



Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence

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Background

Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence guidelines have been developed for local and tribal social service agencies responsible for child protection assessment, investigation and case management. These guidelines are a resource supported and enlivened by reflective supervision, ongoing training, service resources, and funding on behalf of families who are experiencing the co-occurrence of child maltreatment and domestic violence.

Everyone is responsible for the safety and well-being of children. A coordinated systemic response to the co-occurrence of child maltreatment and domestic violence is preferred and the ideal.

Introduction

Adult domestic violence and child maltreatment often co-occur. Best practice suggests that intervention and mitigation of child maltreatment must address both issues. The purpose of these guidelines is to provide:

- A recommended child protection response in domestic violence cases
- An enhanced comprehensive and systemic response to the co-occurrence of child maltreatment and domestic violence.

Definition

Domestic violence is the existence of a pattern of power, control and fear in a relationship through the use of violence and other forms of abuse. Adults perpetrating domestic violence may use the following types of abuse to control another person (this list is not exhaustive):

- Coercion
- Physical abuse
- Emotional abuse
- Sexual abuse and violence
- Economic oppression
- Isolation
- Stalking
- Threats of harm
- Intimidation
- Financial abuse
- Psychological abuse
- Maltreatment of children to control the other person.

Relationships involving domestic violence may differ in terms of severity or pattern of abuse, but control is the primary goal of all abusive partners.

Note: This is a common practice definition of domestic violence and does not fully parallel Minnesota criminal statute.

Target population

The target population of this guide includes:

- Children and youth experiencing maltreatment where domestic violence is reported or where a risk of repeated domestic violence exists
- Non-offending caregiver of domestic violence, the primary source of care and support for child or youth
- Alleged offenders who remain a risk to the safety of a child and to the non-offending caregiver of a child.

Guiding principles

The safety of a child often is linked to the safety of a non-offending caregiver. By helping non-offending caregivers of domestic violence secure protection, the well-being of children also is enhanced. Whenever possible, every effort should be made to keep a child safely in the care of a non-offending caregiver. Promoting safety of non-offending caregivers is best done through supportive, non-coercive and empowering interventions.

Engaging an alleged offender in a separate service and safety plan will support insight into the impact of violence on family members, specifically children. The potential outcome is that an alleged offender will break habituated patterns of violence, resulting in strengthened families. Best practice includes holding alleged offenders accountable for violence experienced by family members.

Considerations in the co-occurrence of domestic violence and child protection

The following are considerations in cases involving the co-occurrence of domestic violence and child maltreatment:

- Child safety is primary, which includes physical and emotional safety
- Protect child by helping non-offending caregiver to be safe
- Form a collaborative constructive working relationship with local domestic violence programs
- Interview non-offending caregiver separately from alleged offender
- Trust non-offending caregiver's perception of what they think keeps them safe
- Inform child, non-offending caregiver, and alleged offender on the dynamics of domestic violence
- Engage with child, non-offending caregiver, and alleged offender to develop and support separate safety plans
- Understand that safety plans are dynamic and changeable
- Consider that Orders for Protection can be beneficial in improving safety, if followed and enforced

- Remember that non-offending caregivers and children are at greatest risk of injury or death when they leave or separate from an alleged offender
- Remember that alleged offenders are more likely to engage in programming when the focus is on how their child may be affected by violence
- Engage in practices holding an alleged offender accountable for abusive behavior
- Attend regular training on domestic violence, including its impact on child development and well-being, for child protection caseworkers and community providers
- Understand that domestic violence often overlaps with sexual violence, exploitation, and human trafficking; provide comprehensive and holistic assessment and access to specialized services to address overlapping areas of victimization in a family.

Significance of engaging the community

The co-occurrence of child maltreatment and domestic violence is dynamic in its potential to be lethal for children and non-offending caregivers. The risk also includes those stakeholders whose purpose is to protect and assist those who are experiencing these conditions.

A comprehensive and systemic response will support safety and reduce risk of harm for children and non-offending caregivers. This full response is the result of specialized training and partnerships steeped in collaboration across systems within the community cultivated over time. As representatives within the various systems change, relationships may need to be developed or refreshed.

