacting a survivor's unwillingness to talk about the abuse, for example, or how that information can provide opportunities to engage a perpetrator in a conversation about how he may view his role as a husband or father.

For immigrant and non-citizen families, there are many times additional barriers to discussing the abuse, and cooperating with law enforcement, child protection, or the juvenile court.

Barriers may include:

- Fear of impacting immigration status, including possible detainment or deportation
- Not speaking or understanding English
- Distrust of law enforcement/government due to experiences in their country of origin
- Pressure and intimidation from tight-knit communities and/or extended family to not talk about the abuse
- Fear for family still residing in the country of origin
- Fear of being ostracized from the community; losing support or status
- Strict views about marriage and divorce; strict views about gender roles
- For the survivor, fear of losing the children to the perpetrator's family

Practice Tips:

- As much as possible, be clear with parents and children (as age appropriate) about what may or may not happen as it relates to immigration status and/or deportation. If you are unclear, or unsure, consult an immigration attorney or refer your client to an attorney experienced in immigration law.
- Take advantage of resources to gain a better understanding of your clients' culture/religious beliefs. Ask questions and be careful about making assumptions.
- When working with non-citizen survivors or perpetrators, share information about domestic violence laws (as appropriate), as well as the difference between criminal court and juvenile court.
- Ask clients if they are able to understand the interpreter and/or have access to case plans, court documents and other case-related documents in a language they can understand. While a client may speak Arabic, for example, there are several dialects, and a client may not be able to understand the interpreter.

VAWA Self-Petitions, U-Visas and T-Visas

In order to better support immigrant survivors of domestic violence, the United States government has legislated changes to aid survivors in accessing safety, including offering options to obtain employment authorization and permanent legal status without the knowledge of the perpetrator.

VAWA Self-Petitions

Under the Violence Against Women Act (VAWA), a survivor (including child survivors) may be eligible to file a Self-Petition if the perpetrator is a US Citizen or a legal permanent resident and the applicant is:

- The abused spouse
- A child/step-child who has been abused or has witnessed the abuse of a parent/step-parent
- A parent being abused by your adult child

An applicant may apply no matter how she/he entered the country originally. The VAWA Self-Petition may also be used to obtain employment authorization and legal permanent residency (green card) without the knowledge or consent of the perpetrator.

Unlike U-Visas and T-Visas, a survivor can apply for a VAWA Self-Petition even if she/he has never reported the abuse to law enforcement and once an applicant's case has been approved, VAWA allows the applicant to immediately apply for legal permanent residency.

U-Visas

If you are a victim of crime and you are undocumented, you may be eligible to apply for a U-Visa. The U-Visa is a special class of visa available for crime victims who:

- Have suffered substantial physical or mental abuse as a result of one of the following: domestic violence, sexual assault, torture, trafficking, female genital mutilation, involuntary servitude, false imprisonment, blackmail, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, or perjury.
- Have information regarding the crime
- Agree to assist government officials in the investigation and prosecution of said crime. This includes obtaining a certificate from the police, prosecutor or judge stating that she/he was helpful in the investigation.

There is no time statute of limitations for when the crime took place, and in limited circumstances, even crimes that took place in another country may be eligible. Survivors may also apply for and remain in another country until the Visa is approved.

T-Visas

Like U-Visas, T-Visas are available for victims of crime. The T-Visa is only available for survivors who arrived in the United States as a result of trafficking.

- The survivor must agree to cooperate with law enforcement, but unlike U-Visas, do not have to obtain a certificate of cooperation.
- If granted, T-Visa holders can apply for legal permanent residency

Even if a survivor has prior felony convictions, she/he may apply for an U-Visa or T-Visa.

Practice Tip:

Contact an experienced immigration attorney, a Connecticut Coalition for Domestic Violence (CCADV) Member Program (888-774-2900), or the International Institute of CT (203-336-0141) for more information regarding available options for clients, including child clients.

Lesbian, Gay, Bi-Sexual, Transgender and Queer (LGBTQ)

Experts believe that domestic violence in LGBTQ populations happens in the same frequency as heterosexual relationships.¹⁶ However, due to fear of discrimination, bias, and, in some cases violence or abuse from law enforcement and other systems, domestic violence in LGBTQ communities is vastly underreported or, reported as something other than domestic violence.

While often unrecognized by systems, the barriers for LGBTQ survivors and perpetrators also include societal homophobia and transphobia, lack of understanding that domestic violence happens in LGBTQ relationships, lack of training on the part of providers, and, for male and transgendered survivors, problems with entrance to domestic violence shelters.

For LGBTQ families involved in the juvenile court, it is especially important that thorough screening has been conducted in order to determine if domestic violence is present and the specific behaviors the perpetrator may be engaging in. While LGBTQ perpetrators may use coercive control in similar ways to heterosexual perpetrators, it is also important to consider behaviors related to “outing” the survivor to friends and family, including outing gender identity or HIV status; isolating survivor’s from support systems within the LGBTQ community, controlling the gender identity of the survivor; sabotaging a transgender partner’s access to hormones or medical treatment; using the children as a weapon or forcing the children to use degrading names towards the survivor related to gender or sexual orientation; and sexual violence and degradation, among others.

Practice Tips:

- When meeting with LGBTQ clients, ask clients what name and/or gender pronoun they are most comfortable in using.
- Ask questions related to if your client is “out” with family/work/friends/etc.
- How does he/she talk with the children about the relationship? What names do the children use when addressing your client and his/her partner?
- When working with LGBTQ survivors and discussing safety planning, do not assume that they may have the same access to shelter, restraining orders, or providers that are skilled at working with LGBTQ populations.
- When working with LGBTQ perpetrators, also consider safety when referring to “traditional” batterer intervention groups or other providers.
- See appendix for additional resources, especially the Anti-Violence Project under National Resources.

