



<b>POLICY TITLE: Domestic Violence</b>		<b>PAGE 1 OF 5</b>
 	<b>CHILD AND FAMILY SERVICES AGENCY</b> <b>Approved by: <u>Brenda Donald</u></b> Agency Director <b>Date: <u>August 15, 2013</u></b>	<b>REVISION HISTORY:</b> November 1, 2006 February 26, 2010
<b>LATEST REVISION:</b> August 14, 2013	<b>EFFECTIVE DATE:</b> August 19, 2013	

<b>I. AUTHORITY</b>	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission, and applicable federal and District of Columbia laws and regulations including, but not limited to, provisions in Titles 4 and 16 of the DC Official Code, in particular §16-1001 <i>et seq.</i> (Supp.2012) and the LaShawn A. v. Gray Implementation and Exit Plan (December 17, 2010).
<b>II. APPLICABILITY</b>	All Agency employees, contracted personnel, and contracted agency personnel
<b>III. RATIONALE</b>	<p>Studies reveal that between 25 to 50 percent of abusers in domestic relationships eventually commit physical, emotional or sexual violence against children in the same residence. Research further suggests that child maltreatment and domestic violence co-occur in an estimated 30 to 60 percent of cases.</p> <p>CFSA recognizes that when the non-offending partner is supported and empowered they make sound choices to ensure the safety of themselves and their children, even though the responsibility for safety from the offending partner does not rest with the non-offending partner alone. Therefore, families dealing with domestic violence require immediate assessment, specialized services, and supports tailored to ensure the safety of children and the non-offending partner as well as hold the offending partner accountable for his or her actions. CFSA is committed to strengthening families dealing with these issues to protect children who are at risk of harm and/or maltreatment.</p>
<b>IV. POLICY</b>	It is the policy of CFSA to take action and provide services and supports that address the immediate and long-term needs of non-offending partners and their children when dealing with issues of domestic violence, while also ensuring that supports are available to the offending partner.
<b>V. CONTENTS</b>	<b>A.</b> Role of the Social Worker <b>B.</b> Role of the Domestic Violence Specialist <b>C.</b> Initial Assessment <b>D.</b> Referral <b>E.</b> Ongoing Assessment <b>F.</b> Maintaining the Confidentiality of Client Families

VI. ATTACHMENT	A. Definitions
VII. PROCEDURES	<p><b>Procedure A: Role of the Social Worker</b></p> <p>Domestic violence threatens the safety of both children and adults. When domestic violence is present in a client family, social workers should take steps to intervene and reduce risk.</p> <ol style="list-style-type: none"> <li>1. Secure the safety and well-being of the child(ren) and ensure there is a safety plan in place</li> <li>2. Offer non-coercive, supportive, empowering strategies to enable the non-offending partner in a DV situation to seek help</li> <li>3. Respect the rights of the non-offending partner to direct his or her own life</li> <li>4. Link the offending partner to appropriate services through programs that will provide assistance and treatment, as well as to the criminal justice system</li> <li>5. Acknowledge and respect the potential for the offending partner to heal, reform, and form healthy relationship skills</li> <li>6. Consult with the Agency's Domestic Violence Specialist (DVS) when there are concerns of DV in a specific case and on cases that involve DV (see Procedure C below)</li> <li>7. Promptly follow up on recommendations from the DVS or any DV service provider</li> <li>8. Alert their supervisor or the DVS of any evidence of additional violence or of violations of the approved safety plan.</li> </ol>
	<p><b>Procedure B: Role of the Domestic Violence Specialist</b></p> <p>Under the purview of CFSA's Office of Well-Being, the Agency's Domestic Violence Specialist provides consultation to social workers who have concerns about DV in a case and/or who have cases involving DV.</p> <ol style="list-style-type: none"> <li>1. CFSA's DVS serves as the DV liaison for CFSA within the community.</li> <li>2. The DVS provides clinical assessments, which include a risk and needs assessment, as well as safety plans for the family in the following circumstances: <ol style="list-style-type: none"> <li>a. Social worker referrals for the offending partner</li> <li>b. All court-ordered referrals for offending and non-offending partners</li> <li>c. For the non-offending partner who has voiced an unwillingness to participate in services rendered by the Survivors and Advocates for Empowerment, Inc. (SAFE) or has been court-ordered to complete an assessment. <ul style="list-style-type: none"> <li>• SAFE provides on-call crisis intervention, advocacy and support services to CFSA clients through the On-Call Advocacy Program (OCAP), 24 hours a day, 7 days a week. See CFSA's <a href="#">Child</a></li> </ul> </li> </ol> </li> </ol>
<b>POLICY TITLE</b>	<b>PAGE NUMBER</b>
Domestic Violence	Page 2 of 5

