

Family Violence Protocol

(Revised 06/17/22)

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Forms

The following forms are referenced in this policy:

- 04-24 A-P Authorization to Use or Disclose Protected Health Information - All Providers
 - 04-24 A-Psp Authorization to Use or Disclose Protected Health Information - All Providers (Spanish)
 - 04-29 Authorization to Use or Disclose Protected Health Information-Single Provider
 - 04-29sp Authorization to Use or Disclose Protected Health Information-Single Provider (Spanish)
 - 04-214 Family Violence-Personal Safety Planning Tool
 - 04-277 SDM Safety Plan
 - 04-277arabic SDM Safety Plan (Arabic)
 - 04-277sp SDM Safety Plan (Spanish)
 - 04-333 Service Authorization Form
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Purpose

The purpose of this protocol is to offer guidance to child welfare staff managing child abuse/neglect cases where Family Violence (FV) is involved. Family Violence is also known as Domestic Violence (DV), Intimate Partner Violence (IPV), Domestic Abuse and Relationship Violence. For the purposes of this protocol, the terms Family Violence will be inclusive of DV. The main focus for CWS intervention in FV cases is for the on-going safety of children, while acknowledging that the child's safety might depend on addressing a situation that endangers both the adult survivor and child(ren). The preferred way to protect children in most FV cases is to assist the adult survivor to develop a child/family safety plan. The goal is never to penalize the adult survivor by separating them from their child(ren), however, the autonomy of the adult survivor to decide one's own life and course of action must be respected while they must also understand how the decisions they make may place them and their children at risk. When FV has been identified and the child's safety can be assured, the relationship between the survivor and the child should be supported and preserved. The aggressor of FV must be held accountable and engaged in discussion and planning around the impact of how perpetrating family violence may have deprived the child/youth of a healthy, safe, supportive environment and their basic needs being met. In order to do so, child/family safety planning, FV advocates, and FV treatment programs are necessary. Involvement of the family's safety network is also important. Assessment is continuous and services may be provided at any time during the intervention.

Background

Family Violence is a learned pattern of behaviors, used by one person in a current or former relationship to have power and control over the other person. All the behaviors aim to control a family member through fear, intimidation and can include physical, sexual, economic, emotional or psychological abuse. See [Definitions](#) below.

FV can result in child abuse when a child hears, sees, or experiences the potential aftermath of family violence. Anyone can be affected by FV, regardless of age, gender identity, sexual orientation, cultural background, ability, religion, wealth, status or location. FV encompasses a wide range of behaviors, from the lethal to the less serious; therefore, families should be offered a range of services, including, but not limited to, referrals to local FV programs, safety planning, counseling services for the family, confidential health screenings for parent/caregiver and children. To create safety and stability for families, careful assessment of immediate safety and future risk is required.

There are laws that protect the child as well as the family member who are the survivors of FV. Some of those laws include, but are not limited to:

- **Welfare and Institutions Code Section 18291(a)** "Domestic Violence" means abuse committed against an adult or minor who is a spouse, former spouse, cohabitant, former cohabitant, or person with whom the suspect has had a child or is having or has had a dating or engagement relationship. "Cohabitant" means two unrelated adult persons living together for a substantial period of time, resulting in some permanency of relationship (WIC 18291(b)).
 - The **Violence Against Women Reauthorization Act of 2013**, recognized that domestic violence is an issue of crime prevention, public safety, prevention of gender-based violence and civil rights for women. This law, among other things, directs funding and services to victims of domestic violence, stalking, and sexual assault.
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Definitions

Structured Decision Making (SDM) refers to FV as Domestic Violence (DV) and defines DV and DV abusers, in the context of the child welfare system, 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 the end of a relationship or when the partners no longer live together. The alleged abuser's actions often directly involve, target, and impact children in the family. For the purposes of this protocol, the term abuser and aggressor will be utilized to describe the parent and/or caregiver who engages in the power and control of the other parent/caregiver.

Physical violence is defined as the intentional use of physical force with the potential for causing injury, harm, disability or death. Physical violence includes, but is not limited to:

- scratching, pushing, shoving, throwing, grabbing, biting, spitting, strangulation, shaking, poking, hair-pulling, slapping, punching, hitting, burning
- use of a weapon (gun, knife, or other object),
- driving recklessly, forbidding the survivor from eating or sleeping,
- preventing the survivor from calling the police or seeking medical attention,
- forcing survivor to use drugs,
- use of restraints or one's body, size, or strength against another person, and
- coercing other people to commit any of the above acts.

Sexual abuse includes, but is not limited to:

- Compel a person to engage in a sexual act against their will, whether or not the act is completed
- Attempt or complete a sexual act involving a person who is unable to:
 - understand the nature or condition of the act,
 - decline participation,
 - communicate unwillingness to engage in the sexual act (e.g., because of illness, disability, or due to intimidation or pressure).
- Commercial Sexual Exploitation of Children and Human Trafficking. See [Commercial Sexual Exploitation of Children \(CSEC\) and Human Trafficking](#) below.

Psychological/emotional abuse involves trauma to a survivor caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to:

- humiliating the survivor,
 - controlling what the survivor can and cannot do,
 - withholding information from the survivor,
 - deliberately doing something to make the survivor feel embarrassed or diminished (e.g., less smart, less attractive),
 - taking advantage of the survivor,
 - invalidating the survivor's opinions or feelings,
 - belittling the survivor,
 - stalking (e.g. tracking and monitoring the survivors activities or whereabouts),
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Definition (cont.)

- gas lighting which means to manipulate someone into questioning their own memory, perception, judgement or evoking cognitive dissonance,
- isolating the survivor from friends or family,
- prohibiting access to transportation or telephone,
- getting the survivor to engage in illegal activities,
- using the survivor's children to control the survivor's behavior,
- smashing objects or intentionally destroying the survivors property,
- disclosing information that would tarnish the survivor's reputation,
- threatening loss of custody of children,
- threatening to hurt pet(s), and
- threatening deportation.

NOTE: Generally, psychological/emotional abuse co-occurs with physical and sexual violence.

Financial and economic abuse is a form of FV in which the abuser uses money as a means of controlling their partner. Financial/economic abuse can include, but is not limited to:

- using money that is the survivors
- denying the survivor or their children access to money or other basic resources
- preventing the survivor from getting or keeping a job
- spending family income without consent and/or making the partner struggle to pay bills; withholding funds
- not letting someone know of or have access to family/personal income, and
- forcing someone to ask for basic necessities.

NOTE: FV can also include any other behavior that causes the survivor to feel fear for their safety, the safety of another person or an animal or being threatening to do any of the above.

Cultural Considerations and Responsiveness

While investigating FV cases, CWS staff will demonstrate cultural humility in making accurate risk and safety assessments and will provide interventions and services that are responsive and considerate of the family's culture. Effective intervention and accurate assessments are enhanced by knowledge and skill in cultural issues. Demonstrating cultural humility can include:

- Inquiring about cultural dynamics and showing respect for ethnic/cultural differences.
 - Incorporating cultural elements in safety or case plans.
 - Understanding the impact of what happens when different cultures interact.
 - Inquiring and being responsive to groups' interactions with and perception of outside authority figures.
 - Being aware of legal implications due to legal status in the country, which can also be used to threaten survivors.
 - Valuing diversity and uniqueness of differing cultures.
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Cultural Considerations and Responsiveness (cont.)

- Inquiring about cultural differences in gender roles, parenting, family structure and application of this knowledge in assessment and intervention.
 - Having a variety of strategies that are responsive and appropriate to the cultural norms of groups and a willingness to adapt practice skills to fit the cultural context of the family.
 - Having awareness of own culture and seeking support and supervision if there are concerns that arise in our ability to understand and support a family's culture.
 - Having a formal process for obtaining and updating cultural knowledge.
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San Diego Domestic Violence Council

Child Welfare Services is a member of the [San Diego Domestic Violence Council](#) (SDDVC). SDDVC, is a network of public, non-profit and private agencies working together to develop an enhanced system wide structure and response to FV. SDDVC develops, promotes and enhances creative prevention and effective intervention initiatives to help reduce the amount of violence in intimate relationships. The SDDVC seeks to increase public awareness about FV, prepare staff to be able to effectively and appropriately identify and respond to the needs of individuals and families affected by DV, and to build capacity among agencies and systems within our county to provide comprehensive prevention, early intervention and response to this critical issue. The mission of the SDDVC is to prevent and reduce the prevalence of FV and promote healthy relationships in San Diego County by:

- providing basic and continuing education opportunities for professionals and community members to prepare them to effectively and compassionately identify and respond to the needs of individuals and families experiencing violence
 - increasing public awareness about domestic violence and breakdown stigma, and prepare professionals across disciplines to connect individuals experiencing FV to services
 - working with organizations and systems to improve prevention, early intervention and response practices through cross-collaborative initiatives, policies, and protocols and cross-training
 - providing networking opportunities in order to improve and streamline effective working relationships across disciplines.
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Domestic Violence Fatality Review Team

The [San Diego Domestic Violence Fatality Review Team](#) (DVFRT) is a coordinated effort between the San Diego County District Attorney's Office and more than 25 agencies and departments in the county, including CWS. The DVFRT identifies system-based opportunities for improvement in violence prevention and intervention policies, procedures, and coordinated strategies. The team makes recommendations for system change and raise public awareness about intimate partner violence.