¹⁶ National Coalition of Anti-violence Programs. (2006) “Anti-Lesbian, Gay, Bi-sexual and Transgender Violence in 2006.” www.ncavp.org

Domestic Violence and the Courts

Mandatory Arrest

As a result of the Connecticut Family Violence Act of 1986, law enforcement was given specific guidance regarding appropriate action when responding to family violence crimes. Of particular consequence, the law stated that the police must make an arrest if there was evidence that a crime had been committed, regardless if the victim of the crime wanted the suspect to be arrested or not. (C.G.S. § 46b-38b).

While intended to protect victims, the law has also led to dual arrests. In a 2007 U.S. Department of Justice report Connecticut was cited as having the highest dual arrest rate in the country at around 20%, compared with a national average of less than 2%.

What does this mean for families involved in Juvenile Court?

If the CPS referral was called in by police and the report states that both were arrested, CPS may wrongly assume that it is a case of mutual violence, which may in turn lead to compromised assessment, inappropriate case plans, specific steps and service referrals. Also, if a survivor has been arrested after calling the police for assistance, it may create a barrier to her/him (or the children) from calling the police for help in the future.

Practice Tips:

- Has CPS interviewed family members separately and screened for a pattern of coercive control vs. characterizing the case as mutual violence?
- Is one person more seriously injured than the other? For instance, does one partner have bruises around her/his neck from strangling while the other has surface scratches?
- Is it clear or probable that certain marks or scratches were defensive in nature?
- Has DCF reviewed collateral contacts, included past criminal history, past DCF history, reports from school, medical providers, and other providers?
- How are the parents/caregivers talking with the children about what happened? Are the adults emotionally available and nurturing to the children? Are they using safe language vs. blaming language? Is there one parent who is doing this and another parent who is not?
- If there is information to support that one partner is engaging in a pattern of coercive control, it is inappropriate from a child safety standpoint to refer the survivor to a Batterer Intervention Program or Anger Management.
- Know that if a survivor has been arrested for a family violence crime, he/she may be refused services at a domestic violence crisis program, including shelter. If a survivor has current charges, it is important how DCF and/or the survivor's attorney communicate with the DV Program (with appropriate releases) in order to share information that the person in question is viewed as a survivor and not a perpetrator of domestic violence.

Restraining Orders vs. Protective Orders

Confusion about the differences between Restraining Orders and Protective Orders among CPS and other child welfare professionals is fairly common, and the terms are often erroneously used interchangeably.

Simply, a Restraining Order, or Application for Relief from Abuse order (CGS § 46b-15) is granted by a civil court judge after a person has filled out the Application and submitted it to the Court. As the order is granted in Civil Court, there does not have to be any current criminal charges, although a person may apply for a restraining order even when there is a criminal protective order already in place. An applicant can access the application at www.jud.state.ct.us

- A Judge may grant an Ex-Parte, or Temporary Restraining Order (TRO) that is in effect for 14 days.
- The defendant has access to the applicant's affidavit, including the applicant's description of the abusive behaviors.
- A hearing must take place within 14 days of the date the order was signed by the judge so the defendant can respond. If the applicant does not show up for the court hearing, the restraining order is dropped.
- At the hearing, a judge may drop the order or continue the order up to one year.
- An applicant may request temporary custody of the children when filling out the order.
- A judge can also make temporary orders regarding child visitation.
- If the defendant is never served the order by a marshal, the order is not considered to be in effect.
- Someone who is in a present or past dating relationship can apply for a restraining order.
- An applicant or protected party cannot violate a restraining order as he/she is the protected party.
- An applicant should keep a copy of the restraining order on her/his person at all times. An applicant may also want to share copies of the order with DCF, the children's attorney(s), and the children's schools, as appropriate.

A Protective Order (CGS § 46b-38c(d)(e)) is granted by a judge in criminal court, when a person has been arrested for stalking, harassment, sexual assault or family violence.

- A Protective Order may extend to the children or may have stipulations regarding visitation.
- A Protective Order may be modified or dropped during the life of the case.
- A Protective Order is only in effect as long as the criminal case is active. Once the case is disposed of, the order is no longer in effect.
- If there is a dual arrest, both individuals may be granted a Protective Order.

- The protected party (the victim or survivor) cannot violate the Protective Order even if he/she contacts the defendant.
- In some cases, a judge may grant a Standing Criminal Protective Order (CGS §53a-40e)

In addition:

- Connecticut law dictates that law enforcement must enforce orders of protection from other states. A survivor must have a copy of the order(s). The copy does not need to be a certified copy (See 18 USC Section 2265).
- A survivor can request that a copy of the protective order be sent to his/her school or college.
- The laws also apply to gay, lesbian, transgender, bisexual individuals and couples.

It is important to ask clients about any current orders in place, clarify who the defendant is and who the protected party is, and make necessary arrangements when any meetings or hearings are scheduled, as well as to make any changes to specific steps.

Collaboration with the State’s Attorney’s Office, Judicial Branch, Court Support Services Division (CSSD), Family Services, Law Enforcement, and Others

During the course of CPS’s involvement with a family, there may be communication with law enforcement, the State’s Attorney’s Office (SAO), Judicial Branch, CSSD, Family Services¹⁷, CSSD Adult Probation Services¹⁸, The Department of Corrections (DOC) Parole Services¹⁹ or other providers working with the family. While strict rules involving confidentiality apply, collaboration between disciplines can be helpful in enhancing child safety, crafting effective interventions for families, holding perpetrators accountable, and reducing inappropriate service referrals and/or the duplication of services to families.

In regards to law enforcement, communication between CPS and/or attorneys for the survivor and the children can include conversations with the arresting officer, which may yield more information related to adverse impact on the children and a survivor’s protective capacities. Collaboration between CPS and law enforcement has also been helpful for safety planning in highly dangerous cases.

Especially important for attorneys representing survivors and children, the criminal court is more times than not, unaware of the direct impact of the perpetrator’s behaviors on the children and in dual arrests, Family Services or the SAO may benefit from communication with CPS in order to clarify next steps, including dismissing charges.

