

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency**



**Business Process: Domestic Violence**

Policy

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.

Initial Assessment

1. The CPS social worker should make every effort to gather pertinent information. The following questions serve as guidance to social workers when gathering information:
  - a. Is there any knowledge of child attempting to intervene in DV incidents?
  - b. Are children showing signs of serious emotional distress that appear to be connected to DV? For example, did symptoms such as bedwetting or behavioral problems begin or escalate following a violent incident?
  - c. Is DV influencing neglect of the child by either caregiver (e.g., the child is missing school or there is a lack of supervision, inadequate food, or clothing).
  - d. What is the nature of the current violent incident?
  - e. Who is the primary aggressor or abuser?
  - f. What, if any, is the history of violence in the home? Severity? Frequency?
  - g. Is there a history of police involvement?
  - h. Is there any history of weapons in the home?
  - i. Has the offending partner threatened death or bodily harm to self or others?
  - j. Are there any Orders of Protection or prior DV allegations in previous reports?
  - k. Have there been any past follow through on prior safety interventions?
2. As always, **documentation is necessary**. This is not only for proving allegations of child abuse or neglect but also for securing needed interventions, such as Family Court-ordered services.
3. The social worker shall enter all of the following information in FACES.NET:
  - a. safety plan information
  - b. detailed information about the offending partner's parenting
  - c. the offending partner's words and actions in detail and note, specifically, any of the following coercive or controlling behaviors
    - i. Does the offending partner become agitated, threatening, or loud?
    - ii. Does the offending partner interrupt or insult you?

- iii. Does the offending partner use threatening remarks, gestures, or body language?
  - iv. Does the offending partner interrupt constantly?
  - v. Does the offending partner blame or demean the survivor?
  - vi. Has the offending partner directly or indirectly admitted any abusive or threatening actions or behaviors?
  - vii. How is the offending partner's behavior harming the children?
  - viii. Does the offending partner become agitated, threatening, or loud?
  - d. the full spectrum of the non-offending partner's efforts to provide for the safety and well-being of the children
  - e. other relevant information, e.g., finances, culture, substance abuse and/or mental health issues.
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.
    - a. Avoid any judgments or statements that imply blame on the part of the non-offending partner
    - b. Avoid language such as "dysfunctional family", parent "allows" or "enables" the violence" or parent "failed to protect" the children
  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
  6. 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 Universal eReferral form (attached) and immediately forward to the DVS.

## Referral

1. If any non-offending partner and/or child(ren) 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.
  - If after regular business hours, the social worker shall contact SAFE.
2. When a social worker determines the presence of DV, he or she shall discuss and encourage the non-offending partner to contact SAFE.
  - When the non-offending partner declines, the social worker shall complete the Universal eReferral form (attached) and submit via email to the DVS within 24 hours.
3. All reports from the Hotline that do not require an immediate response are referred to the RED Team for a screening decision. If DV is an allegation and the referral is assigned to CPS to investigate and recommend the non-offending partner to SAFE.
  - The RED Team (**R**eview (information), **E**valuate (information), **D**irect (decision)) is an internal decision making meeting that matches an accepted report of child maltreatment with a selected child protective service response.

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.
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.
  - If the non-offending partner refuses services, the DVS will make a note of this fact and enter the information in the FACES.NET Contacts Screen
6. During this initial meeting, the DVS should conduct the following tasks:
  - a. complete a clinical assessment
  - b. conduct a risk/needs assessment
  - c. establish a proposed safety plan with the non-offending partner if appropriate
  - d. provide 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.
7. For all offending partners who are a part of the case plan, the social worker shall complete the Universal eReferral Form and forward to the DVS.
  - The DVS will complete a clinical assessment for the offending partner and provide recommendations and community referrals to the social worker.
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.
  - 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.
9. The DVS will provide a clinical assessment for all court ordered referrals (both non-offending and offending partners).
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
11. The DVS shall follow-up with vendors/agencies identified as resources once per quarter or as needed, and obtain feedback regarding the referral process
12. After the non-offending partner is linked to a vendor/agency, the social worker shall monitor the referral services and progress and inform the DVS of any problems or concerns. The social worker shall review the safety plan with the non-offending partner during designated case management meetings
13. In the event the safety of the non-offending partner or child (ren) 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.