Special Populations

Special Populations Considerations

FV is statistically consistent across racial, ethnic, religious and socio-economic backgrounds. However, there are certain groups of people with unique circumstances who are more vulnerable to the effects of FV for a variety of reasons. These include, but are not limited to, undocumented immigrants and/or recent immigrants, LGBTQ+ people, male survivors, people with disabilities, and teens. In formulating a safety plan for the survivor and their child, it is important that there be an awareness of and sensitivity to the special needs involved. SWs will maintain a current list of referrals for legal assistance and shelters and utilize culturally sensitive and linguistically appropriate resources.

For Cross Border issues, see International Liaison and Undocumented Children.

NOTE: SWs not experienced in working with the challenges facing those populations should seek guidance from their PSS during their assessment of the family.

Undocumented and Immigrant Families

When assessing FV in households involving a person who is undocumented and/or recent immigrant, consider the possibility of fear of deportation to the country of origin, which may involve returning to a dangerous situation and/or being separated from their children. FV is a complex problem in general, but cultural influences can complicate the problem further and magnify the effects of abuse on the survivor living as an immigrant in a new country. Cultural influences can create barriers, which prevent immigrant survivors of FV from reporting the abuse. Some considerations when working with an undocumented person and/or immigrants:

- unfamiliarity with laws and rights
 - language barriers which can inhibit communication and the ability to report and access resources
 - fear of involving law enforcement, courts, CWS and others in authority which may arise from experiences of abuse and distrust of these systems in their country of origin
 - unaware that service agencies will provide help regardless of immigration status
 - gender roles in some cultures/religions include maintaining the marriage for life and belief that religion permits corporal punishment of partner
 - culturally taboo to discuss FV or belief that private family matters may not be discussed publicly as this would bring shame and dishonor to the family or cause them to lose support or be outcast from their cultural community
 - belief that preserving the community or family reputation is more important than their personal rights
 - fear deportation because spouse threatens to expose status even though, as a FV survivor, they may be protected from deportation. See U Visas.
 - fear of losing custody of children upon separation from the spouse
 - fear of loss of financial stability because spouse controls access to finances
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Undocumented and Immigrant Families (cont.)

While isolation is often one of the primary tools of an aggressor in any relationship, immigrant women more often face isolation issues. An abuser may permit little or no contact with the outside world, may cut off communication with family and friends back home, and keep them at home to prevent them from making new friends in their new communities (especially with those from their own culture or who speak their native language).

NOTE: FV survivors who rely on the abusers for immigration status should consult with an immigration attorney.

LGBTQ+ Families

Family violence can happen in any relationship, regardless of sexual orientation or gender identity. Research finds that FV occurs within LGBTQ+ relationships with a frequency similar to heterosexual couples. There are several issues that act as barriers to LGBTQ+ people seeking help from and using support services. These include:

- an inability by support service providers to view FV outside of a heterosexual framework
 - assumptions that FV is mutual in LGBTQ+ relationships
 - insensitivity to and/or lack of awareness of the specific needs/issues of the LGBTQ+ community
 - unintentional 'outing' or being threatened by their partner/spouse to be 'outed'
 - discrimination, or fear of discrimination, particularly from police and the criminal justice system
 - stigma
 - limited resources that specifically support the LGBTQ+ population.
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Male Survivors

When assessing FV in households involving men who are abused by their female partners, it is crucial to look for evidence of an imbalance of power and control. Such an imbalance will distinguish spousal abuse of male from actions of self-defense or random aggression from the female. There are fewer resources for men who are survivors of FV. Being abused is contrary to societal expectations for the male role and identity which may result in:

- feelings of denial and shame
 - discrimination in the way society (e.g., law enforcement, court, extended family, and friends) responds to them
 - a reluctance to disclose.
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Teen Dating Violence

When assessing teen dating violence, it is important to educate and refer the parents and the youth to appropriate resources. Consider the following:

- potential for lethality is just as high for teens as adults;
 - due to age and development, youth are uncertain about what a relationship is supposed to be;
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**Teen Dating
Violence (cont.)**

- unfamiliar with appropriate boundaries;
- rationalize abusive behavior under the pressure to have a significant other;
- misinterpret attention, jealousy, possessiveness as positive rather than negative control;
- may have a skewed model of what is considered a “normal” relationship if they have had a history of exposure to FV;
- societal messages, as well as familial exposure to FV, encourage teenage boys to behave aggressively;
- teenage girls who experience violent relationships are at high risk for attempted suicide, eating disorders, substance abuse and/or pregnancy;
- denial and shame by both teenagers and their parents has led to under use of resources.

**Survivors with a
Disability or Who
are Deaf**

When assessing FV in households involving a survivor who has a disability or who is deaf or hard of hearing, consider that the survivor often is dependent on the abuser (who also may be the primary caregiver) to meet their daily needs which may include:

- withholding wheel chairs and other medical devices and/or medications;
- not allowing or assisting the survivor to meet medical appointments;
- withholding telecommunications devices for the deaf and/or refusing to be the survivor’s sign language interpreter;
- refusing to assist with personal needs (hygiene, clothing, food);
- withholding Supplemental Security Income (SSI) checks; and,
- rearranging the room; taking away the cane, guide dog, or threatening to injure/kill the guide dog of a blind survivor;

Additional considerations when working with a survivor with a disability or who is deaf or hard of hearing:

- may have extremely low self-esteem and a feeling of powerlessness;
- fears that their children will be taken away if the abuse is reported based solely on their disability;
- may be physically incapable of executing the tasks necessary to implement an escape or safety plan;
- fear that they will lose the primary caregiver (the aggressor) leaving the survivor destitute with no caregiver or place to live; and,
- lack of services and shelters that can accommodate the special needs (such as wheelchairs, attendants, translators).

A person who is deaf or hard of hearing may not consider themselves to be disabled, but rather as belonging to the deaf community/culture. Vulnerability to FV may exist due to limitations in communicating with the hearing population and/or the perception by the abuser that the survivor is unable to report and therefore unable to seek redress from the abuse.

Survivors with a Disability or Who are Deaf (cont.)

Federal and State regulations require HHS to provide a sign language interpreter for hearing or speech impaired clients, if the client does not have an **unpaid, certified and unrelated third party** interpreter. SWs will request interpreter services via 04-333. See Language Appropriate Services for detailed information for interpreter services.

NOTE: A person who has a disability or is deaf/hard of hearing can also be an abuser.

Military Families

FV happens in military families of all ranks and ages. A referral involving FV and military families will be cross-reported to the Family Advocacy Program (FAP). The FAP is a Department of Defense (DOD) program designated to address FV and child abuse and neglect. See Military Investigations.

On base, military police investigate and immediately notify FAP officials and the service member's commander. If the aggressor is a civilian, the investigation is turned over to civilian law enforcers and base personnel cooperate with the local legal authorities.

Off base, local police may or may not report the incident to base officials. DOD officials are currently working to develop memoranda of understanding (MOU) with civilian law enforcement authorities to establish such reporting procedures.

When military authorities learn of FV involving a military family, FAP officials assign a caseworker to assess the survivor's safety and develop a safety plan. This may include an application for a Military Protective Order (MPO), alternative living arrangements and ways to safeguard any children in the family. Throughout the process, survivors' advocates ensure that the survivor's medical, mental health and protection needs are being met. FAP officials also assess the alleged aggressor and identify treatment needs and suitability for treatment.

The case is then presented to a multidisciplinary case review committee with representatives from the FAP, law enforcement, staff judge advocate, medical staff and chaplain. The committee decides whether the evidence indicates abuse occurred and recommends treatment for the aggressor and survivor.

Based on the committee's recommendations, the commander decides what action to take regarding the aggressor, including administrative sanctions or disciplinary actions. The commander determines whether to order the individual into treatment, or to seek to impose disciplinary procedures under the Uniform Code of Military Justice. The commander may also seek to obtain the discharge of the service member from the military.

Survivors often hesitate to report abuse because they fear the impact it will have on their spouse's career. Criminal conviction of even a misdemeanor involving intimate partner violence can end a service member's military career.

Native Americans and Missing and Murdered Indigenous Women

FV is prevalent across all ethnic groups and communities. Historically, Native American people can point to a period in their history where this type of family violence was not practiced or tolerated and went against their sacred teachings of Women are Sacred. The United States and Native Americans have committed to and sustained a special trust relationship, which obligates the federal government to promote tribal self-government and support the general well-being of Native American tribes and villages. Yet, the U.S. government forced many Native Americans to give up their culture and, throughout the history of this relationship, has not provided adequate assistance to support Native American interconnected infrastructure, self-governance, housing, education, health and economic development needs. Examples of historical trauma experienced by Native Americans, as mentioned, was forced assimilation and the unwarranted removal of their children by government authorities and agencies. San Diego County has the largest number of Federally Recognized tribes than any other county in the United States. CWS has a long-standing relationship and protocols when investigating child abuse involving Native American children and families. See, Protocol for Working with Indian Families, Children and Tribes.