In addition, cooperation with child protection can be viewed positively by the SAO or Family Services for perpetrators engaged in the criminal court system.

Practice Tip:

As an attorney, discuss with your client the pros and cons of child protection communicating with the SAO/Family Services/Adult Probation, etc. While in some cases CPS may have already had some communication (For instance if the police called in the CPS referral), sharing information with your client about the difference between the criminal court and juvenile court (as appropriate), as well as ways information can and cannot be used, may be beneficial to your client, especially as it relates to safety-planning, services and interventions.

¹⁷ See: <http://www.jud.ct.gov/CSSDfamilysvs.htm>

¹⁸ See: <http://www.jud.ct.gov/CSSD/adultprob.htm>

¹⁹ See: <http://www.ct.gov/doc/cwp/view.asp?a=1492&Q=450574&docNav=>

Multi-Disciplinary Teams (MDT's, MIT's or CAIT (Child Abuse Investigative Team))

Another way in which information can be shared across disciplines is through a specific type of multi-disciplinary team related to child abuse and neglect. In order to create a more coordinated response among systems, a statutory mandate of the Department of Children and Families (DCF) was created regarding the formation, purpose and composition of Multidisciplinary teams, sometimes also referred to as Multidisciplinary Investigative Teams (MIT's) or Child Abuse Investigative Teams (CAIT). (CGS § 17a-106a).

Currently, there are several Multidisciplinary teams that meet across the state to review selected cases of child abuse and neglect. Team members include law enforcement, CPS staff, State's Attorneys, forensic interviewers, therapists, and victim advocates, among others. While most of the cases reviewed at MDT are child sexual abuse or severe physical abuse, at least one MDT team regularly includes serious domestic violence cases (in which children are involved) for discussion, especially cases that a coordinated effort among police, the State's Attorney's Office and DCF can assist in creating effective interventions to enhance child safety.

Practice Tip:

As an Assistant Attorney's General, Guardian ad Litem or an attorney representing a child or non-offending parent, if you have ongoing concerns that you think a coordinated team approach such as MDT may be helpful, you can ask the CPS Social Worker or Supervisor if the case can be brought to MDT for review. You may also be able to attend the meeting, per invite by the team coordinator.

Court-Ordered Evaluations

In some domestic violence cases involved with the juvenile court, CPS, parents' attorneys, or the children's attorneys may request, or the court may order (CGS § 46b-129 (i)) psychological evaluations for one or both parents, the children, and others as deemed appropriate. Evaluations often include interviews, psychological testing, observation of interaction between the parents and other caregivers and the children, review of records and collateral contacts.

Psychological evaluations in juvenile court, like custody evaluations in family court have had a somewhat controversial history in domestic violence cases for a number of reasons. Because there is no diagnosis or psychological profile for a domestic violence perpetrator, many evaluators miss, or discount the level of safety and risk the perpetrator has posed, and may continue to pose to the children. Likewise, domestic violence perpetrators often deny and minimize their abuse, present as calm, sensitive, and loving in regards to their children, and there is often a lack of documentation related to the specifics of the perpetrator's pattern of abuse.

Conversely, domestic violence survivors may be viewed as lying about the abuse, their level of fear may be minimized, they may not receive credit for strengths related to safety planning and providing for the children's daily physical and emotional needs, their trauma symptoms may be mis-diagnosed or missed altogether and they may be accused of parental alienation²⁰

Further, many of the methods used for evaluation (including observation of parent-child interactions) do not provide information for the evaluator to make a decision regarding who the perpetrator is (and indeed may characterize the relationship as dysfunctional or as mutually abusive) and the overall impact of the perpetrator's abusive behaviors on the children. For instance, it is common that children may be angry with a survivor or oppositional during an interactional, while appearing well behaved with a perpetrator. Without identifying, documenting and assessing the perpetrator's behaviors, including how he/she may have undermined parenting and authority, interfered with parent/child bonding and created an environment of fear, it is easy to come to misguided conclusions that may interfere with good safety decision-making, and continue to put the children at risk.

When the court deems it necessary to order a psychological evaluation in cases involving domestic violence, some possible areas to consider:

- What training and/or formal education has the evaluator received related to domestic violence? This should include information about perpetrator's tactics, working with perpetrators and impact of the abuse on children and adult survivors, even after the relationship has ended.
- Are their specific instruments or assessment tools specific to domestic violence that the evaluator will be using in the evaluation? If yes, what tools?

²⁰ Navigating Custody and Visitation Evaluations in Cases with Domestic Violence: A Judge's Guide. National Council of Juvenile and Family Court Judges (2006).

- How was the request for the evaluation framed to evaluator by the court? (i.e. what is the evaluator being asked to assess?)
- What collaterals does the evaluator have access to? Did the evaluator utilize the information provided by collaterals?
- Did the evaluator fully review the records available to him/her? For CPS, do the records reflect what you know about the specifics of the perpetrator's behaviors, the adverse impact on the children, the survivor's strengths related to safety planning and providing for the children?

Some Thoughts for Evaluators:

1. Has there been a history of physical, verbal, emotional, sexual and/or other forms of abuse perpetrated by one parent against the other? If yes, what do you know about the specifics of the behaviors, the impact on the survivor and the children, and the current safety concerns for the survivor and/or children?
2. Are there any current court orders of protection in place?
3. How is the perpetrator able to talk about his/her abusive behaviors? Is he/she able to acknowledge the behaviors and how they may have impacted the children?
4. What is the perpetrator's relationship to the children? Is he/she actively involved? Does he/she provide for the children's emotional/physical/financial needs? In what ways?
5. Has the perpetrator engaged in a batterer intervention program or other treatment in order to address his/her abusive behaviors? How does he/she talk about that? How did he/she benefit from the program?
6. For the survivor, what are the current safety and risk concerns regarding the perpetrator's behavior? What risks does the perpetrator continue to pose?
7. Has the perpetrator undermined the survivor's parenting and authority and/or interfered with the parent/child relationship? How?
8. What has the survivor done to keep his/herself and the children safe? What has he/she done to provide for the safety, stability and nurturance of the children?
9. If the survivor is in counseling, be wary of mental health providers who focus on the survivor's "history of poor choices" or blame him/her for the abuse. Legitimate concerns may include trauma impact, struggle with coping, increase in mental health symptoms due to the abuse, substance abuse, etc.
10. When using psychological testing, be especially conscious of challenges that may be presented due to the perpetrator's abusive behaviors, including, a survivor limiting or refusing contact with the perpetrator due to current court orders and/or fear of abuse; children who present as angry or oppositional at the survivor; perpetrators who externalize blame and have an inability to talk about their own behaviors and the impact of the behaviors on the family; children may feel safer identifying with the perpetrator, may be happy to see him/her, all of which are common and do not indicate the abuse did not happen.