## DV Safety Planning

1. Although the CFSA DV specialist may consult on a DV case, the social worker plays the vital role of working with the non-offending partner and children to develop an immediate safety plan.
2. For a safety plan to work, the social worker needs to engage, involve, and collaborate with the non-offending partner.
3. Keep in mind that it may be unsafe for the non-offending partner to write down the safety plan if the offending partner is still living in the household. In such cases, the non-offending partner should be encouraged to memorize the plan.
4. The social worker should document the safety plan in FACES.NET and highlight the information as sensitive. The social worker should also maintain the written copy of the safety plan and have it available for reference when needed by the non-offending partner.
5. When the DVS meets with the non-offending partner, the DVS develops a safety plan (using the National Coalition Against Domestic Violence model) with the non-offending partner. Once completed, the DVS shall provide the assigned social worker with a copy of this safety plan to review with the non-offending partner.
6. Important factors that impact DV safety planning
  - a. Circumstances that have precipitated past DV incidents (alcohol, drugs, stress, arguments, weekends, etc.)
  - b. Past history of domestic violence incidents and the non-offending partner's response to those incidents
  - c. The offending partner's work schedule, location, and patterns
  - d. Safest way to contact the family for future visits
  - e. Identifying persons whom the non-offending partner can call or go to for help in an emergency (including 911)
  - f. Legal actions, such as a criminal protection order (CPO) - **Note:** *If a current CPO exists, copies should be distributed to the child's school, day care center, and babysitter(s), after receiving written consent from the parent.*
  - g. Access to important items (car and house keys, birth certificates, social security cards, medications, cash, etc.)
  - h. Available services – non-offending partner should be given contact information to Survivors and Advocates for Empowerment (SAFE)
  - i. Placement options for the non-offending partner and the children - immediate shelter or a safe placement with friends or family - *Don't forget to follow the guidelines for safety planning with parents.*
  - j. Police involvement (e.g., removal of all weapons from the house)

## Ongoing Assessment

Social workers shall ensure that the procedures listed below provide for the ongoing assessment of families impacted by domestic violence.

1. The assigned social worker shall review the initial and/or last domestic violence assessment and any associated notes or referrals to determine the following:
  - a. Which partner is the non-offending and which is the DV offending partner
  - b. DV risk factors including continued assessment of danger to the non-offending partner and the child(ren)
  - c. Level of risk of harm to the child(ren) in the family
  - d. Whether or not a safety plan or other measures are in place and are being followed to protect the child(ren) and non-offending partner
  - e. Whether or not services or interventions have been coordinated and employed to address the violence
  - f. Whether or not these services or interventions are effective.
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.
  - a. Social workers must assess for DV risk at every home visit
  - b. When assessing the family formally or informally, the assigned social worker must separately interview the non-offending partner, the offending partner and the child (ren). For guidance when conducting an on-going assessment of DV, see the In-Home and Out-of-Home Practice Model Operation Manual (POM)
  - c. Social workers continue to ensure the non-offending partner has a safety plan and resources to address domestic violence, and update the plan with the non-offending partner as needed, including follow-up referrals to SAFE. If no plan exists, the social worker shall develop a plan with the non-offending partner. Plans may vary based on the non-offending partner's circumstances and decisions.
  - d. Social workers shall discuss the findings of the assessment to plan next steps with their supervisor.
  - e. Social workers should contact the CFSA DVS for guidance and support if there is suspicion or indication that domestic violence is continuing or reoccurring.
3. Efforts should be made to obtain consent from the family, including the non-offending partner, the offending partner and child(ren) who are referred for services in order to follow-up on treatment and progress.
4. On-going DV assessment findings should be incorporated into regular and routine case planning activities.
5. The following questions should be considered in the context of the family's situation as of the last assessment. Further, these questions serve only as a guide to conducting an on-going assessment, but do not necessarily determine if domestic violence is reoccurring. When in doubt contact the CFSA DVS for guidance.
  - a. Has there been any police involvement regarding domestic violence since the last assessment?
  - b. Has there been any violation of civil protection orders/restraining order by the perpetrator?
  - c. Has the victim made a decision or taken steps to revoke the civil protection order/restraining order?

- d. Is there knowledge, either directly or indirectly, that the perpetrator has visited the home despite a civil protection order/restraining order that requires a stay away of the perpetrator?
- e. Has the victim applied or reapplied for a civil protection order since the initial assessment?
- f. Have there been any medical appointments, hospital visits or stays that are not related to routine medical care?
- g. Are there visible physical injuries, bruising or markings and did the victim obtain treatment for the injuries?
- h. Is there an individual who appears to have more significant power and/or control over their partner in the relationship? (i.e. One party in the relationship appears overly apprehensive or “not allowed” to talk to you without the other person present.)
- i. Does the perpetrator acknowledge and take responsibility for the violent behavior towards the victim?
- j. Are there indicators of animal cruelty? (Recent research has indicated a correlation between animal cruelty and domestic violence.)