Engaging additional stakeholders will enhance and stabilize systems in responding to the co-occurrence of child maltreatment and domestic violence. Stakeholders include, but are not limited to the following:

- Tribal representatives
- Indian organizations
- Culturally relevant community representatives
- Domestic violence program staff
- Court
- Trauma-informed providers
- Mental health services
- Chemical health services
- County attorneys
- City attorneys
- Legal aid, private attorney
- Community probation
- Law enforcement
- Family/relatives
- Faith-based organizations
- Neighborhood community centers
- Medical
- Public health nurses

- School
- Guardians ad litem

Cultural considerations

As with all interventions, there is diversity in families served by child protection. The diversity of families requires critical listening, understanding and skillful inquiry. The following considerations need to be understood to effectively develop a connection with families:

- Age.
- Gender.
- Cultural history.
- Ethnicity.
- Geographic location.
- Language.
- Religion.
- Orientation.
- Socioeconomic.
- Family structure/dynamics, as follows:
 - Family structure is defined by a family. Caseworkers explore with a family who they include as family/kin. Who are the primary members included as family? Who are considered support for a family? Dynamics of a family who identifies extended family/kin may be different from a family who does not identify anyone. Does a family consider a faith community or other organizations part of their support system?
 - The traditional view of family needs to be broad and the definition of family fluid. Awareness of biases regarding family structure will support garnering how a family defines itself.
- Immigration status or background.

Indian Child Welfare Act requirements

The purpose of the Indian Child Welfare Act (ICWA) is “...to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children and placement of such children in homes which will reflect the unique values of Indian culture...” [25 U.S.C. 1902] ICWA provides guidance to states regarding handling child abuse, neglect and adoption cases involving Indian children, and sets minimum standards for handling these cases.

Best interests of an Indian child requires compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act (MIFPA) to preserve and maintain an Indian child’s family and culture. The best interests of an Indian child support a child’s sense of belonging to family, extended family and tribe, and are interwoven with the best interests of that child’s tribe. [Minn. Stat. 260.755, subd. 2a]

Inquiring, identifying and making efforts to involve tribes at the earliest point possible is critical in requirements of ICWA/MIFPA. Active efforts are required in the Minnesota Indian Family Preservation Act throughout local social service and private agency involvement with a family. The parties to this agreement identify the following as, but not limited to, potential active efforts:

- a. Notifying and requesting involvement of tribe(s), or designated tribal representative(s), to participate in a case at the earliest point possible, and actively solicit advice throughout a case. [MIFPA 260.762, subd. 3 (1)]

Active efforts include acknowledging traditional helping and healing systems of an Indian child's tribe, and using these systems as the core to help and heal an Indian child and their family. This means there is a rigorous and concerted level of effort that is ongoing throughout involvement of a local social services agency to continuously involve an Indian child's tribe that uses the prevailing social and cultural values, conditions, and way of life of an Indian child's tribe, and to preserve an Indian child's family and prevent placement. If placement occurs, returning them to their family at the earliest possible time. Active efforts sets a higher standard than reasonable efforts to preserve a family, prevent break up of a family, and reunify families. [Minn. Stat. 260.755, subd. 1a] This includes:

- Identifying whether a child may be Indian, as defined in the Indian Child Welfare Act, U.S. Code, title 25, section 1903; and Minn. Stat., section 260.755, subd. 8.
- Identifying and requesting participation of an Indian child's tribe at the earliest point possible throughout an investigation or assessment, case planning, provision of services and case completion. [Minn. Stat. 260.761]
- Requesting a tribally designated representative with substantial knowledge of prevailing social and cultural standards and child-rearing practices within a tribal community, evaluating circumstances of an Indian child's family, and assist in developing a case plan that uses tribal and Indian community resources.
- Providing services such as financial assistance, food, housing, transportation, in-home services, community supports, and specialized services to keep a family together.
- Notifying and consulting with extended family or tribe to help with cultural connections and supports for child and parent, and identifying and serving as a placement and permanency resource for a child.
- Providing resources to extended family members who need financial assistance, child care assistance, emergency and foster care licensing help, and ensuring visits occur in a natural setting with parents, siblings and extended family, if a child is in out-of-home placement. [Minn. Stat. 260.762]

American Indians and Alaska Natives have a historical relationship of genocide with the U.S. specifically in Minnesota. Child protection workers must have knowledge of this history to maximize opportunities to assist American Indian and Alaska Native families with the co-occurrence of child maltreatment and domestic violence. This knowledge can help avoid destructive practices of the past and help develop understanding.

Immigrant or refugee populations

When a non-offending caregiver and/or an alleged offender is an immigrant or refugee, it is important to take note of the additional obstacles they may be experiencing as they attempt to

access legal and social services. Language barriers and lack of interpreters may make it difficult for communication. Individuals may not be aware that domestic abuse is against the law, and because of their experience in their home country, they may have deep-seated fears of governmental authorities. A basic understanding of federal, state or county governments' social service systems and the federal and state criminal justice systems may be lacking.

It may be necessary to obtain an interpreter for caregivers. Assumptions should not be made that a person wants or needs an interpreter, nor should they presume to know which language is preferred by a caregiver in this situation. Also, not all immigrants or refugees require an interpreter because they may speak English, or may have significant safety concerns that preclude them from seeking an interpreter. Other methods may be required if safety is a concern. Partners, children or other relatives who may be present may not be appropriate for interpretive services.