	<p style="text-align: center;"><u><a href="#">Protective Services (CPS) Investigations Procedural Operations Manual (IPOM)</a></u> for a full description of SAFE.</p> <ol style="list-style-type: none"> <li>3. The DVS provides consultation to social workers in case planning.</li> <li>4. The DVS documents all assessment and safety plan information collected by the DVS in FACES.NET.</li> <li>5. The DVS collaborates with the Child Welfare Training Academy (CWTA) to ensure that social workers and supervisors receive appropriate training on DV, including how to recognize signs of DV and how to effectively intervene in situations where DV is present.</li> </ol>
	<p><b>Procedure C: Initial Assessment</b></p> <ol style="list-style-type: none"> <li>1. The CPS social worker should make every effort to gather pertinent information. See <i>“Identifying and Responding to Domestic Violence (DV)”</i> in CFSA’s IPOM for guidance when gathering information.</li> <li>2. If DV is present, the social worker shall discuss and encourage the non-offending partner to contact SAFE. If the non-offending partner declines, the social worker shall complete the <a href="#">Universal eReferral form</a> (attached) and immediately forward to the DVS. (See Procedure D below)</li> <li>3. The social worker shall enter all pertinent information in FACES.NET. (See IPOM for specific information to be entered into FACES.NET).</li> <li>4. The case notes should contain non-judgmental language, and focus on facts specific to the offending partner’s actions, particularly in relationship to the harm and/or risk of harm to the children.</li> <li>5. The social worker should avoid unintentionally reinforcing the offending partner’s actions and instead offer clear alternatives with messages that are positive and encouraging for the non-offending partner.</li> </ol>
	<p><b>Procedure D: Referral</b></p> <ol style="list-style-type: none"> <li>1. If any non-offending partner and/or child is in immediate or imminent danger and their safety cannot be assured, the social worker (CPS or assigned) shall immediately contact the Metropolitan Police Department (MPD) and then contact the DVS as soon as possible for further consultation.</li> <li>2. When a social worker determines the presence of DV, he or she shall discuss and encourage the non-offending partner to contact SAFE.</li> <li>3. All reports from the Hotline that do not require an immediate response are referred to the RED Team for a screening decision. If the RED Team “screens in” and DV is an allegation the referral is assigned to CPS to investigate and recommend the non-offending partner to SAFE. <ul style="list-style-type: none"> <li>• The RED Team (<b>R</b>eview, <b>E</b>valuate, <b>D</b>irect) is an internal decision making meeting that matches an accepted report of child maltreatment with a selected child protective service response.</li> </ul> </li> </ol>

<b>POLICY TITLE</b>	<b>PAGE NUMBER</b>
Domestic Violence	Page 3 of 5

	<ol style="list-style-type: none"> <li>4. Once the referral is received, the DVS shall contact the social worker to discuss the case and provide guidance as to the next steps and the most appropriate intervention.</li> <li>5. The DVS shall contact the non-offending partner via telephone within 24 to 48 hours after the consultation with the referring social worker and schedule an appointment in a location that is safe and appropriate for both the non-offending partner and the DVS. If the non-offending partner does not have a telephone, the DVS consults with the social worker to schedule the appointment.</li> <li>6. During this initial meeting, the DVS completes a clinical and a risk/needs assessment, establishes a proposed safety plan with the non-offending partner, if appropriate, and provides the non-offending partner with a referral to a community-based DV program to address continuous safety planning, counseling, safe housing and/or legal services, as appropriate.</li> <li>7. For all offending partners who are a part of the case plan, the social worker shall complete the <a href="#">Universal eReferral form</a> and forward to the DVS. <ul style="list-style-type: none"> <li>• The DVS will complete a clinical assessment for the offending partner and provide recommendations and community referrals to the social worker.</li> </ul> </li> <li>8. When the DVS receives a referral for both the non-offending partner and the offending partner, contact with the non-offending partner will take priority and needs to occur prior to contact with the offending partner. <ul style="list-style-type: none"> <li>• Once it is determined that contacting the offending partner will not compromise the safety of the non-offending partner then the DVS will contact the offending partner to schedule an appointment.</li> </ul> </li> <li>9. The DVS will provide a clinical assessment for all court ordered referrals (both non-offending and offending partners).</li> <li>10. The DVS shall meet with the referring social worker to discuss the recommendations and referrals and shall document all referral information in FACES.NET.</li> <li>11. The social worker shall review the safety plan with the non-offending partner during designated case management meetings.</li> <li>12. In the event the safety of the non-offending partner or child is compromised, the social worker shall contact the DVS for consultation and/or reassessment of safety for the family. This in no way eliminates or supersedes the social worker's responsibility to ensure immediate child safety.</li> </ol>
--	---

