

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Investigations
Policy Number: 2.03.07
Policy Name: Cases Involving Domestic Violence

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PURPOSE: To assure that cases involving domestic violence are serviced in a consistent manner while maintaining safety to the children involved. It is expected that CCDCFS offers efficient yet effective services to all families in need of domestic violence interventions. Our goal is to keep children safe and together with their caregiver; to develop a safe, nurturing, and stable living situation for them as rapidly and responsibly as possible; and to help their parents/caregivers overcome the effects of domestic violence.

SCOPE: This policy applies to all family cases involved with CCDCFS where domestic violence has been identified. All CCDCFS staff are responsible for carrying out this policy.

POLICY

Principles of Safe and Together Approach to Domestic Violence

1. Domestic Violence (DV) is a pattern of abusive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.
2. From the perspective of safety, healing from trauma, and stability, it is the best interest of children to remain *safe and together* with the non-offending domestic violence survivors (or non-offending parent).
3. Building partnerships with non-offending parents is the most effective and efficient way to promote safety, permanency, and wellbeing of children exposed to domestic violence.
4. Partnerships with non-offending parents are based on a comprehensive assessment of their active efforts to promote the safety and wellbeing of the children.
5. Intervention with the domestic violence perpetrator improves outcomes for children and families. It is critical to engage with the batterer from the beginning of the process.
6. DV affects children regardless of whether or not they actually saw or heard the violence occur.

7. DV is a parenting choice. Batterers choose to threaten their children's safety, whether through their choice to expose children to their violence against another parent, through direct physical maltreatment, or by using a child as a weapon against the other parent.
8. Document specific behaviors and patterns of coercive control by one partner over the other and actions taken to harm the children.
9. Assess for the role of substance abuse, mental health issues, and cultural factors in the DV. Order substance abuse treatment and batterer interventions to occur concurrently.
10. Validate the non-offending parent's efforts to keep the children safe. Introduce child welfare concerns in a non-blaming way. Recognize the full spectrum of protective behaviors.
11. Hold the same parenting expectations of fathers as mothers.
12. Make decisions that support the safety of both the adult and child survivors.
13. Engage multiple systems in holding batterers accountable. We employ services that hold batterers accountable, support non-offending parents, and promote safety, nurturance, and wellbeing of the children.
14. When removal is necessary, DCFS does whatever possible to promote ongoing nurturance and contact between the children and the non-offending parent.
15. The non-offending parent is the most knowledgeable person about their own safety and their children's safety.
16. DV affects the adult survivor's ability to parent due to resultant depression, anxiety, diversion of energy to the perpetrator, loss of authority, and isolation from supportive relationships, employment, and income stability.
17. Perpetrators' patterns of coercive control can include any number of behaviors, such as physical, sexual, emotional, and economic abuse, as well as intimidation, isolation, and stalking, among others.
18. DV may affect children in a number of ways including possible delays in their development. Their differing reactions are related to the severity and chronicity of the violence, how much the child has witnessed or been exposed to, other traumas the child has experience, and protective factors in the child.
19. The non-offending parents case plan objectives should be separated from the objectives of batterers. Redundant items to their case plan may or may not be beneficial. Non-offending parents are only responsible for their own actions and not those of batterers. They are not the sole enforcer of the case plan. Case plans specifically address expectations for behavioral change.

PROCEDURES

I. Responding To and Assessing DV Referrals:

- A. Upon receipt of a referral involving an allegation of DV, the WOR determines the level of safety or risk in the home by utilizing appropriate CAPMIS tools and abiding by the agency Policy 2.03.00 Investigations and Assessments.
- B. WOR conducts collateral checks with case history, law enforcement, and court records to gather information regarding the history of domestic violence in the family.