All written materials should be provided in a caregiver's preferred language, if possible. Documentation and explanations of potential rights may be given in their native language at the time of a child protection visit, or information may be read to them in their native language via interpreters, if appropriate and safe.

It is important to understand abuse and obstacles faced by caregivers without U.S. citizenship. This should be considered when evaluating the safety of a child, and when considering the need for and compliance with an Order for Protection. Non-offending caregivers may fear that they or the offender will be deported if they call the police. An alleged offender's arrest or deportation may mean the loss of a non-offending caregiver's only contact with the English-speaking world, and the loss of their only source of financial support. Some of these factors may motivate a non-offending caregiver to contact the offender, or to have an Order for Protection lifted. Families should have a choice of services.

It is important to assess the parenting practices of caregivers within the context of their culture. Sleeping, eating habits, and the use of certain types of language, are a few examples of areas where cultural differences should not be mistaken for incidences of abuse or neglect. Referrals for counseling, parenting classes, substance abuse treatment, or other services, should take into account the availability of culturally specific services, or at least bilingual programs, when necessary and appropriate.

Disparities

The reasons for disparities are not insignificant. Biases are embedded and subtle in how they are expressed in child welfare practice. Professionals serving families and children need to continually develop their cultural responsiveness to families, and develop competency in the knowledge and understanding of implicit biases to reduce disparities.

The issue of disparity is seen in the numbers of families of color and tribally affiliated families who are involved in the child protection system in relation to the population of families of color and tribally affiliated families in Minnesota.

Strength-based practice

Strength-based practice has the potential to provide conditions for positive change to occur. This can be accomplished by working collaboratively with a non-offending caregiver and empowering them to move forward. This provides opportunity for them to keep their child safe and protected. Non-offending caregivers often have intimate knowledge of conditions they live in and how to navigate them. Compassion and skillful action anchored in training supports an appropriate response to children and families in the co-occurrence of child maltreatment and domestic violence. Research clearly shows a child's safety is directly linked to their non-offending caregiver. Therefore, it is important to focus on child safety by creating stronger safety conditions for a non-offending caregiver.

Each child may be affected differently by exposure to domestic violence. Further, the negative effects of domestic violence can be mitigated by the presence of a kind and caring adult, who is consistent in their expression of these qualities to a child. This does not negate the seriousness of violence and harm suffered by a child and non-offending caregiver. Articulating responsibility and holding offenders of violence accountable is not separate from strength-based practice. It is essential to assess and offer services to offenders. Lessening the humanity of any one member of a family diminishes all. If violence is not addressed, it will be perpetuated.

Child protection response to domestic violence

The ideal components of an effective domestic violence response in child protection includes, but is not limited to:

- Effective collaboration with internal and external stakeholders
- Trained and supported caseworkers and supervisory staff
- Specialized unit within child protective services
- Co-located child protection and domestic violence services
- Culturally responsive services, tribal workers, advocates and cultural healers
- Trauma-informed, developmentally appropriate services
- Resources for basic needs, including housing, food, cell phone, transportation
- Safety planning (utilizing Family Group Conferencing or safety mapping methods)
- Holistic assessment and intervention.

Systems collaborate and partner with a child and family to enhance safety and decrease the risk of danger and harm. This comprehensive coordination and collaboration throughout the response path is essential and begins at the point of screening, and continues through an agency's contact with a family. Once a report is screened in for a child protection response, either Family Assessment or Family Investigation, with provision of case management, should address the dynamics of domestic violence in a family.

Collaboration and communication continues, as deemed necessary, to continually strengthen a child and family. The level of involvement of system partners may vary as the needs and conditions of a child and family change.

Initial outcomes for child protection intervention include:

- Increased safety for children and non-offending caregiver
- Engagement of alleged offender in a separate safety plan.

Intermediate outcomes for child protection intervention include:

- Presence of a network of supports in the community for families
- Increased knowledge about the cycle of violence and how to stop it
- Improved safe and nurturing environments for children.

Longer-term outcomes for child protection intervention includes improved:

- Child safety
- Child well-being
- Family well-being.

Assessment, investigation and safety planning in domestic violence cases

Reports screened in for co-occurrence of child maltreatment and domestic violence are assessed through a Family Assessment or Family Investigation, depending on the frequency, severity and recency of alleged child maltreatment. (See [Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines](#), DHS-5144, for more information on screening and response path assignment.)

Reports screened in for substantial child endangerment or sexual abuse must be assigned to Family Investigation and requires face-to-face contact with an alleged victim and their primary caregiver within 24 hours of receipt of a report. Other reports may be assigned to discretionary Family Investigation or Family Assessment, requiring five calendar days for face-to-face contact with an alleged victim and their primary caregiver. Response times begin when an agency first learns of allegations of child maltreatment, not at the time of screening.