In 2005, the “Safety for Indian Women” title was included within the VAWA. Reports found that Native Americans are 2.5 times as likely to experience violent crimes and at least two times more likely to experience rape or sexual assault crimes, compared to all other races. According to the Center for Disease Control and Prevention, homicide is the third leading cause of death among Native American women between 10 and 24 years of age and the fifth leading cause of death for Native American women between 25 and 34 years of age. According to congressional findings, Native American children suffer exposure to violence at rates higher than any other race in the United States. Additionally, like other communities, FV calls are among the most dangerous calls received by law enforcement.

Commercial Sexual Exploitation of Children (CSEC) and Human Trafficking

The commercial sexual exploitation of children (CSEC) is one of the fastest growing epidemics in our country as well as in the County of San Diego. The Trafficking Victims Protection Act states that any child/youth under the age of 18 years old who is used for the purpose of exploitation through sexual servitude (prostitute), regardless of the absence of economic leverage, manipulation, fraud, coercion, threats, force and violence is considered a commercially sexually exploited child/youth. CSEC victims come from all gender identities, sexualities and expressions. They come from all socio-economic backgrounds and include all races and genders. They are forced, coerced, and/or tricked into sexual acts or sexual exploitation by another person. Exploiters use many forms of violence, coercion, threats, and emotional and physical control to keep their victims subdued and to prevent them from leaving. Understanding some of these methods will assist workers in understanding how to best meet these children’s/youth’s need for safety. See CSEC Interagency Protocol and CSEC Response Team Protocol.

Animal Abuse and Reporting

Pets are often an important source of comfort and stability to the survivor of abuse, particularly children. Abusive family members may threaten, injure or kill pets, often as a way of threatening or controlling others in the family. Many survivors may delay leaving the abuser out of fear for their pet’s safety. It is necessary for those who respond, including law enforcement and CWS, to be alert to the connection between pet abuse and FV.

Animal Abuse and Reporting (cont.)

[Rancho Coastal Humane Society has an Animal Safe House Program \(ASP\)](#) temporarily cares for the animal(s) of FV survivors. ASP gives survivors of FV a resource for their pets that allows them to leave their abusive situation and enter a shelter, without fear for their pet's safety.

See Animal Cruelty and Domestic Violence Fact Sheet for additional information.

Elder Abuse and Reporting

Abuse of an elder or dependent adult is abuse of someone 65 years old or older or abuse of a dependent adult who is someone between 18 and 64 that has certain mental or physical disabilities that keep them from being able to do normal activities or to protect themselves. Abuse of an elder or a dependent adult means any of the following:

- Physical abuse, neglect, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.
- Financial abuse.

Aging and Independence Services (AIS) provides services to older adults, people with disabilities and their family members. Adult Protective Services (APS) serves adults 65 and older and dependent adults 18 and older, who are harmed, or threatened with harm, to ensure their right to safety and dignity. See Elder and Dependent Abuse Report file.

Hotline Assessment

Family Violence Referrals Received at the Hotline

When FV is reported, the response must meet the timeliness outlined in Hotline - Priority of Referrals. The Hotline Screener will complete the Structured Decision Making (SDM) Hotline Tool to determine an appropriate response time and the appropriate allegations.

If there appears to be an immediate medical emergency, or if the child and/or survivor are in imminent physical danger, the Hotline SW should advise the caller to call 911 or call 911 themselves.

Hotline Responsibilities

The Hotline SW will follow the Hotline - Referral Screening Criteria policy to gather information about the allegations. Additional questions to consider can be found in Appendix 1. The ER SW will obtain information during the investigation not received by the Hotline SW.

NOTE: In all referrals where FV is not specifically mentioned, inquire as to whether or not FV has occurred recently, or in the past and if so, how recent and how severe. Determine if it is a factor in the present situation.

Add the Domestic Violence Special Project Code (SPC) to any referral in CWS/CMS when current Domestic Violence (within the last 6 months) is reported as part of the referral. See Hotline - Function and Procedure.

Introduction to Family Violence Investigation

Essential components of effective FV investigation:

- Interview all family members separately including other adults in the home and collaterals.
- Utilizing Structured Decision Making (SDM) to assess safety and risk, and Safety Plans when a safety threat is identified.
- Determine if an immediate referral for safe shelter is needed for the survivor/children.
- Access community services, selecting those appropriate to family needs.
- Demonstrating cultural humility during investigations and providing culturally responsive interventions.
- Do not use the abuser or children to deliver messages to or to translate for the survivor or any other family member. See Language Appropriate Services for more information.
- Document with photos any evidence that is relevant to the disposition of an allegation. Always request to photograph:
 - a hazardous home environment
 - the environment where an abusive/negligent act occurred
 - an object allegedly used to cause an abusive act
 - injuries on a survivor of FV
 - a physical injury on a child's body. See ER - Investigations.

NOTE: On a case-by-case basis and in consultation with the PSS, the SW can leave a business card and voicemail message but do not write anything on the card or leave a message that would indicate you are calling about FV. This can create an unsafe situation for the survivor and their children.

Family Violence Investigation - Home Visits

When preparing for an in person investigation, the SW will follow Investigation Requirements in the ER - Investigations policy.

If there are any safety issues, such as a criminal record of violence offenses, known weapons in the home, etc. contact local law enforcement to request their assistance during the face-to-face contact. When law enforcement is involved in a referral, the SW will make all attempts to contact assigned detectives, officers, and/or supervisory law enforcement staff prior to starting any interviews. If the survivor or children have serious injuries and/or have experienced any form of strangulation, encourage a medical assessment immediately.

At the home visit, note potential indicators of FV such as:

- Evidence of physical abuse (such as a black eye, neck abrasions, hoarseness of voice or bruises) on survivor and/or child and need for medical attention
 - Evidence of damage to property or emotionally important items (holes in wall, destroyed furniture, torn pictures, phone ripped out of wall, no working phone)
 - Reluctance of adults to be interviewed separately (abuser speaking for survivor)
 - Survivor or child appears fearful of abuser
 - Child appears overly protective of survivor
 - Evidence of [animal abuse](#).
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**Family Violence
Investigation -
Home Visits (cont.)**

Establish a trusting relationship with the survivor by emphasizing the history of protection, the need for safety for both survivor and the child, and identifying yourself as a resource for support. If the abuser is present and the situation appears volatile, hostile and/or dangerous, leave the home and immediately obtain assistance from law enforcement prior to resuming the interview.

Determine if anyone in the home has a disability, either by direct observation, or by asking specific questions about disabilities that may not be immediately visible. If a survivor is deaf or hard of hearing or has a communication barrier, the abuser may tend to answer or insist on translating for the survivor. The SW will make translation accommodations and will not utilize the abuser to translate for the survivor.

When there is consistent evidence that FV is so pervasive that it has profoundly affected the child's ability to function. The SW will follow policies outlined in ER - Authority to Take Custody of Child and Protective Custody Warrants (PCWs) when responding to investigations alleging FV. Additional considerations for determining if a safety threat exists:

- All services provided to protect the survivor and child were ignored by the abuser (or were unsuccessful in changing the abusive behavior) and/or were refused by the survivor.
- There are no reasonable means to protect the children and/or prevent the abuser from continuing the abusive behavior towards the survivor, resulting in the child being at ongoing risk
- Educate the survivor about the option of a Restraining Order (RO), if it is appropriate.

NOTE: The SW will assess the survivor's willingness to obtain a RO, which are optional. SW's will not require a survivor to obtain a RO as part of the Safety Plan or to seek out an emergency family court order. Survivors can be referred to legal services to seek further information about their options and legal rights.

**Substance Use
Disorders**

FV frequently co-exists with substance use. See Substance Use Disorder Protocol. SWs will consult with chemical dependency treatment specialists and FV advocates to conduct assessments and develop interventions as needed.

Case plans and service agreements are developed based on the individual family's safety concerns, strengths and needs. For an abuser who is also experiencing substance use disorder (SUD), refer to both abuser intervention programs and substance use disorder programs. The SW will refer the parent to the Substance Abuse Specialist (SAS) and provide them with information regarding the FV and SUD. The SAS will complete an initial substance use screening and make appropriate recommendations for treatment if found appropriate.

For the survivor who is using substances, refer to both FV service providers and the SAS for substance use screening. Keep their safety needs foremost, especially if the abuser is also their supplier. Explore with the survivor if the abuser uses drugs and alcohol to control, coerce, and have power over the survivor. Also, explore with the survivor if the abuse of drugs and alcohol was caused or exacerbated due to the FV. The survivor and abuser should not attend the same treatment and/or groups. See Substance Use Disorder Protocol.