Visitation and Placement

Visitation with parents or caregivers when children have been removed from the home is extremely important for continued bonding, attachment, healing and connection. Likewise, as countless researchers support, efforts to keep children with family members are favorable to placing children in foster care or group homes. However, in families impacted by domestic violence, decisions about visitation and placement can be complex as the ongoing safety of the children and the survivor should be thoroughly considered before any plan is put in place.

When considering visitation plans, it is crucial to have a full assessment of the history of the perpetrator's pattern of abusive behaviors and the adverse impact of those behaviors on the children, including, but not limited to, criminal history; any current court orders in place; the perpetrator's engagement with CPS, any treatment providers, and the Juvenile Court; the perpetrator's willingness to take responsibility for his/her own behaviors and the impact of those behaviors on the family, and the survivor's fears and concerns regarding visitation and safety-planning. All professionals involved with the family should be aware of any current or past threats by the perpetrator, and be aware of the ways perpetrators may use the Juvenile Court process and visitation as a continued means of control and abuse. For instance, a survivor may not feel safe in asking for separate visits because of retaliation by the perpetrator if he/she believes the survivor is sharing information with CPS or the court. Also, in cases where there is not supervised visitation, perpetrators may use the pick-up/drop off as a way of controlling the survivor by being late or asking the survivor to pick up the children early or use the limited contact with the survivor to further threaten and intimidate her/him or interfere with the survivor's relationship with the children. Additionally, if a perpetrator has a history of perpetrating serious physical or sexual abuse, continues to be abusive, refuses to engage with CPS and the Juvenile Court, and continues to represent a threat to the children's physical and emotional safety, he/she should not be allowed visitation with the children.

Another key factor in determining safe visitation is assessing the quality of the perpetrator's relationship with the children and parenting capacity. Is he/she bonded with the children and play an integral role in their day-to-day caretaking? Is he/she knowledgeable about basic child development and the needs of his/her children? Is the perpetrator able to acknowledge how his/her behaviors have impacted the children? Does the perpetrator support his/her partner's parenting and authority?

Some Practice Considerations Regarding Visitation and Placement:

Supervised Visits:

- If a child is in foster care, has the survivor been asked (in a separate interview from the perpetrator) if he/she feels comfortable with joint visitation or would separate visits be safer? Has he/she been assured that the perpetrator will not learn that it was his/her decision, but the court's decision? Has there been a discussion about safety planning? CPS and attorneys should also consider the level of abuse, threats, and any other safety concerns when determining visitation.
- Does whoever is supervising the visit (whether CPS staff, Visitation Center staff, or other) have information regarding the perpetrator's abusive behaviors? If there are joint visits, are there concerns regarding the perpetrator's behaviors in visits? If yes, are there clear interventions during visits? How is the information being documented and shared with the CPS worker, Attorneys, and other professionals?
- If there are separate visits, is there ongoing assessment to determine if the perpetrator is sabotaging the survivor's efforts to attend visits?
- If there are separate visits, is the perpetrator using the visits to further interfere with the survivor's parenting and authority and the survivor's relationship and attachment to the children? If yes, has he/she been redirected or intervened with? How is this information documented and shared with the CPS worker, attorneys, Juvenile Court?
- If a child is articulate about not wanting to visit with the perpetrator and/or exhibits clear signs of distress during and after visitation, are there efforts being made to intervene and/or stop visitation? Is the child's attorney aware? Is the court aware? Is the information being clearly documented?
- If a member of the perpetrator's family is supervising visits, has he/she been assessed regarding his/her role in the perpetrator's abuse? Is the family member able to acknowledge the perpetrator's behaviors without blaming the survivor, including concerns about child safety and risk?

Unsupervised Visits:

- Has the survivor expressed concerns about unsupervised visits? If yes, what is the nature of the concerns? If a survivor expresses clear concerns regarding her/his safety or the safety of the children, how is CPS, her attorney (if applicable) and other intervening professionals continuing to partner with her/him for child safety?
- Has a safety plan been discussed with the survivor (and children, if age appropriate) regarding a safe place for drop off/pick up and any safety concerns during visitation, including concerns of abuse, neglect or abduction?
- If there are continued concerns regarding visitation, is CPS taking the concerns seriously? Are there attempts to intervene with the perpetrator? Is the survivor aware of resources that could help her/him utilize other systems (family court, civil court) for safety planning?
- Is the perpetrator consistent with visitation, including showing up on time, returning the

children on time, and able to handle difficult situations (if a child is sick, if a child is acting out, etc.) without calling the survivor or sending the child home?

- What is the quality of the interaction with the perpetrator and children during visits? Is the perpetrator spending time with the children or is another family member providing the majority of the caretaking? How do the children talk about the visits?