When a child is identified as American Indian, immediately notify their tribe(s). Tribes should be directly involved in assessments and investigations at that point forward.

Immediate action in all cases involving the co-occurrence of domestic violence and child maltreatment is recommended, which may include one or more of the following:

- Analysis of:
 - Child protection history
 - Criminal actions, current and past
 - Danger to a caseworker
 - Level of violence in the home
 - Current location of child and non-offending parent
 - Current location of alleged offender

- Protective factors present
- Strengths and needs
- Risk factors
- Consultation with multi-disciplinary team members, specifically domestic violence program staff.

Careful planning and execution of initial child face-to-face contact to assess safety is necessary, while assuring timeliness according to statute. The factors listed above should be a guide as to when and how a child's safety will be assessed and who will be present.

The local welfare agency responsible for conducting a Family Assessment or Investigation shall collect relevant information to determine child safety, risk of subsequent child maltreatment, and family strengths and needs, including, but not limited to, information on the existence of domestic abuse and violence in the home of a child. A child's tribe must also be notified and responses should be coordinated. [Minn. Stat. 626.556, subd. 10(i)] (See Minnesota Best Practice for Family Assessment and Family Investigations guide, DHS-7059, for information regarding requirements of these response paths.) Child protection assessment and investigation of the co-occurrence of child maltreatment and domestic violence should minimally include:

- Identifying culture of child and ICWA or non-ICWA requirements
- Identifying history of domestic violence
- Determining history of child maltreatment
- Immediate assurance of child safety, prioritizing safety of child and non-offending caregiver whenever possible
- Immediately make a safety plan for non-offending caregiver and child when domestic violence is revealed
- Noting emotional/physical impact and risks to both child and non-offending caregiver
- Differentiating where violence is battering or resistive, i.e., used by a non-offending caregiver in response to self-defense of violence
- Conducting separate interviews of all involved
- Interviewing non-offending caregiver first and addressing safety for them and their child, including how separation would increase risk
- Avoiding leaving domestic violence-related messages
- Avoiding sharing non-offending caregiver's information with alleged offender
- Documenting explicit descriptions of who is doing what to whom and its impact
- Itemizing specific acts and frequency of violence used/threatened by alleged offender and impact on child
- Documenting non-offending caregiver's protective strategies
- Differentiating whether non-offending caregiver took reasonable steps, considering threat and harm, including seeking help
- Determining whether non-offending caregiver was unable to take protective steps because of level of violence, or knowingly allowed or condoned maltreatment
- Ensuring risk level is continually assessed throughout a child protection case
- Providing non-offending caregiver contact numbers for victim advocacy services where they can discuss domestic violence issues confidentially

- Providing non-offending caregiver with resources for trauma-informed and age-appropriate mental health services for their children
- Connecting with services soon after an assessment
- Completing Structured Decision Making tools within time frames established by protocol.

Guidelines for interviewing families

The goal of conducting interviews is to learn from child, non-offending caregiver, and alleged offender their experience of violence and to assess risk. Each member has their perspective to assist in an assessment. Best practice is to interview each member separately, whenever possible. Separate interviews create safety for a non-offending caregiver and child in describing their experience in relation to violence. Workers must schedule separate and follow-up interviews in a neutral setting. Whenever possible, ask that child, friends, and other relatives not be present during assessment interviews because of the need to inquire in depth about domestic violence. Safety protocols should be followed regarding child protection procedures, including whether law enforcement should participate in interviews at any stage of an assessment/investigation.

Guidelines for interviewing American Indian families

Active efforts involve American Indian caseworkers interviewing American Indian families that will support safety and decrease trauma. Guidance and collaboration with cultural advocates and healers in the initial interview and throughout working with Native families will enhance and strengthen families.

All caseworkers will have historical knowledge and trauma-informed practice in relation to American Indian families. This knowledge is relevant today, informing the cultural lens needed for best practice in working with American Indian families. This view supports insight into expressed mistrust often perceived as resistance in relationships between American Indian families and child protection.

Interview of non-offending caregiver

Under Minn. Stat. 626.556, subd. 10(j), the local welfare agency shall conduct face-to-face contact with a child's primary caregiver sufficient to complete a safety assessment and ensure the immediate safety of a child. The face-to-face contact with a primary caregiver shall occur immediately if sexual abuse or substantial child endangerment is alleged, and within five calendar days for all other reports.

Assessing strengths and protective factors in place by a non-offending caregiver for safety of a child is an essential component of the interview process. This includes exploring what strategies a non-offending caregiver has used in the past to keep a child safe from harm. Requiring a non-offending caregiver to leave their partner or go to a shelter may not be an appropriate response, and may further complicate conditions. It may lead to non-offending caregiver losing current housing, making the situation more harmful or dangerous. This is why it is important to take a "don't know" stance when communicating with non-offending caregivers.