Assessing Family Violence

Assess for FV through routine direct inquiry in a manner that is respectful of the survivor’s safety and takes into consideration the traumatic experiences they may have endured. Consult with the adult survivor about their protective behaviors that may reduce the risk of harm to them and their children and whether the adult survivor poses a maltreatment threat to the children that is not related to the FV. The family assessment should balance the issue of safety and risk with the strengths and protective capacity of the adult survivor. Utilize safety-organized practice principles including safety networks, voice of the child, and impact to the child. The family assessments should gather information regarding the abuser’s pattern of coercion and control including an assessment of the abusive partner’s willingness, ability, and capacity to change in order to stop harm to adult survivor and children. The following table provides examples of specific topics and questions that can be utilized in an assessment interview for a parent in an FV situation. This list of sample questions is not exhaustive and SWs will use engagement skills and additional follow-up questions as appropriate.

NOTE: The SW may directly identify the specific type of FV in the question.

Prompting Safety Actions	Sample Questions
<p>What we are worried about:</p>	<ul style="list-style-type: none"> • What are your current worries or concerns regarding your relationship with your partner? • If your children were here right now and were able to speak about this, what would they say worries them about you and your partners FV? • What is your understanding of what people are worried about? • When does the violence most often occur? What are some reasons the FV happens? • Do you think that I might be worried at all about this? What do you imagine I am worried about? • If X (family member who is seen as important) were here right now, what would they say worries them about your FV and how you care for your child? • If Y (professional/therapist) were here right now, what would they say worries them about your FV and how you care for your child? • Are you worried about the same thing? Why/whynot? • How has the FV impacted your child? • Can we do a timeline of the incidents that have occurred? Obtain details for each. • Tell me about the times or ways you have been hurt by your partner?

Assessing Family Violence (cont.)

The following table provides examples of specific topics and questions that can be utilized in an assessment interview for a parent in an FV situation. This list of sample questions is not exhaustive and SWs will use engagement skills and additional follow-up questions as appropriate.

NOTE: The SW may directly identify the specific type of FV in the question.

Prompting Safety Actions	Sample Questions
What we are worried about: (cont.)	<ul style="list-style-type: none"> • Has your partner ever put pressure on your neck when they are angry with you? What happened instead? Have they ever done this to your children? Has your partner ever threatened you? What does your partner tell you when this happens? • Have weapons ever been involved? Tell me more about these incidents • Have you and your partner ever separated? Tell me how you came to be together again. • How has FV impacted your functioning? Ability to parent and/or wellbeing? How about your child's? • How has your child been impacted? Does the child have any difficulties in other parts of life due to the FV? Have you seen a change in their behavior? How about an impact on them emotionally? Tell me more.
What is working well:	<ul style="list-style-type: none"> • Have you ever felt like there was about to be an incident, but there wasn't? When was that? Can you tell me what you did? How did you do it? • Has there ever been a time when you were involved in a FV incident but you were somehow able to care for your child's needs and make sure they were safe? When was that? Can you tell me what you did? How did you do it? • What have you done in the past to keep your children safe when there was an incident of FV? • How have you coped with the FV? What has kept you going? • How do you think your children have coped with the FV? What has kept them going? • Let us continue with the timeline, has there been extended periods of time where things were going well and there were no FV? Tell me more about these times.

Assessing Family Violence (cont.)

The following table provides examples of specific topics and questions that can be utilized in an assessment interview for a parent in an FV situation. This list of sample questions is not exhaustive and SWs will use engagement skills and additional follow-up questions as appropriate.

NOTE: The SW may directly identify the specific type of FV in the question.

<p>Prompting Safety Actions</p>	<p>Sample Questions</p>
<p>What needs to happen next?</p>	<ul style="list-style-type: none"> • What type of relationship would you like to have with your child? What can you do to create that relationship? • If things keep going as they are, what do you imagine will be your child’s story about this time in their life? Is that the story you want for them? What story would you hope for instead? • Imagine that it is six months from now and you have found a way to parent your children without having any incidents of FV. What would that be like for you? How do you imagine this could be accomplished? What would have been the very first step? • Have you ever separated before? What has happened when you separate? What has worked well when you separate? Is there anything that worries you about separating? What and who can help you feel safe during the separation?
<ul style="list-style-type: none"> • Scaling Questions (mostly related to “What needs to happen next”) 	<ul style="list-style-type: none"> • On a scale of 0 to 10, where 0 = your child is afraid or involved in the incidents of FV; and 10 = your child is thriving and happy, where do you scale your child’s current situation? What got you to that number? Why did you choose this number and not a lower number? What would it take to move that number up just one point on the scale? • If your children were here, where would each of them scale the current situation? What would have gotten them to that number? What do you think they would say needs to happen to move the scale up just one point? • Where would your spouse/partner scale the situation? What would they say got it to that number? What would they say needs to happen to move it up just one?

Assessing Family Violence (cont.)

The following table provides examples of specific topics and questions that can be utilized in an assessment interview for a parent in an FV situation. This list of sample questions is not exhaustive and SWs will use engagement skills and additional follow-up questions as appropriate.

NOTE: The SW may directly identify the specific type of FV in the question.

<p>Prompting Safety Actions</p>	<p>Sample Questions</p>
<p>Scaling Questions (mostly related to “What needs to happen next”)(cont.)</p>	<ul style="list-style-type: none"> • Where do you think I (the social worker) would sit? What do you think would get me to that number? What do you think I would suggest moving that number up just one point? • What number on the scale do you think the situation would need to be so that your children would not be affected by what is going on? What would be happening if things were at that number? • On a scale of 0 to 10, where 0= no confidence and 10 = fully confident, where do you scale the your confidence that this plan will work? What got you to that number? Why did you choose this number and not a lower number? What is one thing we can do to bring up the number by one? • How confident are you that your partner will follow through on the plan we created? What got you to that number? What would it take to move that number up just one point on the scale? • On a scale of 0 to 10, 0 = not able at all and 10= fully able, where would you rate your ability to follow through with the plan we have created? Tell me more about why you chose that number? Is there anything that can help bring the number up by one? Let’s talk more about how we can incorporate that to the plan
<p>Prompts for Safety Networks</p>	<ul style="list-style-type: none"> • Who in your life already knows about your case with us? • Who really “has your back”—who can you really trust? • Who knows you and your parenting at its best? • If you suddenly became sick, who would you trust the most with your children? • If your children were here right now, who would they say they trust the most? Who would they say they hope would be there for them?

Assessing Family Violence (cont.)

The following table provides examples of specific topics and questions that can be utilized in an assessment interview for a parent in an FV situation. This list of sample questions is not exhaustive and SWs will use engagement skills and additional follow-up questions as appropriate.

NOTE: The SW may directly identify the specific type of FV in the question.

Prompting Safety Actions	Sample Questions
<ul style="list-style-type: none">• Prompts for Safety Networks (cont.)	<ul style="list-style-type: none">• If you had to pick one person to start talking to and sharing about what's going on, who would you want it to be?• Who knows about your partner's actions of FV? How have they responded? What have they said or done?• Who has stepped in to keep your partner accountable for the FV? What did they do during this incident? What have they done in the past? How has your partner reacted when they get involved?• Are they able to keep your partner accountable to the plan we have created? How have they been able to do this in the past? Does your partner listen to them? How does your partner act when they are around or say something?

High Risk Situations

In making an assessment of a survivor experiencing FV, the SW will consider situations that pose high risk of violent confrontation for the survivor and their children:

- The time when a survivor is considering leaving, is in the process of leaving, or has recently left can be a period of elevated risk.
 - Survivor is preparing to enter a shelter, obtain a restraining order, seek separation or divorce,
 - Consider asking what has happened in the past when the survivor has attempted separation (i.e. increase of violence, coercion, manipulation).
- Children are going to be removed.
- Aggressor has just been released from jail or is facing serious criminal charges or possible incarceration.
- Allegations are made directly to the abuser regarding FV, child abuse or neglect.
- Abuser is asking for information regarding family's location if there has been a separation.
- Reunification services to the parents are being terminated.

High Risk Situations (cont.)

- Abusive partner has access to weapons (especially firearms) and/or has made recent threats to harm the adult survivor and/or child(ren).
 - Recent or past strangulation of adult survivor and/or children.
 - Consider asking if there was ever a time when someone has put their hands or an object around their neck.
-

Assessing the Abuser

When dealing with FV, it is important to focus on current and historical patterns of behavior of the abuser. This includes the abuser's mental health, the dynamic of survivor blaming and minimization, and the abuser's possible substance use. It is also helpful to evaluate stresses that might influence the abuser's behavior. While it is true that all aggressors are dangerous, studies have repeatedly shown that the situation presenting the greatest risk for lethality is when the survivor threatens to, or actually leaves the abuser. By more clearly assessing the level of danger/lethality, the SW will be able to assist the survivor in taking appropriate steps to protect themselves and their children.