Placement

- In considering family placements, has the perpetrator's family been assessed regarding their role in the perpetrator's pattern of abuse? Are they able to acknowledge the perpetrator's behaviors and the impact on the children? Do they blame the survivor or talk badly about him/her in front of the children? Are they able to provide both emotional and physical safety for the children?
- If placement is being considered with a survivor's family, what do we know about the relationship between the family and the survivor? Is the family a support to the survivor or do they blame her for the abuse or for not leaving? If reunification is the plan, it is important to assess the quality of the relationship and/or any interventions that may be done to help repair the relationship.
- If a child is in placement (whether family or foster care), it is vital that caregivers, mental health providers, attorneys, and others understand the importance of talking with the child about efforts to keep them safe, keeping the child's routine, allowing the child to talk about and express feelings, and, if possible, allowing the child to have some contact (in-person, phone, text, email) with the non-offending parent in order to help reduce anxiety.

Representing Families in Juvenile Court: What to Expect from CPS and Additional Considerations for Practice

In cases that come before the Juvenile Court, it is reasonable for attorneys, Guardians ad Litem and other court professionals to expect to see the following from CPS:

- Clear documentation regarding the perpetrator's behaviors; actions the perpetrator has taken to harm the children; adverse impact of the perpetrator's behaviors on the children; the survivor's strengths in promoting safety for the children; and the role of substance abuse, mental health, culture, religion, and socio-economic status.
- Efforts made by CPS to keep the children safe and together with the non-offending parent whenever possible; partnering with the survivor in the goals of child safety, stability and healing; and engagement and intervention with the perpetrator.
- That CPS has clearly identified and communicated the concerns to the perpetrator and identified what CPS is expecting in terms of behavioral change.
- Redaction of information regarding confidential safety-planning or specific information that may put the children or survivor in danger if disclosed to the perpetrator.
- Awareness of any current protective or restraining orders and amending visitation, meetings, and hearings accordingly.
- Requesting separate case plans, meetings, or hearings for safety reasons.
- Documentation that does not blame the survivor or hold the survivor responsible for the perpetrator's behaviors.
- Case plans and court-ordered specific steps for perpetrators that are behaviorally based, measurable, and directly correlate to the perpetrator's pattern of coercive control and impact on the family.
- Case plans and court-ordered specific steps for survivors that do not hold the survivor accountable for the perpetrator's behaviors; that do not overburden the survivor; that build on strengths and efforts that the survivor is already doing.

**Some Additional Considerations for Practice:
When Working with Survivors:**

- Listen to your client’s story without judgment, even if the survivor seems confused or says something that appears inaccurate. Sometimes multiple players within systems will discuss the survivor in a manner that casts doubt and criticizes choices without understanding the abuse and how that abuse may have limited choices or options. Asking clarifying questions and making an effort to listen demonstrates to the survivor that you understand what has been happening and that he/she may be able to trust you.
- Take the time and effort to earn your client’s trust, even though your role may not be that of a social worker or advocate, the survivor needs to know that you understand the abuse and that you can take his/her experiences into consideration.
- Explain to your client what you are doing and why you are doing it. Include the survivor in the process of planning for what needs to be addressed but do not overwhelm her/him with unnecessary details. If there are challenges and there are no absolute answers, provide the survivor with information to guide safety planning and make the best choices. This includes information about the court process; the limitations of the court process and the limited understanding other court personnel may have about domestic violence.
- Encourage your client to participate in creating safety and treatment plans. Ask for input, respect her/his fears and be willing to adjust such plans based on concerns for the perpetrator's behavior and knowledge of how that affects the survivor and her children.
- When working with a survivor who abuses substances, be sure to gather information in a nonjudgmental manner to further understand his/her use. This will include gathering a timeline for the use of substances; when it started, when it increased, what he/she was experiencing when beginning to use and how the perpetrator's behavior played a role in the use. The last part is critical to understand if the perpetrator forced the survivor to use, bought the drugs/substances, used with the survivor, interfered with recovery or caused great emotional distress that contributed to the choice to use.

When working with Perpetrators:

- Ensure that the perpetrator understands any court orders in place and the penalties of violating them.
- Know the difference between treatment options and be able to explain the difference to your client. For instance, anger management is not considered an appropriate treatment option for perpetrators engaging in a pattern of abusive behaviors and substance abuse treatment alone will not address coercive control.
- Does your client understand child protection’s concerns regarding his/her behaviors and expectations for behavioral change? Has CPS attempted to engage and support your client in changing those behaviors? Is CPS meeting and/or talking to your client on a regular basis?

- How is your client communicating with the children about his/her partner? Assist your client in refraining from talking badly about the non-offending parent to the children or interfering with his/her partner's parenting.
- If there is a protective or restraining order in place and your client has visits with the children, help your client in creating a plan to safely pick up or drop off the children without violating the order.
- If your client identifies that he/she wants to be a better parent, help connect him/her with appropriate parenting and/or fatherhood programs.
- What is your client's relationship with the children? Has he/she talked with the children, apologized and taken full responsibility for abusive behaviors? Is he/she providing financial support for the children even when residing out of the home? If applicable, is he/she having regular and meaningful visits with the children?
- Help your client to understand that substance abuse and/or mental health do not cause domestic violence.

When working with Children:

- Know that safety, stability, routine and the ability to talk about what happened is vital to a child's healing process. Is anyone providing that for the children now? If not, how can that change?
- If possible and as appropriate, get down to the child's level when speaking with him/her.
- Utilize developmental charts to help identify adverse impact. For instance, it is common to see adolescents that have been impacted by a perpetrator's behaviors having problems with peers or engaging in high-risk behaviors.
- Understand that children may be angry at the survivor for leaving, calling the police, or talking about the abuse. Know how to distinguish that anger from "bad parenting" or a "poor bond".
- Be aware that often perpetrators actively undermine parenting and authority of the non-offending parent and interfere with the parent-child bond. Keep that in mind when communicating with providers or talking with children.
- Understand that children may experience a range of feelings when talking about the perpetrator. It is common for children to miss the perpetrator, love the perpetrator, and feel ambivalent, angry, sad, or fearful.
- Use a language of safety when talking with children about the perpetrator. As many children blame themselves for the abuse, let them know that it's not their fault and that the perpetrator loves them and is getting help to be safer.