Examples of questions to ask non-offending caregivers:

- Tell me about your relationship.
- How do you feel in the presence of your partner? (Include physical symptoms.)
- How do you feel physically when your partner calls you?
- How are decisions made in your relationship?
- Do you feel free to do, think, and believe what you want?
- Does your partner ever act jealous or possessive? If yes, tell me more about that.
- Have you ever felt afraid of your partner? In what ways? Do you have people who support your safety? Who?
- Has your partner ever physically used force on you (e.g., pushed, pulled, slapped, punched or kicked you)?
- Have you ever been afraid for the safety of your child? If yes, what do you do in those situations?
- What do you notice about your child's behaviors? Before? During? After domestic violence has occurred?

Through this line of questioning and careful listening, the tone of the relationship should be evident. If violence and/or severe control are, or may be, present in a family, begin an assessment of severity. The following questions will help determine if the pattern of incidents is changing, if abuse is escalating in frequency, and if victims are in danger.

To begin assessing severity of domestic violence, ask whether their partner has:

- Prevented them from going to work/school/church
- Prevented them from seeing friends or family
- Listened in on phone calls or violated privacy in other ways
- Followed them
- Accused them of being unfaithful
- Acted jealous
- Controlled their paycheck/income
- Stolen their money.

The following questions will help identify patterns of verbal, emotional, physical and sexual abuse. Ask whether their partner has:

- Called them degrading names
- Insulted them
- Humiliated them at home or in public
- Destroyed their possessions (e.g., clothes, photographs).
- Broken furniture
- Broken or taken their phone or refused them access to it
- Threatened to injure non-offending caregiver, themselves, the children or other family members
- Hit, slapped, pushed, kicked, choked or burned them

- Threatened to use a weapon, or used a weapon
- Threatened to kill them
- Hurt their pets
- Engaged in reckless behavior (e.g., driven too fast with non-offending caregiver and children in the car)
- Behaved violently in public
- Played “mind games” (also known as “gas-lighting”)
- Internet stalked them
- Controlled or monitored them on social media (Facebook, Instagram, Twitter, etc.)

Obtaining this level of detail allows for well-informed safety planning and assessing for risk to non-offending caregivers and children.

Interviews and observations of children

Under Minn. Stat. 626.556, subd. 10(j), local welfare agency staff shall conduct face-to-face contact with a child reported to be maltreated sufficient to complete a safety assessment and ensure their immediate safety. Upon receipt of a report (the time the agency receives the report), face-to-face contact with a child shall occur immediately if sexual abuse or substantial child endangerment is alleged, and within five calendar days for all other reports. It is strongly encouraged that interviews or observations with an alleged victim occur outside the presence of their parent or legal guardian, depending on a child’s age and developmental level, when domestic violence is present. Even non-verbal observations of children can provide critically important information to an interviewer.

When domestic violence concerns exist, all interviews must be planned with caution and with child safety as the paramount concern. Child interviews should include a child’s account of what they saw or heard, and how they understand the violence. Child interviews should take into account a child’s age and developmental level. Interviewers should gather information as to the impact violence has on a child, and safety concerns for themselves and the protective parent. Be aware that older children are more likely to minimize reports of violence out of loyalty to parents. Younger children may be more spontaneous and less guarded. Child interviews are an opportunity to address a child’s worries about safety, and prepare them with an idea of whom to call if they feel unsafe, and basic information about where they could go if there is violence and/or assaultive behavior. Information gathered from this interview should always be shared with a non-offending caregiver to help them understand the effects of domestic violence on a child, as long as child safety will not be compromised.

Meeting with a child at school or other location outside the presence of the parent/caregiver allows caseworkers to develop an immediate safety plan for a child, and alleviate some of their fears. In situations like this, there is still an opportunity to respectfully engage the parent, and in most cases, to both assure child safety and develop a positive working relationship with parent(s).

In certain circumstances, it may not be possible to interview a child at school or other location. In these cases, requesting permission of a non-offending caregiver may increase trust, demonstrate respect, and engage them early on in an assessment. If non-offending caregiver is reluctant or refuses to allow access to their child alone, explore their concerns. If they continue to refuse access to a child alone, it may be necessary to see a child without permission. A non-offending caregiver should

be provided full disclosure about what would happen if they declined access to their child, including the possibility that a judge may issue a court order requiring non-offending caregiver to present their child for an interview. Demonstrating respect and professional communication are elements of successfully engaging a family in a working relationship around child safety and building family stability.

When observing a child who is pre-verbal, it is important to gather information on their development and observe the parent-child relationship. This may include observations with both the non-offending and alleged offender parent. A child who is pre-verbal and experiencing maltreatment often demonstrates behavioral and developmental indicators that are important to assess. Changes in the home environment can create fear and stress for young children.