Consider that the underlying dynamic in the relationship between the abuser and survivor is one of power and control by the abuser. In order to sustain this dynamic, the abuser may display some general indicators of an abusive personality such as:

- Intimidating and threatening the survivor, children, other family members and/or pets. Intimidation may also include reports of having friends in positions of power (organized crime, police, wealthy individuals, etc.)
- Threatening suicide/violence/kidnapping/harming those attempting to help
- Isolating the survivor and/or the children from family, friends, work, which increases the survivor's dependence on the aggressor
- Manipulation by promising change, often presenting gifts, flowers, etc. (honeymoon phase) following incidents of violence
- Constantly blaming of everyone but self, particularly blaming the survivor; emphasizing the survivor's behavior rather than taking responsibility for their own
- Obsessive behavior, jealous or accusatory
- Harassing/stalking the survivor after the survivor has left the relationship to perpetuate the illusion of power and control
- Vengeful towards the survivor - calling in false police/child abuse reports;
- Paranoid/hypersensitive
- Belligerent toward authority figures - may include the SW representing CWS; having a criminal record of violent offenses
- Substance Use Disorder, the SW will never meet with an aggressor who is under the influence
- Access to weapons presents an increased risk for lethal assault
- Using immigration status as blackmail
- Poor impulse/anger control and impaired judgment due to substance use

NOTE: Some aggressors can present as charming and engaging personalities.

Assessing the Abuser (cont.)

Be aware that stressors in the family contribute to the aggressor’s perception that they are losing control and this may contribute to intensified violence. These stressors may include:

- unemployment, eviction, financial difficulties
- severe health problems, disabilities
- behavioral changes in the children moving into different developmental stages
- separation or divorce.

Assessing the Effects of Family Violence on Children

SWs will assess for all forms of abuse when responding to an in-person investigation. See ER - Investigations. SWs should consider:

- the survivor may be isolated due to the abuse or may need to give full attention to the aggressor in an effort to appease and control the level of violence and survive, leaving the child’s emotional, medical, social and physical needs unmet;
- the survivor may be emotionally unavailable to the child due to the trauma and fear; and
- it is not uncommon for a survivor to use alcohol/drugs/over the counter medication to anesthetize the pain arising from the FV situation.

Assessing the Effects of Family Violence on Children (cont.)

Although not all children exposed to FV will experience negative effects, SWs should consider the age of the child when observing reactions, symptoms and level of risk. The following table demonstrates potential effects of exposure to FV based on age and developmental stage.

Age	Behavior
Children: 0-5 years old	<ul style="list-style-type: none">• unable to understand abuse they observe and tend to believe that they “must have done something wrong.”• self-blame can precipitate feelings of guilt, worry, and anxiety• withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining.• eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches).• aggressive behavior through reenactment of the violence observed with dolls/stuffed animals, animals and other children/adults.

Assessing the Effects of Family Violence on Children (cont.)

The following table demonstrates potential effects of exposure to FV based on age and developmental stage.

Age	Behavior
Children: 0-5 years old (cont.)	<ul style="list-style-type: none"> • more vulnerable to accidental injury during incidents of battery, e.g. survivor was holding the baby while being battered; aggressor broke a window to gain access to the residence and the window was over the baby’s crib (glass fell onto the baby), young child was sleeping on the parents/caregivers bed when the survivor was battered, etc. • sleep disturbances nightmares, loss of skills (self-care, wetting in pants) separation anxiety, failure to thrive, and tantrums.
Pre-adolescent: 6-12 years old	<ul style="list-style-type: none"> • greater ability to externalize negative emotions (i.e., to verbalize) • eating disturbances, seductive or manipulative behavior, fear of abandonment or loss of control, depression, anxiety, and shame and may attempt to protect the survivor. • loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting • temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence (e.g., “give me a pen or I will smack you”) • attempts to gain attention through hitting, kicking, or choking peers and/or family members • girls are more likely to exhibit withdrawal
Adolescence: 13-18	<ul style="list-style-type: none"> • run away, engage in suicidal or homicidal thoughts, act out sexually, become pregnant, abuse drugs/alcohol, perform poorly in school, or experience violence in dating relationships. • more impulsive, aggressive and delinquent behaviors and are more withdrawn and anxious

Assessing the Effects of Family Violence on Children (cont.)

SWs will determine if the child has a disability (physical, developmental, cognitive and/or mental) or is deaf or hard of hearing and consider the following:

- Children with disabilities are more vulnerable to all forms of abuse (physical, sexual, neglect, exploitation) and may be:
 - more dependent on others for their care.
 - limited in their contact with others outside the home.
 - unable to understand what is happening to them or their caregivers.
 - experiencing limited ability to communicate.
- The stress on resources and finances when caring for children with disabilities may contribute to continued FV.
- Children with disabilities may express their exposure to abuse or violence in the home by:
 - sudden changes in behavior, such as increased agitation or distress
 - loss of appetite or eating in a way to self-medicate
 - self-harming
 - soiling
 - sexualized behavior.

NOTE: A child who resides in a home where a crime or crimes of FV have occurred may be presumed to have sustained physical injury, regardless of whether the child has witnessed the crime, for purposes of reimbursement from the Victim Compensation Program.

Safety Threat Identification

Children's exposure to FV may or may not meet a safety threat definition on the SDM Safety Assessment. Completing a Safety Assessment requires that the SW will assess for every safety threat. When FV constitutes an SDM safety threat, it will typically fall under one or more of the following three safety threats:

- Safety threat #1 when exposure to domestic violence did or is likely to cause physical harm, either by proximity to the violence or that a child may attempt to intervene.
- Safety threat #5 when exposure to domestic violence results in serious emotional symptoms in the child leading them to be a danger to themselves or others.
- Safety threat #6 when the non-offending caregiver is not able to protect themselves or the child from the threat of physical and emotional harm.

FV may be a complicating factor if another safety threat is present.

When the SW determines that the conditions meet the definition for a safety threat, the SW must consider whether or not a viable Safety Plans can be developed or if the children need to be removed from the parent(s) while the investigation/assessment continues.

NOTE: If filing a petition in Juvenile Dependency Court, parties may request a restraining order at any hearing in order to protect the survivor and/or children.

See CI - Detention of Child.

SW Safety

Learning to identify dangerous behavior, which elicits the need for safety planning, is crucial when working with FV cases. Always use extreme caution when intervening in a family. SW involvement alone may increase the risk to the family and the SW because of the threat it poses to the abuser's control of the situation. When working in a high-risk situation, the SW will be aware of their surroundings and take a proactive role in observing any concerns. The SW will follow Field Safety and Office Safety outlined in the Safety and Security policy.

Weapons

An object used with the intention to physically harm, disable or murder a survivor is generally referred to as a weapon within a FV setting. Only in extreme situations will the abuser make open use of weapons. In most cases, a disguised object is the preferred tool of the aggressor. At times, the aggressor may harm themselves claiming to the authorities that the survivor inflicted this harm. However, inconsistency and emotional instability are factors that the SW can use when assessing the accuracy of the statements made.

Abuser Lethality Indicators

All abusers are potentially lethal. The abuser's mental state may affect the degree of risk to the survivor and children residing in the home (especially untreated depression or substance use). The following is a list of indicators to assess an abuser's potential to kill:

- Suicide/homicide attempts, threats or fantasies.
- Depression, especially if loss of the partner represents total loss of hope for a positive future or perception that there is no other way out.
- Use, threat of use, possession, or access to weapons.
- Criminal activity such as violation of Temporary Restraining Order (TRO). This may indicate little concern for consequence of arrest or jail time.
- Hostile toward authority.
- History of violence with partner, children, or pets. Evaluate severity, frequency and duration (the longer, more frequent, and/or severe, the higher the risk).
- Status of the relationship. Most life-endangering rage erupts when the abuser believes the survivor has just left the relationship or is about to leave or when the survivor begins another relationship
- Drug or alcohol consumption (risk of lethality may increase).
- Monitoring and control of survivor's daily activities; stalking.
- Obsessive/possessive beliefs and jealousy (e.g., If I can't have them, no one will).
- Violence towards others outside the home.
- Perpetration of forced sex.
- Attempts to strangle survivor.
- Abuse of survivor during pregnancy.
- Sudden change in abuser's behavior.

One of the most lethal forms of FV and sexual assault is strangulation. Strangulation is the external compression of the neck, including the airway and blood vessels, causing reduced air and blood flow to/from the brain. The aggressor's hands are the most common method of strangulation but other items such as scarves, belts, or ropes are sometimes used. Non-fatal strangulation of an intimate partner is associated with an increased risk of future homicide.

Elements of High-Risk Cases

SWs will assess FV referrals and cases for consideration of Highly Vulnerable Children Protocol designation. High-risk cases typically contain many of the following elements:

- Children that are survivors of the violence themselves; e.g., trying to protect the survivor by intervening during fights.
- Parents have little or no empathy for how the violence affects the children.
- Survivor may be so traumatized or immobilized that they are unable to protect.
- The family is uncooperative, secretive, and isolated.
- The aggressor has a lengthy history of violence, and is hostile to authority.
- Weapons and/or drugs or alcohol are involved.
- There is a high degree of denial.
- Violence is extreme in frequency, severity and/or duration.

NOTE: Some families show few of these high-risk elements but may still be considered high-risk.