### Maintaining the Confidentiality of Client Families

In responding to families where DV is present, it is important to keep in mind that confidentiality equals safety.

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.
  - a. DV shelters that do allow visitors may require that all 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.
  - 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.
    - i. The alternative site should be one that allows for a private interview with the non-offending partner, such as an office in the main location of the agency sponsoring the shelter.
    - ii. The social worker should request that the shelter staff provide an assessment of the shelter’s environment, such as the number of beds, number of children allowed in the shelter, shelter rules, etc.
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.
  - 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.
  - 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”.
  - 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.

- 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.



## Office of Wellbeing (OWB) Universal eReferral Form



FACES Client ID:

### Support Services Requested (check all that apply)

Substance Abuse     Domestic Violence     Mentoring

Education (check all the apply):  Consultation     Tutoring     Transportation

**For the following services, please click on the links provided to submit referral forms.**

Day Care: [Daycare Referral Packet \(PDF\)](#)

Rapid Housing: [http://cfsa.dc.gov/DC/CFSA/Publication%20Files/Referral%20Forms/fy10\\_rhp\\_criteria\\_1.pdf](http://cfsa.dc.gov/DC/CFSA/Publication%20Files/Referral%20Forms/fy10_rhp_criteria_1.pdf)

### Referral Source

Program Area:  CPS If CPS, is the case within the family assessment unit?  Yes  No

CFSA In-Home     CFSA Out of home     OYE     Private Agency

Name:

Administration:

Agency:

Desk phone:

Cell phone:

E-mail:

Supervisor:

Desk phone:

Cell phone:

E-mail:

### Administrative Information

Has the child or family of focus ever been referred for any of the support services listed above?

Yes     No

If yes, identify services:

Is this referral court-ordered?

Yes

No

If yes, date of court order:

Presiding judge:

Next court date:



## Client and Family Information

### List Father(s)

Name	DOB	Indicate if deceased, incarcerated or unknown. If incarcerated state where	Identify Father's Child	Address	Telephone number
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## Client and Family Information Cont'd...

### Mother's Information

Name	DOB	Indicate if deceased, incarcerated or unknown. If incarcerated state where	Address	Telephone number	Medicaid #
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### Identify All Children/Youth in Family

Name	DOB	Gender (M/F)	Subject of referral	Address & Telephone Number	School Name & Address	Grade	Special Ed (Y or N) If yes, please describe reason
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Y  N  
 Y  N  
 Y  N

### Special Factors to Consider

Family ethnicity:

Primary language:

#### Domestic Violence (check all that apply):

Civil Protective Order    Restraining Order(s)    Temporary CPO    Petitions for CPO

Alleged Abuser:      Alleged abuser part of the service plan  Y  N      Alleged abuser resides in the home  Y or  N

1. Who disclosed the allegation of domestic violence? (i.e. victim, perpetrator, child, police, other... specify)
2. Please provide details of the information obtained from the police.

3. Did the child (ren) witness the domestic violence?
4. If so, have the children been linked to services to address the domestic violence?
5. If the referral is due to history of domestic violence that is believed to no longer be prevalent, when did the domestic violence occur?
6. If there is DV history, does the client's history of domestic violence appear to have a current impact on the family?
7. Was the alleged victim referred to SAFE?      If so, provide the date of the referral and name of contact at SAFE.

**Substance Abuse:**

**Identify client:**      **Identify substance** (check all that apply):  Marijuana  Cocaine  Heroin  PCP  Ecstasy  Meth  Alcohol

Required item for youth referral only: **Medicaid #**

**Identify primary:**      **Secondary:**

**Scheduling**

Please provide your client's next three available dates to meet with specialist regarding your referral.

**Educational Transportation (non-special education only):**

Pick-up Information:

Drop-off Information:

**Educational Tutoring Identify subject** (check all that applies):

Math  Reading  Science  Social Studies  Health    **If other, identify subject:**      Instructor name for subject:

**Specify need or reason for tutoring;**

**Current Situation**

**Identify concerns that prompted this referral. Please describe the family and child/youth's functioning at home, school, and work in the community, identify concerns to safety concerns and well-being.**

**Additional Information**

Please provide any additional information regarding this client that you may think will be beneficial information.

*Save this form as a Word document and e-mail as an attachment to [cfsa.wellbeing@dc.gov](mailto:cfsa.wellbeing@dc.gov). If more space is needed please use the body of the e-mail to provide the information.*