Questions regarding domestic violence can be broken down into three areas:

- A child's account of what they saw and/or heard
- The impact of witnessing domestic violence
- A child's worries about safety.

Possible questions for a child to understand what they saw or heard include:

- What kinds of things did they see?
- What happens?
- Is there yelling? (Explore the circumstances around the yelling, who was yelling, where was it happening?)
- Is there hitting? (Explore the circumstances around the hitting.)
- What do they do when this is going on?
- What do they think about when this is happening?
- Do they ever get hit or hurt when there is fighting?
- Does anyone else get hurt? If so, who?
- How do they feel when there is yelling, hitting? (Ask child to describe physical sensations, i.e., headaches, stomach aches.)

Possible questions to understand the impact of exposure to domestic violence include:

- Do they think about the fighting a lot?
- How do they feel about the fighting?
- When do they think about it?
- What do they think about?
- Do these thoughts ever come in school or while they are playing?
- Do they ever have bad dreams at night?
- Why do they think there is so much fighting?
- What would they like done to make it better?
- What is their wish for themselves and their family?

Possible questions to understand a child's worries about safety include:

- Do they worry about people getting hurt in their family? If so, how?
- Have they talked to adults about their worries? If so, who?

In addition to interviewing, writing and drawing may be used to build rapport and elicit information.

Refer to Appendix D for information regarding the effects of exposure to domestic violence.

Interview of alleged offenders

Under Minn. Stat. 626.556, subd. 10(j), if an alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct a face-to-face interview with alleged offender in the early stages of an assessment or investigation.

Assessing the amount of danger of alleged offenders is important for the protection of caseworkers, and to lessen risk for children and non-offending caregivers. Lessening the risk will mean safety planning (see Safety Plan in Appendix). When an interview with an alleged offender is too dangerous, consult with a supervisor before proceeding. Document reasons in the case record.

Third party reports are important in situations of high danger. If it is determined to safely move forward with an interview, below are possible questions to assist in an assessment or investigation. Do not disclose information obtained from a non-offending parent and child.

As part of an assessment or investigation, exploring behaviors that are contributing to the violence of an alleged offender is important. Examine factors that contribute to ending violence. These factors are not to excuse violence, but to garner information as part of an assessment to support referrals to appropriate services. Factors that may be identified through an assessment or investigation are:

- Historical/intergenerational trauma
- Past or current history of involvement in child protection
- Past or current history in the criminal justice system
- Past history of domestic violence
- Past childhood history of abuse
- Past history of substance abuse
- Currently unemployed
- Inability to meet basic needs
- Minimizing, denial and blaming the non-offending caregiver
- Justifying the violence.

Be aware there is no specific profile of an alleged offender. An alleged offender can express a wide range of characteristics, including positive traits. Caseworkers need to be aware of their own biases in order to conduct an accurate assessment or investigation.

When an alleged offender can be safely interviewed, the following preliminary questions can

help to determine their perception of the problem:

- Tell me about your relationship.
- How would you describe the relationships of the adults in the home?
- How do you think the relationships of adults in the home are affecting the children?
- How does your family handle conflict?
- What behaviors do you expect from your partner/family?
- Have you ever been so angry that you wanted to physically hurt someone?
- Can you think of any times in your life that you have been emotionally abusive?
 - If yes, do you think you have a pattern of being emotionally abusive?
 - Do you see areas of growth as a parent?
 - What are some areas of strength for you as a parent?
 - Have you ever been a victim of abuse?
 - What happens when people don't agree?
- Can you think of any times in your life that you have been physically abusive?
 - If yes, do you think you have a pattern of being physically abusive?
- Can you think of any times in your life that you have been sexually abusive?
 - If yes, do you think you have a pattern of being sexually abusive?

Alleged offender's characteristics relevant to lethality

All alleged offenders are potentially lethal. Following is a list of indicators for assessing an alleged offender's potential to kill:

- Threats/attempts of homicide or suicide
- Fantasies of homicide/suicide (seen as the only solution)
- Depression (especially if loss of a partner represents total loss of hope for a positive future)
- Use, threat of use, possession or access to weapons
- Criminal activity/violation of Temporary Restraining Order (TRO), which may indicate little concern for consequence of arrest/jail time, or hostility towards authority
- History of physical and sexual violence with partner/children/pets; evaluate severity, frequency, duration (the longer, more frequent, and/or severe, the higher the risk)
- Status of the relationship; most life-endangering rage erupts when an offender believes victims have just left the relationship, or are about to leave
- Drug or alcohol consumption (risk of lethality may increase)
- Lack of employment (risk of lethality may increase)
- Personal history of abuse
- Is obsessive about partner or family (e.g., to the point of monitoring partners' calls, questioning child)
- Is possessive and uses jealousy to monitor, control, and isolate a victim; fears losing victim ("If I can't have you, no one will")

- Cannot tolerate separation from victim
- Inflicts severe pain or torture (such as burning, starving, or beating for hours) without warning or apparent provocation
- Derives pleasure out of creating pain.