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Connecticut Specific Resources

Address Confidentiality Program (Safe at Home) www.ct.gov/sots/cwp

Information/application through the CT Secretary of the State's Office to provide confidential address for victims of domestic violence, stalking and sexual assault.

Connecticut Coalition Against Domestic Violence (CCADV) www.ctcadv.org

Statewide 24 hour hotline 1-888-774-2900

18 domestic violence crisis programs across state, providing shelter, transitional housing, advocacy, peer counseling, legislative advocacy and information and statistics.

Program map link: www.ctcadv.org/find-help/find-a-ct-provider

Multiple downloadable guides available through website, including "A Guide to Connecticut's Family Violence Laws" (available in English and Spanish) that gives clear and thorough language about laws, protective orders, and information about obtaining and filling out restraining orders. www.ctcadv.org/resource-library/publications/

Connecticut Sexual Assault Crisis Services (CONNSACS) www.connsacs.org

Statewide 24-hr hotline 1-888-111-2222

Statewide 24-hr Spanish hotline 1-888-111-2222

12 sexual assault crisis programs across state provide peer counseling, advocacy, information and legislative advocacy

To find a program: www.connsacs.org/seekssupport/index.htm

Connecticut Women's Education and Legal Fund (CWEALF) www.cwealf.org

1-800-479-2949

Provides legal information and referrals.

Connecticut Judicial Branch Law Libraries

Domestic Violence in Connecticut: A Guide to Resources in the Law Library 2013 Edition

www.jud.ct.gov/lawlib/Notebooks/Pathfinders/DomesticViolence

Comprehensive guide of definitions, statutes, Decisions, legal protections, etc.

International Institute of CT www.iiconn.org

1-203-336-0141

Provides information regarding immigration and naturalization, including counseling and representation.

Office of Victim Services www.jud.ct.gov/crimevictim

1-800-822-8428

Provides court-based victim services advocates, victim compensation, and notification about court dates, protective order registry, inmate status, post-conviction changes.

Statewide Legal Services www.slsc.org

Provides legal representation to low income residents

United Way of Connecticut 2-1-1 www.infoline.org

Provides option to search for programs and services online in Connecticut by city or zip code, including a comprehensive list of domestic violence intervention programs (including Family Violence Education Program (FVEP), Explore and Evolve), victim/survivor services and parenting/fatherhood programs.

National Resources

American Academy of Child and Adolescent Psychiatry: Children and Violence

www.aacap.org

This site is designed to serve AACAP members, parents and families. Information and fact sheets are provided to aid in the understanding and treatment of the developmental, behavioral and mental disorders that affect children and adolescents.

American Bar Association www.americanbar.org

Especially section on Commission on Domestic Violence

Anti-Violence Project www.avp.org

24 hour bi-lingual hotline 212-714-1141

Based in New York City, provides prevention, education, advocacy, and services to LGBTQ community. Does provide information and/or referrals for other states, including Connecticut.

Several downloadable informational guides including:

A Glossary of Terms

LGBT Power and Control Wheel

Tips for Representing LGBTQ Survivors of Domestic Violence in Court

Some Do's and Don'ts for Working with LGBQ/T Folks

All available at: www.avp.org/resources/training-center

Center for Disease Control and Prevention - Violence Prevention

www.cdc.gov/ViolencePrevention/index.html

This site provides information on preventing eight types of violence, including child maltreatment, elder maltreatment, global violence, intimate partner violence, school violence, sexual violence, suicide, and youth violence.

Child Trauma Academy

www.childtrauma.org

The mission of the academy is to help improve the lives of traumatized and maltreated children and their families.

Child Welfare Information Gateway www.childwelfare.org

This Clearinghouse is a national resource for professionals and others seeking information on child abuse and neglect and child welfare.

Child Witness to Violence Project www.childwitnessstoviolence.org

Information and resources for parents and professionals on child trauma.

Futures Without Violence (Formerly Family Violence Prevention Fund)

www.futureswithoutviolence.org

Multiple resources including downloadable curricula for child welfare professionals.

Immigration Relief for Victims of Abuse and Domestic Violence Toolkit

www.law.psu.edu/immigration_remedies/materials

The Institute on Violence, Abuse and Trauma (IVAT) at Alliant International University

www.ivatcenters.org

This site disseminates state-of-the art information on an international level to those working in the family violence and sexual assault fields.

International Society for Traumatic Stress Studies

www.istss.org

The International Society for Traumatic Stress Studies (ISTSS) is a trauma organization dedicated to trauma treatment, education, research and prevention. Through this organization, professionals share information about the effects of trauma, seeking to reduce traumatic stressors and their immediate and long-term consequences.

National Center for State Courts www.ncsc.org

Domestic Violence Resource Guide

National Child Traumatic Stress Network www.nctsnet.org

Training and informational resources related to child trauma

National Coalition Against Domestic Violence

www.ncadv.org

NCADV is dedicated to the empowerment of battered women and their children and therefore is committed to the elimination of personal and societal violence in the lives of battered women and children.

National Council on Juvenile and Family Court Judges www.ncjfcj.org

A wealth of information including downloadable guides, checklists, research, additional links.

See especially:

- *State Law Charts*
- *Family Violence Snapshots, including in-depth analysis of domestic violence in the context of child protection or custody issues*
- *Synergy, a bi-annual newsletter related to domestic violence and child protection/custody*
- *Checklist to Promote Perpetrator Accountability created in 2011 (Downloadable copy)*
www.ncjfcj.org/resource-library/publications/checklist-promote-perpetrator-accountability-dependency-cases

National Institute on Domestic Violence in the African American Community

www.dvinstitute.org

The mission of this site is to provide an interdisciplinary vehicle and forum by which scholars, practitioners and observers of family violence in the African American community will have the opportunity to articulate their perspectives on family violence through research findings, the examination of service delivery and the intervention mechanisms and the identification of appropriate and effective responses to present/reduce family violence.