Low Risk Factors

Low-Risk cases may contain the following factors:

- Aggressor is out of the home with no access to the family
 - No stalking or threatening behaviors
 - No Injuries
 - Survivor has extensive support & resources
 - Survivor does not blame self for violence
 - Children not in the home or survivor is willing and able to protect
 - Safety plan developed and agreed to follow
 - Both survivor & aggressor acknowledge violence effects on children and are receptive to treatment.
-

Voluntary Services and Family Violence

Cases involving FV that are appropriate for Voluntary Services include:

- Abuser and survivor agree to all terms of the case plan. This could include the abuser not living in the home and no contact between the abuser and survivor and the children.
 - Survivor and child(ren) feel safe with the living situation and the identified protective actions/safety plan
 - Abuser AND survivor agree to comply with any services, living arrangement agreement, or case plan **OR**
 - Survivor has taken actions necessary to protect themselves and the children against the abuser who is unsafe and/or unwilling to follow the case plan (e.g., restraining order, domestic violence shelter, etc.).
-

**Voluntary Services
and Family Violence
(cont.)**

Cases involving FV when the risk is high for violent confrontation that are not appropriate for VS include, but are not limited to:

- Abuser has a lengthy history of violence and aggression and violence is extreme in frequency and severity.
- The survivor is in denial and there is a lack of empathy for the children.
- Neglect of the child resulted in serious physical injuries.

See Voluntary Services Protocol.

Safety Planning

The Agency recognizes that the optimal place for children is safely in their own homes. The use of Structured Decision Making (SDM) in investigations is vital in assessing safety, risk, and safety planning. Upon completion of the SDM Safety Assessment, if one or more safety threats are identified and safety interventions can mitigate the danger, children may remain in their home if a Safety Plan (04-277) is developed. SDM is not only used to identify safety threats, but also to assist in the creation of behaviorally based Safety Plans by assessing the protective capacities and strengths of the family. Safety Planning empowers the survivor and creates a vehicle for the survivor and SW to enter a working partnership.

When there are allegations of FV, begin safety planning with the family immediately. Confidence in the safety plan working is influenced by how realistic and comprehensive the Safety Plan is. It may not be appropriate for the survivor to keep a written safety plan at home, because the information it contains may increase risk to the survivor and/or the children if the abuser becomes aware of the plan. If FV is a threat in the home or there is a current restraining order against one of the parents or legal guardians, the SW will meet with each parent or legal guardian separately to develop and sign a Safety Plan.

Safety Plan Development

If a Safety Threat is identified, the SW will make every effort to obtain information about the family's ability to create safety for the child, which may include using Solution Focused Questions to discover past protective actions. The SW must consider whether a Safety Plan can be developed that has a reasonable expectation of keeping the child(ren) safe, prior to the decision to remove. Some considerations when developing a safety plan in a FV investigation:

- Survivor acknowledges danger to children and demonstrates the ability to follow through on safety plan contents including denying the aggressor unauthorized contact with the child.
- Survivor and children are in a shelter or other safe location.
- Aggressor's access or activities are restricted (e.g., in jail, complying with restraining order or no-contact order).
- Aggressor demonstrating responsibility for their behavior and actively engaging in intervention programs.
- Child(ren) has a plan to be safe and the ability to carry out the plan.
- The family has the support of a network to help achieve and maintain safety.
- The plan can be monitored effectively.
- The plan includes a safety network and all network members understand their role in child safety.
- The plan includes the voice of the child and impact to the child.

Developing a safety plan is not always possible and the only protective intervention is placement outside the home. Some factors that may make safety planning challenging and/or not possible include:

- All services provided to protect the survivor and child(ren) were ignored by the aggressor and/or the survivor, or were ineffective in changing the abusive behavior, and/or were refused by the survivor.
-

**Safety Plan
Development
(cont.)**

- The aggressor resides in the home, has continued access to the survivor/child and the survivor/child are in danger.
- The aggressor has exhibited increasingly violent behavior and/or used a weapon. (See [Lethality & Weapons.](#))

Cases involving family partner violence may be appropriate for Voluntary Services based on the outcome of SDM risk assessment and case consultation. See Voluntary Services Protocol.

**Elements of a
Personal Safety Plan**

A Family Violence-Personal Safety Plan is a contingency plan to assist survivors of FV to attain safety in the event of a subsequent incident. A Personal Safety Planning Tool (Form 04-214) is available as a resource for SWs use in the field. Developing a personal safety plan with the survivor and child can include:

- Linking the survivor with FV services and providing resources
- Identify a list of needs (e.g., housing, employment, transportation, child-care, health care, legal assistance) or whatever service/resource is needed to keep the survivor and child(ren) safe.
- Identifying support networks that are not accessible to the aggressor.
- Discussions about keeping a set of car keys, extra money, clothes, and important documents (e.g., court orders, birth certificates, social security and identification cards, addresses/telephone numbers, etc.) with a relative or friend.
- Advising the survivor to memorize important telephone numbers that can be called in case of emergency and keep change for pay phones.
Advise the survivor to formulate and rehearse an escape plan with the child
- Packing a bag in advance and leaving it at a friend or neighbor's house. Include extra change of clothes and shoes for survivor and their children. Take some favorite toys or playthings.
- Thinking about where the survivor would go if they decide to leave their house.
Explain there may be ways for the Court to tell the aggressor to leave the home.

NOTE: California's [Safe at Home](#) program offers abuse and stalking survivors another layer of protection by providing a substitute mailing address to use whenever their home, work, or school address is required. See Safe at Home.

If the survivor and child appear in imminent danger:

- Determine if they have a safe relative, or friend's home where they can stay, or
 - Assist with referrals to shelters and/or disability support services
 - Verify that the relative/friend/shelter, has accepted the survivor and all the children
 - Verify that they have a plan to get to the relative/friend/shelter or transport them.
-

Safety Planning Questions

Consider asking the following questions as you discuss safety:

- In what ways can I and others help you? Who is your network of safety and support? What can they do to keep you and your child(ren) safe?
 - What do you feel you need to be safe?
 - What particular concerns do you have about your child's safety?
 - Have you talked with anyone else about your situation?
 - What have you tried in the past to protect yourself and your child?
Example: Left for a few days? Sought help from family or friends? Fought back? Obtained a temporary restraining order?
 - Did any of these strategies help? Do you feel any of them would help you now? If not, why not?
 - What was your partner's reaction when you used these strategies?
-

Restraining Orders

A restraining order is a court order that can protect individuals from abuse or harassment from another person, including a spouse or partner. This table describes the types of Restraining orders in California:

Type of Restraining Order	Description
Emergency Protective Order (EPO)	This type of restraining order is used mostly by law enforcement and is a temporary order, valid for five days. It is common in domestic violence or other criminal cases.
Temporary Restraining Order (TRO)	This civil restraining order is also a temporary court order valid for approximately three weeks. This is also common in domestic violence cases where survivors are often able to extend the order or make it a permanent Restraining Order (RO) for up to three years.
Criminal Protective Order (CPO)	This type of restraining order is obtained through the district attorney's office where the individual it is issued against is ordered not to have any contact with the survivor, including children.
Civil Harassment Restraining Order	This is a civil order that is used to stop harassment by a certain individual for harassment, stalking, etc.

**Restraining Orders
(cont.)**

A restraining order is a court order that can protect individuals from abuse or harassment from another person, including a spouse or partner. This table describes the types of Restraining orders in California:

Type of Restraining Order	Description
Tribal Restraining Orders	Tribal courts can issue restraining orders for FV committed on an Indian reservation or if the survivor resides on the reservation. Federal law states that other jurisdictions must give “full faith and credit” to tribal restraining orders and vice versa. Check with the survivor’s tribal social worker and/or tribal court.
Military Protective Order (MPO)	Similar to a Temporary Restraining Order (TRO) issued by a civil court. It can be issued after hearing only one side of the story (ex parte). An MPO can be issued if the cognizant authority determines it necessary to ensure the safety and protection of person(s) for whom it is issued. If ex parte, MPO’s should be of short duration, normally not more than ten (10) days. If a longer duration is required, survivor (s) and the suspected abuser should be given an opportunity to be heard and to respond to allegations. In cases not requiring ex parte determinations, both persons (survivor and abuser) should be given the opportunity to be heard and to respond before issuance of an MPO. Formal hearings, however, are not required. NOTE: If the survivor and alleged aggressor are residing in Base Housing, it is important that they obtain a MPO instead of a TRO or RO. If they get a TRO or RO they may be kicked out of Base Housing.

NOTE: SW’s must verify if there is a temporary or permanent restraining order by calling (858) 974-2110 or going to the [Sheriff's website](#).

**Obtaining
Restraining Orders**

A restraining order is **never** a guarantee of safety for the family - it is only one possible tool. Deciding upon the appropriateness of a restraining order is an important step. They are frequently misunderstood and improperly sought as a magic shield for safety. Sometimes obtaining a restraining order increases the risk to safety; therefore, safety planning with the survivor is critical.