- C. All initial conversations are conducted outside the presence of the alleged DV offender.
 - 1. WOR interviews all household members separately beginning with the child and non-offending caregiver.
- D. If the WOR enters a home and the alleged DV offender is present, the WOR proceeds as follows:
 - 1. Assess the situation to ensure that the child is safe and not at risk of physical harm. If the child is not safe, the WOR assures their own safety then contacts their supervisor and/or police if necessary.
 - 2. Attempt to interview the parties separately in the home. If this is not possible, the WOR addresses any other concerns on the referral and schedules a second interview with the non-offending caregiver. WOR documents any potential indicators of DV.
 - 3. If a protection order is in effect, the WOR leaves the home, goes to a safe location and contacts the police to advise them of the violation of the protection order.
- E. WOR interviews the alleged offender by introducing child welfare concerns in a non-judgmental, respectful manner. Information learned from other interviews is not shared. The WOR focuses the offender on the known facts from police reports, medical reports, probation records, or witnesses.
 - 1. Explain the impact on the children as an additional focus of the interview. Ask the batterer about the children's doctors, teachers, interests, etc. This may reveal both deficits and motivations to change.
 - 2. Look for patterns of power and control in the batterer's relationship.
 - 3. Discuss with the supervisor in advance if it is unclear what information is required to be shared or be kept confidential. Some specific information may be dangerous to share.
- F. Determine if the non-offending caregiver is willing and able to protect and care for the child.
- G. Evaluate the availability of appropriate safety issues and services.

NOTE: *The risk to the non-offending caregiver and the child from the alleged DV offender can be heightened by the contact with CCDCFS. Risk levels also increase for the WOR.*

II. Safety Plan:

- A. When a family's protective capacities are not sufficient to manage immediate safety threats for at least one child in the family, a staffing is scheduled and a safety plan is implemented.
- B. The need for in-home safety plan, out-of-home safety plan, or legally authorized out-of-home safety plan (removal) is determined by the caregiver's ability to manage immediate safety threats that place their child(ren) in danger of serious harm.
- C. WOR provides the non-offending parent with emergency phone numbers, shelters or safe places to go in the event of violence, safe words and contact information when help is needed.

- D. When a Juvenile Court filing is recommended, the WOR informs the Prosecutor's office that the filing is a DV case to ensure the non-offending caregiver's address is not included on the complaint.

III. Team Decision Making Meetings/Staffings, SARs, and Other Meetings:

- A. Separate meetings are scheduled for the DV offender and non-offender. This includes any and all meetings where both the DV offender and non-offender are considered pertinent parties.
 - 1. Meetings include, but are not limited to, staffings, SAR's, case plan development, family team meetings, and service / treatment provider meetings.
- B. Alert the Case Review Unit of the DV issue when scheduling a staffing or at least two (2) weeks prior to a scheduled SAR. This allows separate meetings to be scheduled for the DV offender and non-offender.
- C. When meetings are held consecutively, the non-offending party goes first and parties are kept separate at all times.

IV. Case Plans:

- A. The WOR addresses DV concerns when developing the case plan. See policy 5.01.02 Case Plan / Family Service Plan.
 - 1. WOR must be clear and firm with the adult victim about risk to the children, the personal risk, and possible outcomes that may occur as a result of not reducing those risks.
 - 2. When violence exists, it is recommended that victims and batterers delay any couples counseling until the batterer has successfully completed a batterer intervention program.
 - 3. For the protection of all parties involved, the objectives addressing DV shall not contain specific information regarding the location of or provider for the services.
 - 4. For the protection of all parties involved, when case plans include a visitation plan, the plan shall not contain the specific location of the visitation.

V. Family Visits:

- A. Family visits are critical to maintain the bond and support a successful reunification. In DV cases, the need for family visits is weighed against the need to protect the child from harm such as physical violence or coercion. See policy 6.05.01 Family Visits.
 - 1. The WOR is responsible for alerting security and anyone who will be monitoring the visits of the DV concerns.
 - 2. Family visit times are not shortened or held consecutively for either party.
 - 3. Family visits by the alleged offender and the non-offending caregiver are scheduled separately but not concurrently. Parties are kept separate.

SEE ALSO:

Ohio Revised Code
Section 3113.31

Cuyahoga County Division of Children and Family Services Policies and Procedures Manual

Policy 2.03.00 Investigations and Assessments
Policy 5.01.02 Case Plan / Family Service Plan
Policy 5.02.01 TDM / Staffings Policy
Policy 6.05.01 Family Visits