National Latin@ Network for Healthy Families and Communities

www.nationallatinonetwork.org

Includes materials and information regarding working with Latina/o communities regarding domestic violence.

National Network to End Domestic Violence

www.nnedv.org

The National Network to End Domestic Violence is a membership and advocacy organization of state domestic violence coalitions, allied organizations and supportive individuals.

National Organization of Victim Assistance

www.try-nova.org

The National Organization of Victim Assistance is a private, non-profit organization of victim and witness assistance programs and practitioners, criminal justice agencies and professionals, mental health professionals, researchers, former victims and survivors and others committed to the recognition and implementation of victim rights and services.

National Resource Center on Domestic Violence www.vawnet.org

National online resource center on violence against women

The National Scientific Council on the Developing Child

www.developingchild.net

The National Scientific Council on the Developing Child (NSCDC) is a multi-disciplinary collaboration comprising leading scholars in neuroscience, early childhood development, pediatrics, and economics.

Zero to Three: National Center for Infants, Toddlers, and Families

www.zerotothree.org

A national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.

Working with batterers: A basic documentation schema

Part I: The pattern of coercive control and how the batterer is harming the children

“A” has engaged in a pattern of coercive control that has included physical violence, threats, destruction of property, sabotaging “B’s” outside relationships, using children as weapon against “B”, and undermining his partner’s efforts to parent their children.

Part II: Specifics of behavior

“A” on three separate occasions physically assaulted “B.” In each of these incidents, he pushed her to the ground, kicking her in the face, chest and stomach. “B” was pregnant during one of these incidents. She has received numerous bruises as a result of these assaults. On other occasions he has ripped phones out of the wall and punched a hole in the wall. He has threatened to deny support for his children if “A” left and has, as reported by the children, to take them “someplace where they can be away from their mother forever.” “A” told the children that “B” is stupid, doesn’t know anything and they will “only learn how to be dumb fools if they pay attention to her.” Family members report that “A” has harassed them, yelling and screaming at them when they try to call or visit. The maternal grandparents have stopped coming to the home to watch the children as a result.

Part III: Adverse impact on the children

As a result of “A’s” behavior, the children are afraid to leave mother alone at home during the day. The oldest child (12 years old) has missed twenty days of school this year due to her desire to protect her mother. The youngest boy (6 years old) doesn’t listen to his mother, acts out and repeats words and phrases taught to him by the father (calling mother “stupid,” “an ass”, and “a dumb whore.”) The children have had to change schools twice in the past year because “A’s” violence has led them to be evicted from different apartments. These school changes have led to the oldest child falling behind in her studies and a loss of supportive teachers and specialized programming for the youngest child. “A’s” behavior has isolated the children from extended family and disrupted family functioning. The youngest child is have trouble in school with aggressive behavior and will only listen to his father in the home. When “B” brings him to counseling, the boy yells “that his father says he doesn’t need to go to counseling, and that he’s not crazy.” The child has resisted his appointments and no longer wishes to attend his counseling sessions as a result of father’s influence over him.” The family has gone weeks at a time without a working phone after “A” has ripped the phone out of the wall. He only returns the phone once “B” and the children apologize to him for all the things they have done wrong in his eyes. The lack of phone creates a concern for the ability of the family to call emergency services or medical providers if there are problems.

Safe and Together™ model

Case Planning with Batterers in Child Welfare Cases

The following are items that could be part of case or safety plan with a domestic violence perpetrator involved with child welfare. This list is suggestive but not exhaustive. Other items, not included here, might also be useful for promoting the safety and well being of the children and family.

Each item below is accompanied by a brief description of the item's purpose and a suggestion for evaluating achievement of the item. Please note the overall emphasis of the items is on behavior change, not simply on the completion of a program.

The effective development of a case plan starts with a thorough assessment of the perpetrator's pattern of coercive control and actions taken to harm the children. This baseline helps determine the focus of behavior change expectations and provides the best chance for determining real behavior change.

Any interventions with perpetrators ideally occur in conjunction with partnership with the domestic violence survivor around safety and well being.

1. No further physical violence towards any member of the household (includes pets).

Purpose: To set clear boundaries around future violence. To end physical harm and fear of further violence for all members of the household.

Success: No reported violence by any member of household, extended family members or other witnesses, and no observed indication of violence, i.e. bruises. No new arrests.

2. No further intimidating behavior towards any member of household. This includes verbal threats, defined or undefined, destruction of property, throwing objects, punching walls, etc.

Purpose: To end climate of fear in the household.

Success: No reported intimidating or threatening behavior. No reported or observed damage to household, especially holes in wall, etc. CPS Worker will look for missing or broken objects in household. Household members will be interviewed for presence of threats or intimidating behavior.

3. All weapons will be removed from the premises including guns, bows and arrows, shotguns, hunting rifles. The weapons will need to be sold or given to law enforcement for safekeeping.

Purpose: To reduce likelihood that identified weapons will be used to assault or intimidate members of the household.

Success: Perpetrator will produce bill of sale or receipt from police.

4. Seek out an evaluation and comply with recommendations of domestic violence counseling to address issues of control and abuse. Anger management or couples' counseling will not be accepted as treatment in domestic violence cases. The treatment will have as its goals:

- a. The cessation of violent, abusive and controlling behaviors towards the adult survivor.☒

b. The cessation of violent and abusive behaviors toward any children in the home.

c. Education about the effects of violence, abuse and controlling behaviors on family members.

d. Collateral contact with the adult survivor and the referring agencies for exchange of information about the purpose and limitations of the counseling; the perpetrator's pattern of abuse and violence and other relevant information about the perpetrator.

Purpose: To engage perpetrator in appropriate counseling with the goal of ending coercive control and physical violence over family. To obtain a professional evaluation of a perpetrator's motivation to change abusive behavior, and his understanding of the impact of his abusive behaviors.

Success: Completion of required evaluation and (when recommended) counseling sessions. Reports from adult survivor and children that abusive behavior has ended. Victim reports greatly safety and freedom. Commonly recommended lengths of counseling range from six months to one year. Actual length of counseling determined on an individual basis.