**Obtaining
Restraining Orders
(cont.)**

A restraining order through Family Law (Civil) Court must meet specific legal requirements, in particular there must be a recent violent assault or threat (usually within 30 to 60 days) and the parent seeking the order must write in a declaration detailing a history of the abuse and exactly why they fear the abuser. Some of the evidence that assists the Court includes:

- a written statement from the survivor,
- witness statements, police reports, text messages, e-mails or electronic mail, voice mail messages, etc.

If the at-risk parent, for any reason, does not feel afraid or does not want the order, it will not be granted. Sometimes an order is not granted due to lack of evidence. Further, once a temporary restraining order (TRO) is obtained, the survivor must go back to court for a hearing to determine if a permanent order will be issued.

These orders may sometimes be effective in resolving the situation which place the child and survivor in danger, with the result that the child can remain safely at home and the SW can terminate services to the family. However, if the risk to the child and parent/caretaker increases without adequate safety plan follow through by the survivor, existing law and Agency policy allow for steps to be taken to ensure the child's immediate safety.

SW Responsibilities The primary responsibilities of the Voluntary Services Protocol and Continuing Services - Goals SW's are to:

- Assess risk to the children on an ongoing basis.
- Work with the family to provide access to services that will alleviate risk.
- Maintain or enhance the parent-child attachment.

The SW will meet face-to-face with the survivor and aggressor separately and assess:

- current level of contact with one another
 - level of understanding of the abuse and impact on the child
 - available networks of support
 - need for additional help/referrals to follow through with service plan
 - long-term plan regarding one another.
-

Court Reports

Do not include addresses of the survivors, children or caregivers in the court report if there is a safety concern. The SW is responsible for reviewing and protecting sensitive information regarding addresses and placements. If the SW has any questions, consult with CC. Service and safety plans can be described in general terms as to not disclose specific information to the aggressor. If the situation requires sharing sensitive information which may impact safety, consult with CC.

Confidentiality and Safety Concerns

Maintaining confidentiality is an essential part of building trust with and may be essential to keeping families safe. Should CWS need to communicate with a service provider, both parties should obtain signed release of information consent forms (04-24 A-C). The release should specify to whom the information will be released and the type of information. Discuss with the adult survivor what information may be shared and what might happen with that information, including what could be included in a court document that the aggressor may access.

Explain the survivor's confidentiality rights as well as the limits to those rights. Safety concerns may take precedent over confidentiality.

Case Plans

SW's will utilize the CANS tool and CFT meetings during the development of the case plan to identify strengths and areas of need for the family, as well as the individual strengths and needs of each child in the family. The case plan will consist of culturally responsive objectives, safety actions, and services that address the issues of FV.

Case Plans (cont.)

Considerations when creating a case plan with the family where FV contributes to the child(ren) being unsafe:

- The safety of all family members is the highest concern.
- Service providers must have expertise in FV.
- Safety goals and services should support the adult survivor without blame.
- Focus on concrete needs that the adult survivor may have such as safe housing or legal services.
- Include goals for the abusive partner, especially in cases where survivors choose to stay with them.
- Other contributing factors such as substance abuse may need to be addressed before a parent could benefit from FV services.
- A case plan should never violate an active restraining order.
- A contingency plan to keep children safe in the event of a subsequent abusive or violent episode or the precursors to a violent episode should be in place when the children are with the parents.

See Case Plans and Case Plan Field Tool.

Goals of Case Planning

The case plan must reflect recommendations of the Child and Family Team Meetings and align with the CANS (Child and Adolescent Needs and Strengths) assessment tool. See Case Plans and Case Plan Field Tool. The goals of case planning in FV cases are to:

- Assist the survivor and children in becoming and remaining safe
- Hold the aggressor accountable for their abusive behavior.

Examples of objectives/safety actions that can be used in case plans for the **survivor** include:

- An agreement or plan to identify specific cues, which signal that the safety plan is or is not working.
 - Creation of a step-by-step plan of what the survivor will do if another incident occurs and/or if they decides to leave.
 - Education to help the survivor understand the red flags of violent relationships and how the survivor minimizes them to justify staying with the aggressor.
 - Development of strategies for the survivor to use to ensure the children are not re-exposed to FV.
 - How their safety network will be involved in supporting them and the child(ren) remain safe now and into the future
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Goals of Case Planning (cont.)

Examples of objective/safety actions that can be used in case plans for the **aggressor** include:

- Behave in a manner which is safe and supportive toward partner and/or children.
 - Keep the children safe from any attempts to control their partner or witnessing or participating in other abusive behaviors.
 - Be educated regarding the effects of FV on their partner and children and address the feelings they may have in a supportive way that helps them feel better and know the FV will not occur in the future.
 - Cooperate with police, probation/parole and/or CWS staff.
 - Cooperate with visitation and court orders.
-

Case Planning with Children

When developing the case plan for the children, the SW will consider their developmental and emotional ages. The negative effects of witnessing violence range from temporary upset to clear symptoms of Post-Traumatic Stress Disorder. The degree of disturbance manifested by a child depends, in part, on the duration and type of violence to which they are exposed, on resiliency factors and on the developmental phase of the child. A child may, at any age, demonstrate the effects of exposure to FV.

The Case Plan for the children should include:

- Individual therapy (upon recommendation of the treatment provider).
 - Assistance with developing a safety plan, if appropriate, relative to the child's age, willingness, and development.
 - Ensuring the children receive the assistance they need to recover from the trauma of exposure to FV.
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Treatment Modalities

Group therapy is the modality of choice for abusers and survivors of FV. SW will refer parents to group treatment first. Group treatment facilitators will complete an initial mental health assessment to determine if the parent is appropriate for group treatment or if the parent has a mental health concern that needs to be addressed in individual therapy. Individual therapy is not appropriate for an abuser or survivor if they do not show symptoms of mental illness that would affect their ability to benefit from group therapy. The abuser and survivor will not be referred to the same provider.

NOTE: Adult Probation certifies and has oversight of the TERM approved FV offender groups. If Probation requires a parent to attend a 52-week FV offender group, coordinate with Probation to refer the parent to a TERM approved provider.

All children will be screened for potential mental health concerns by the Pathways to Well-Being CWS Care Coordinator within 60 days after the CWS case is open. If any concerns are identified, the Child and Family Team Meeting will be held to determine what services would benefit the child/youth.

For additional information regarding treatment, see Mental Health - Mental Health Treatment.

Visitation

Visitation is an important service for the whole family. FV may complicate arranging for safe and meaningful visits however, the SW will assess risk and make recommendations if visits should occur, and if so, under what circumstances. Visitation will be prohibited/limited **only** when the contact would result in harm or trauma to the child or behavior or conduct of the parent is detrimental to the safety and well-being of other parties. If the Juvenile Court is involved, the Court must make the finding of detriment in order to stop visitation. Although the aggressor may not have been physically abusive to the children, the climate of FV is traumatic for both the adult survivor and the children. In addition, the tactics of manipulation and control may be present in the aggressor's relationship with the children. When determining the level of visitation, the SW will:

- Check for possible restraining orders, no-contact orders or conditions of probation or parole that would impact visitation.
 - Schedule separate visits until if/when it is safe to have visits occur with both parents present. See Visitation.
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Resources

San Diego Family Justice Center

The [San Diego Family Justice Center](#) (FJC) is part of the [Office of the City Attorney](#) that houses a collection of public agency and social service agency organizations, where professionals and volunteers fulfill a community need for “one stop shop” services for survivors of FV and their children. The mission of FJC is to stop FV and sex trafficking, make victims safer, hold batterers and traffickers accountable, and provide long-term support for victims and children through collaboration and coordinated services. Below are some of the services that the San Diego FJC provides:

- individual and group therapeutic services for survivors, children and families
- legal assistance for victims of sex trafficking
- legal representation for immigrant victims of crime under the Victims of Trafficking and Violence Protection Act (VTVPA)
- legal representation for certain battered non-citizens under the VAWA
- domestic violence restraining order paperwork and hearing preparation
- legal counseling in all immigration related matters including U Visa and VAWA assessment
- military and civilian resources and referrals to survivors
- support for foster and kinship caregivers.

Native American Resources

California Indian Legal Services (CILS) provides legal representation for Native Americans and tribes throughout California. CILS has collaborated with Strong Hearted Native Women’s Coalition, Inc. to provide legal assistance and advocacy to survivors of FV, sexual assault, stalking and human trafficking. The Domestic Violence Unit at CILS, in partnership with Strong Hearted Native Women offer legal assistance services including the following:

- a safety plan
- crisis intervention assistance
- a danger assessment, or assistance in obtaining restraining orders
- direct representation
- protection orders
- legal advocacy
- divorce/separation
- child/spouse support
- employment issues
- help with family law cases
- mediation preparation
- assistance with related criminal law issues
- court accompaniment.

Alignment with SET

This protocol supports the Agency's efforts to provide staff with guidelines for assessing the need for services and intervention while ensuring safety and enhancing well-being of children and families impacted by family violence.