	<p><b>Procedure E: Ongoing Assessment</b></p> <p>Social workers shall ensure that the procedures listed below provide for the ongoing assessment of families impacted by domestic violence.</p>
--	---

<b>POLICY TITLE</b>	<b>PAGE NUMBER</b>
Domestic Violence	Page 4 of 5

	<ol style="list-style-type: none"> <li>1. The assigned social worker shall review the initial and/or last domestic violence assessment and any associated notes or referrals for important aspects of the case.</li> <li>2. Continual assessment should be focused on whether the DV risk factors still exist and/or if the level of danger has changed since the initial or last assessment.</li> <li>3. Efforts should be made to obtain consent from the family, including the non-offending partner, the offending partner and children who are referred for services in order to follow-up on treatment and progress.</li> <li>4. On-going DV assessment findings should be incorporated into regular and routine case planning activities.</li> </ol>
	<p><b>Procedure F: Maintaining the Confidentiality of Client Families</b></p> <p>In responding to families where DV is present, it is important to keep in mind that confidentiality equals safety.</p> <ol style="list-style-type: none"> <li>1. Social workers should consult with the DVS prior to making a visit to a shelter. Shelters may or may not provide direct access to see the family. <ol style="list-style-type: none"> <li>a. DV shelters that do allow visitors may require that <u>all</u> visitors sign confidentiality agreements. If the agreement is only to protect the confidentiality of the address, a social worker may sign it and continue the investigation. If there are questions, the social worker shall contact the assigned Assistant Attorney General (AAG) or Office of the General Counsel (OGC) for direction.</li> <li>b. For those DV shelters that do not allow visits, the DVS will work with the shelter staff to offer an alternative site for meeting between the social worker and the non-offending partner.</li> </ol> </li> <li>2. The actual street address of the shelter should never be documented in FACES.NET or in a permanency hearing report or other court report or given to anyone directly or indirectly, particularly the offending partner. <ol style="list-style-type: none"> <li>a. References in the case record should be made to the shelter's business address, which is often designated as a post office, i.e., P.O. Box number or a P.O. station versus the street address.</li> <li>b. CPS and In-home/Out-of-Home staff should clearly and boldly identify all information pertaining to DV safety planning as "Confidential Information Due To Domestic Violence, Do Not Share".</li> <li>c. Family Court petitions should never include the address of the non-offending partner. The address should be listed on the face of the petition as "Confidential". The non-offending partner's address and the address of any service providers should be redacted from any records provided to parties in Family Court proceedings.</li> <li>d. Social workers should consult with the AAG or OGC if a request for an address that CFSA has deemed to be confidential is made by law enforcement, a court, an attorney or party in litigation through a subpoena, or other such request to determine if the information must be provided and under what circumstances.</li> </ol> </li> </ol>

<b>POLICY TITLE</b>	<b>PAGE NUMBER</b>
Domestic Violence	Page 5 of 5

## Definitions

1. Domestic violence is a pattern of coercive, controlling behaviors that may result in the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation. It can happen to anyone of any race, age, sexual orientation, socioeconomic status, religion, or gender. It is not limited to marital relations. DV can be specific to partnerships of varying types, including relations between former spouses, boyfriends and girlfriends, lovers, or those involved in emotional relationships without sexual involvement, such as violence among blood relations (e.g., adult siblings or adult children interacting with an aging parent).
2. District law (DC Official Code §16-1001) incorporates the following phrases to describe domestic violence:
  - a. *Interpersonal violence* includes acts that are crimes against those with whom the offender shares or has shared a mutual residence; is or was married to, in a domestic partnership with, divorced or separated from, or in a romantic, dating, or sexual relationship with another person who is or was married to, in a domestic partnership with, divorced or separated from, or in a romantic, dating, or sexual relationship with the offender.
  - b. *Intimate partner violence* is an act that is committed or threatened to be committed by an offender upon a person to whom the offender is or was married, with whom the offender is or was in a domestic partnership, or with whom the offender is or was in a romantic, dating, or sexual relationship.
  - c. *Intrafamily offense* is interpersonal, intimate partner, or intrafamily violence.
  - d. *Intrafamily violence* is an act that is committed or threatened to be committed by an offender upon a person to whom the offender is related by blood, adoption, legal custody, marriage, or domestic partnership, or with whom the offender has a child in common.