5. Will not use physical discipline with children.

Purpose: To create clear boundaries around discipline in order to prevent child abuse.

Success: No bruises or other indications of physical discipline. No reports from anyone in the family of further physical discipline.

6. Will be able to acknowledge a majority of past abusive and violent behavior towards partner and children, which will include:

a. Detailing the abusive nature of specific actions, physical and non- physical

b. Display an understanding of the impact of these behaviors on his partner, children and himself

c. Display an ability to discuss his own abusive actions without blaming others or outside circumstances for his behavior

d. Be able to demonstrate non-abusive, non-violent behavior when in prior similar circumstances he would have become violent or abusive.

Purpose: The perpetrator will be able to demonstrate to others, including DCF workers and family members, non-abusive behavior and a sense of responsibility for his own abusive behavior.

Success: Can do the above things.

7. When necessary, the perpetrator will seek and follow recommendations of a substance abuse evaluation.

Purpose: While substance abuse does not cause domestic violence, it co-occurs with domestic violence in many perpetrators. Substance abuse, when suspected, must be addressed through a separate

evaluation and counseling process from the domestic violence. Active substance abuse may increase the perpetrator's dangerousness and/or inhibit his ability to benefit from domestic violence counseling.

Success: When there is an identified substance abuse problem, the perpetrator remains clean and sober. The substance abuse evaluator indicates no need for substance abuse treatment.

8. The perpetrator will stay involved with any mental health counseling, and follow doctor's recommendations, including taking prescribed medications.

Purpose: While mental health issues (e.g. depression) do not cause domestic violence, they can co-occur with domestic violence in perpetrators. Untreated mental health concerns may increase the dangerousness of the perpetrator and/or hinder his ability to engage in domestic violence counseling.

Success: The perpetrator maintains his recommended mental health treatment regimen, e.g. counseling sessions, medications.

9. The perpetrator will not deny partner access to phone, vehicle or other forms of communication and transportation.

Purpose: The perpetrator cannot isolate the adult survivor/children from access to friends, family, and employment by controlling communication and transportation.

Success: The adult survivor/children report access to existing communication and transportation resources. Social worker observes access to existing communication and transportation resources.

10. The perpetrator will share with partner all relevant information to income and family financial circumstances.

Purpose: This expectation is intended to reduce the perpetrator's financial control over his partner and the family.

Success: The perpetrator provides the adult survivor with pay stubs and information on bank accounts and other assets.

11. The perpetrator will disclose to adult partner all information relevant to child abuse and domestic violence, including prior arrests, open cases with other children with DCF, probation.

Purpose: In order to maintain control or avoid negative consequences, perpetrators will often lie or withhold information from partners. By requiring him to share information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history will provide the partner with information relevant for her risk analysis and safety planning.

Success: The survivor reports that the perpetrator has shared with her all known information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history.

12. If separated, no unwanted or unexpected visits to survivor’s home or office (can include her family or other identified relatives).

Purpose: Perpetrators regularly attempt to pressure or coerce a partner who has left to return to him. This behavior can be very threatening and lead to physical violence.

Success: No reports of threatening or harassing behaviors.

13. Respect all existing court orders, including protective, restraining, custody and visitation and child support orders.

Purpose: Perpetrators often defy court orders. Including “respect all existing court orders” in child protection expectations underscores the importance of those orders to the safety and well-being of the children and emphasizes the need for the client to comply with other court orders as a condition of complying with DCF and/or juvenile court.

Success: All reports (survivor, other courts) indicate that the perpetrator is complying with all existing court orders.

14. In lieu of formal child support order, the perpetrator will maintain financial support for his children regardless of whether he resides with them or not.

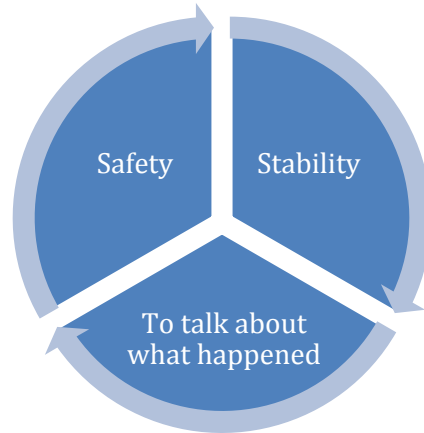
Purpose: To reduce the perpetrator’s ability to control or coerce his partner through financial pressure. To articulate the expectation that the perpetrator will provide for the basic needs of his children regardless of the status of his relationship with their other parent.

Success: The CPS worker/Social Worker verifies that the perpetrator is maintaining his financial support of his children.

15. The perpetrator will support all reasonable efforts to provide his child(ren) with appropriate services including childcare, healthcare (e.g. well-baby visits). The batterer will not interfere with the other parent’s efforts to seek out services for themselves and the children.

Purpose: To articulate the expectation that the perpetrator will provide support for the physical and emotional needs of his children regardless of the status of his relationship with the other parent. To prevent isolation of survivor and children from necessary services.

Success: The survivor/children report access to services.



What Domestic Violence Survivors Do for Their Children

Safety:

- Placate the perpetrator
- Send the children to their room/neighbor/family member
- Call perpetrator's supports (parent, friend, employer, etc.)
- Use neighbors and domestic violence programs as safety resources
- Use friends and family
- Call police
- Apply for a restraining order
- Leave relationship

Stability:

- Maintain children's routine (school, meal times, homework, bedtimes)
- Maintain consistent rules and discipline
- Maintain stable housing and school
- Try to encourage children to have access to extracurricular activities
- Try to encourage children to have meaningful friendships
- Try to encourage children's bond with other family members
- Maintain supportive relationships for self

To talk about what happened:

- Ask the children how they're feeling
- Telling the children it's not their fault
- Allow children to be angry, sad, or any other feelings about perpetrator
- Encourage children to talk to friends or family
- Set children up with counseling