This protocol supports SET [Value 1](#) by holding a clear understanding of the definition of safety and continuously focusing on how the abuse/neglect impacts the child/youth. It also supports engaging the family in safety planning and developing case plans that reflect specific behavioral detail to achieve the safety goal. This protocol also supports SET [Value 5](#), and the guiding principles of maintaining primary focus on children's best interest while collaborating with law enforcement to ensure safety and effective coordination of services.

APPENDIX 1

SDM Hotline Tool: Exposure Family Violence

The child has witnessed, intervened in, or is otherwise aware of physical altercations, serious verbal threats, or intimidation between adults in the home. These incidents may occur on more than one occasion OR on a single occasion that involved weapons, resulted in any injury to an adult, or resulted in arrest/court involvement.

Domestic violence perpetrators, in the context of the child welfare system, are 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 the end of a relationship or when the partners no longer live together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

If a child has been injured or is threatened with injury, also mark “non-accidental or suspicious injury” or “caregiver action that likely caused or will cause injury” under “Physical Abuse.”

SUBCATEGORY	Narrative- Anchored Follow-up	Sample Fine-Tuning “Missing Link” Questions
Family Violence	<ul style="list-style-type: none"> • What does the aggressor do that is upsetting to the child? • Has there been a pattern of coercive control of the survivor or family? • What exactly has the caregiver done? How does the child know about it? • How does the child react immediately? • What affect does this have on the child? <ul style="list-style-type: none"> » Mood » Behavior » Relationships » School 	<ul style="list-style-type: none"> • Does the child see the aggressor’s actions, verbal threats, coercion, control, and/or other FV? • What are the aggressor’s affect and statements during, before and after incident? • Child’s development and age? • Child’s explanation of the incident, what are they aware of, emotional impact? • What was the proximity of the child? Did the child witness or intervene (verbally/action)? • What happens between the caregivers? • Was a caregiver injured? • Are weapons involved? • How often? • Has anyone been injured? • What actions were taken to protect the child? • Was law enforcement involved, arrest made? Prior law enforcement involvement?
Identifying Protective Factors	<ul style="list-style-type: none"> • How has the survivor been able to keep the children safe in the past? • Has there been a time where the aggressor could have escalated, but did not? How, when, where, etc.? • Does the survivor have a plan on how to keep the children safe? Who helps keep the children safe? • What actions of protection has the survivor done in the past that worked well? (who, what, when, where) • Who has stepped in when times have been tough? • Who has the survivor reached out to? Who reaches out to the survivor? • Does the survivor have a plan with the children in case of emergency? (evacuation plan, code word) • What is the aggressor willing to do differently so this does not happen again? • What do the parents/caregivers say or do with the children if they are present? • Has there been anyone or anything the parent has done in the past that has kept the children safe? • How does the survivor cope with the stress? How are they able to still meet the child’s needs? 	

	<ul style="list-style-type: none"> • Has the survivor overcome anything in the past and how were they able to do that? Did anyone help them?
<p>Efforts to help the children heal from trauma and emotional impact</p>	<ul style="list-style-type: none"> • Who consoled/comforted the child after the incident? How did they do this? Child's reaction? • Whom else can the child talk to about this? Who is part of the child's support system? • What actions were taken to make the child feel safe? • How has the survivor helped the children through this in the past? • What have the parents done to nurture the child after the trauma? • What things is the child involved in that help with coping? • Are there any services the children are participating that help them through the trauma? Who takes them? How does the aggressor feel about these activities or services? • Are the parents talking about the situation and spending more time with the children? How does this support the child? • Is there anything the family is currently using to help the child cope? That supports their healing process and development?
<p>Aggressors Actions that have Harmed the Child</p>	<ul style="list-style-type: none"> • How long have you known of the aggressor's actions? What have you directly observed? • If you were the child, what would you be fearful of? • What is the child aware of, has witnessed, and/or heard? How has this impacted them? • What was the children's mood/affect after the incident? • Can you describe how the child reacted to the incident? Did they say anything? Were they crying? Did they verbalize how they were feeling? • What did the child say about how they experienced the incident? If the child were calling today, what would they say are the ways they have been impacted by what is happening? • Does the child have difficulties in any other part of their life due to what is going on in the home (school, behavior, bed-wetting, etc.)? • How has the child's behavior changed or been impacted by the aggressor's actions? • What are some of the child's behaviors or concerns that could be a result of the aggressor's actions? • Is the aggressor aware of how (this) has impact the child (emotionally, physically, etc.)? What do they say or do when they know about the impact?
<p>Aggressors Actions and Behaviors that have Disrupted Family Functioning</p>	<ul style="list-style-type: none"> • What does the aggressor do when they get mad? How does this impact the family members? • How do the children react? • Does the aggressor limit anyone in their movements, decisions, etc. (visiting family, phone, car, etc.)? • Has the survivor ever left the home? What did the aggressor do or say when this happened? • What are ways the aggressor is limiting the survivor? • Considering what is being reported, how has this impacted the family in other areas? Has it impacted the child's academics or behaviors? Are they impacted in any other ways? • Can you give me any examples on how the aggressor's decisions or actions have affected the family in any other ways? • Reviewing all you have reported, does the aggressor control, limit, coerce, or manipulate the survivor or family in any other ways? Considering what you have just said, how has this affected the family in meeting the children's needs emotionally and physically? • Have the aggressors actions exacerbated, caused, or interfered with the survivor's

	<p>ability to care for themselves? How about their ability to care or nurture the children?</p> <ul style="list-style-type: none"> • How do the children treat the survivor? Are there any parenting differentials between the parents? (power, discipline, undermining)
Survivor Being Impacted in Ability to Parent or Receive Services	<ul style="list-style-type: none"> • What is the aggressor doing that may prevent the survivor from leaving the relationship? • How is the survivor dependent on the aggressor (socially, economically, emotionally, etc.)? • Has the alleged aggressor willingly withheld resources (car, money, phone, etc.) from the survivor? How does this affect the survivor and children? • Has the aggressor limited the survivor accessing services for self or children? How do they do this? How does this affect the survivor and children? • What are the roles of each parent regarding parenting or care of the children? • How have the aggressor's actions affected the survivor's parenting? • When the aggressor does (x, y, z) how does it affect the survivor's daily functioning? • Considering all you have reported, how has this affected the survivor's emotional wellbeing, connections to family and community?
<h3>Solution Focused Questions</h3>	
Preferred Future	<ul style="list-style-type: none"> • If we were to wake up tomorrow and everything is resolved, and the aggressor is no longer abusive, how would the survivor's parenting be different? What would they be able to do that they cannot do now? What would the aggressor's role look like, what would they be responsible for? • What would it look like for the family to be safe and thriving? • Where would you like to see yourself, family, children in the future? How do you think the family sees themselves in the future? • What do you think the child would like to see when the aggressor becomes upset? • What changes would you like to see the aggressor do for a home free from violence, coercion, and control?
Scaling	<ul style="list-style-type: none"> • On a scale of 0-10, where 0 means the aggressor is dangerous and could severely injure or kill the survivor and 10 being not dangerous at all, where would you rate the aggressor? Why did you choose this number? What is one thing the aggressor could do to move one number up? • On a scale of 0-10, where 0 means the aggressor will follow through on their threats, how likely is the aggressor to follow through with the threats? Have they followed through with their threats in the past? What would be one thing that could move the aggressor up a number? What is one thing that would move the aggressor down a number? • On a scale of 0-10, where 10 means the aggressor is fully aware of the impact to the children, how aware is the aggressor of the impact of the behaviors of (x) has on the kids? Why did you choose that number? What is one thing that would move them up a number to make them more aware? • On a scale of 0-10, where 10 would be the aggressor is fully cooperative/responsive to change, how likely would the aggressor be responsive/cooperative to change? Why did you choose this number? What is one thing that would move the aggressor up a number? Is there anyone that could help in moving the aggressor up a number?
Positioning	<ul style="list-style-type: none"> • What would the survivor say about what they did to protect the children? • What would the survivor say about why they chose to stay to keep the children safe? • What would the children say about how safe they feel when they are in the survivor's care versus the aggressor? What are some reasons they would say this?

	<ul style="list-style-type: none"> • What would the children say the survivor did that night that made them feel safer? • What would the survivor say they are most scared of?
Exception	<ul style="list-style-type: none"> • In the past, what has the survivor done to protect themselves and the children when the aggressor is violent? • In the past, has the aggressor handled the matter in another way other than coercion, control, physically harming, or incident, the survivor? • Has there ever been a period of time and/or with other people where the aggressor was able to resolve conflict without using violence, coercion and/or control? How were they able to do this? • To Law Enforcement: in the past have you been to the home and did not have to arrest someone? What did the aggressor do differently?
Coping	<ul style="list-style-type: none"> • It sounds like the survivor is dealing with a lot, how have they been able to stay safe? Keep the children safe? Who has helped the survivor protect the children? • How has the survivor coped with the aggressor violence? Who does the survivor turn to for support? • How did the children manage to get through the aggressors behavior? Who helped them cope? • I hear that the aggressor has really impacted the family functioning, how has the survivor managed with the stress from the aggressors actions? How have they still met the child(ren)'s needs?