Obtaining this level of detail allows for well-informed safety planning and assessing for risk to non-offending caregiver and child.

Keeping children safe with non-offending caregiver

Keeping child and non-offending caregiver safely together is the preferred response. If there is a child safety threat, consider the following when determining if a child can remain safe with non-offending caregiver:

- Non-offending caregiver acknowledges risk posed by the offender and demonstrates protective capacities
- Non-offending caregiver and child are in a domestic violence program or other safe location
- Alleged offender's access to or activities with child are restricted, for example, through an order of protection or serving jail time
- Alleged offender demonstrates responsibility for behavior, actively engages in an approved offender treatment program, and follows limits set by non-offending caregiver
- Child shows minimal behavioral or emotional effects
- Child has a positive relationship with a supportive and protective adult
- When developmentally appropriate, child has a plan to be safe and the developmental ability to carry out the plan
- Domestic violence is not escalating, and an alleged offender's known history does not include serious physical assault
- Other issues, such as substance abuse or mental health do not pose safety threats
- Non-offending caregiver has supportive extended family or community ties
- Family requests assistance for continued services.

The above is not intended to be an all-inclusive list.

Safety planning for non-offending caregiver

Safety planning is a collaborative individualized plan between a non-offending caregiver and caseworker. The intent of a safety plan is to address the immediate and ongoing safety needs of a non-offending caregiver and child. Safety planning changes as conditions and needs of a non-offending caregiver unfolds and moves forward. Safety planning requires significant thought and expertise. Participation in training for safety plans is recommended and encouraged. Additional training resources may be available through local domestic violence programs. The plan will include:

- Reducing the risk of physical violence

- Strengthening protective factors of a non-offending caregiver and child
- Utilizing Structured Decision Making tools in development of safety plans.

The safety plan may be influenced by the following conditions, non-offending caregiver is:

- Leaving the relationship
- Separated from alleged offender
- Remaining in the relationship
- Returning to the relationship.

Specific planning may include the following activities:

- Engage non-offending caregiver in a discussion about options available to keep them and their child safe, including what has been tried before
- Explore the benefits and disadvantages of specific options, and creating individualized solutions for each family
- Collect important documents and various personal items that will be necessary for relocation of a non-offending caregiver and their child (see Items to remember section)
- Determine who to call, where to go, and what to do when a violent situation begins or is occurring
- Develop a security plan that might involve changing or adding door and window locks
- Inform friends, coworkers, school personnel, and neighbors of the situation and restraining orders that are in effect
- Identify and write a list of phone numbers of neighbors, friends, family and community service providers that a victim can contact for safety, resources and services
- Try to put money aside for phone calls or to open a separate savings account (in a different bank if adult victim and abusive partner have a joint account)
- Keep copies of important documents or keys in a safe place outside the home.

Safety planning with children

Safety plans are used as a way to empower children and help them feel safer. Best practice is to include non-offending parent in safety planning for a child. A non-offending caregiver is often able to support linking caseworker to a child. Also, consider the age, vulnerabilities and cognitive abilities of a child and youth when developing a safety plan. Using a gentle and calming voice will support a child feeling safe.

A safety plan is fluid in content and needs to be relevant to current conditions. Following up with non-offending caregiver and child to review safety plan is important. Visiting with non-offending caregiver and child is helpful in assessing safety plans. Ongoing face-to-face contact is determined by the risk assessment and agency protocol.

The following are ways to support a child being safe when violence is escalating:

- Teach child when and how to call 9-1-1.

- Instruct child to leave the home, if possible, when things begin to escalate, and where they can go.
- Have a code word to say when they need to leave the home in case of emergency; make sure that they know not to tell others what the secret word means.
- In the home, identify a room they can go to when they are afraid, and something they can think about when they are scared.
- Instruct and practice with child to stay out of the kitchen, bathroom and other areas where there are items that could be used as weapons.
- Teach child to never intervene.
- Help child to make a list of people they are comfortable talking to and expressing themselves.
- Enroll child in a counseling program for children, if developmentally appropriate. Consider birth to three interventions or home visiting programs, if appropriate.
- Inform non-offending caregiver about signs to watch for in their children, specific to age and developmental level.

Safety planning when a relationship is over

This is the most dangerous time for a non-offending caregiver and child. It is extremely important to ensure the safety of non-offending caregivers and children as the decision to end a relationship is made. It is critical for protective factors to be in place for non-offending caregivers and children to reduce risk of harm.

The following are included in planning for the end of a violent relationship, whenever possible:

- Know that computer activity can be monitored or checked without knowledge. It is not possible to delete or clear all “footprints” from a computer, or online activities.
- Use a safe computer to research an escape plan, look for new jobs or apartments, bus tickets, or ask for help.
- Non-offending caregivers should consider opening a free email account when email is being used and only check it from public or otherwise safe computers (libraries, schools and a friend’s home).
- Be aware calls that are toll-free will likely show up on a phone bill. Have non-offending caregiver consider making calls to shelters, lawyers, or other confidential services from a public phone or prepaid cell phone.
- Provide resources to all local domestic violence programs that may have free cell phone programs. Usually, these phones will only allow dialing 9-1-1.
- Plan to change locks, install security system or an outdoor lighting system. Install smoke detectors or ensure current ones are operating.
- Inform people that offender is no longer living at a residence, and to notify non-offending caregiver or police if offender is seen in the area.
- Tell people who take care of a child who has permission to pick them up. Supply them with copies of any court papers ordering alleged offender to stay away.
- Avoid locations where offender may be, including banks, stores and restaurants.
- Obtain a protective order from the court, keep it handy at all times, and put an additional

copy in a safe place or with someone, and notify police of violations.

- Make a plan to contact someone for support, such as a friend or family member.
- Provide a non-offending caregiver with hotline and/or support group information at the time of leaving for future use, if contemplating a return to a potentially abusive situation.

Items to remember

When a non-offending caregiver's decision to leave the current situation has been made, the following are important documents for them to remember to take. If possible, they could leave copies of important documents at the home of a trusted friend or family member. These include:

- Identification
- Adults' and children's birth certificates
- Social Security cards
- School and medical records
- Money, bank books, credit cards
- Driver's license and registration
- Medications
- Children's favorite toys and/or blankets
- Passports(s), green cards, work permits
- Divorce papers, protective order, custody orders
- Lease/rental agreement, house deed
- Insurance papers
- Address book
- Picture of abuser
- Change of clothes and personal items
- Keys to house/car/office
- Items of sentimental value, jewelry
- Usernames and passwords to important accounts.

Assessment or investigation case closing

The Safety Assessment, Family Risk Assessment and Family Strengths and Needs assessments should all be completed in accordance with established protocol. In an assessment, the child protection caseworker should consider a safety plan with non-offending caregiver and child. In addition, consider providing referral information to assist and support the family.

The following issues are considered when closing a case after an assessment or investigation, or moving to ongoing case management, which include, but are not limited to:

- Does alleged offender have a prior history of violence?
- Does alleged offender have a criminal history related to violence?
- If probation is involved with alleged offender, what are the conditions and compliance with probation?
- Is alleged offender accepting responsibility for the violence?
- Does alleged offender have a safety plan specifically related to the violence and ensuring the safety of family members?

- Does alleged offender have insight into the triggers of violence and a plan before violence happens?
- Has alleged offender been victimized in the past, and has insight into historical trauma?
- Is alleged offender employed?
- What are the identified strengths of the family?
- What is the level of risk after completing the risk assessment?
- Are there any unmanaged safety threats?
- Does a family have friends or relatives for support?
- Is a family able to meet their basic needs of housing, food, phone and transportation?
- Age and vulnerabilities of child.

It is important to assess the level of accountability, cooperation and compliance of an offender in relation to the violence and harm to family members. The co-occurrence of child maltreatment and domestic violence is not an automatic referral to case management, nor an out-of-home placement. Many factors need to be considered, including those listed above. Team decision making, or minimally, supervisory consultation, is best when making a decision for closing a case or opening for case management after an assessment or investigation.

Ongoing case management

Ongoing case management includes engaging an offender in services and a safety plan. The case plan is directly related to conditions of the co-occurrence of child maltreatment and domestic violence. This includes contacting probation and law enforcement regarding history and compliance of offenders. Working in partnership with a non-offending caregiver is important in establishing respect and trust. Non-offending caregivers have insight and knowledge on how to navigate the violence and ensure safety. This partnership with non-offending caregivers includes their view of what services, support and safety would be helpful going forward.

The risk assessment tool determines the number of monthly face-to-face contacts a caseworker will have with a family. The face-to-face contact with a family helps to assess protective factors ongoing. This contact will also support relevancy of the safety plan for an offender, and the safety plans of a non-offending caregiver and child. This also facilitates development of relationships and safety for the entire family.

A safety plan is fluid and related to the needs and current conditions of a family. Obtaining the necessary signatures for releases to share information with service providers will be important in ongoing case management. This will support assessment of progress related to the reason for child protection involvement with a family.

Services

It is important to refer families of co-occurrence of child maltreatment and domestic violence to service providers who have knowledge and skills with these two conditions. Services provided on behalf of a family would be culturally responsive, developmentally appropriate, and trauma-informed and may include, but not limited to:

- Mental health

- Chemical health
- Domestic violence support or accountability
- Resources for basic needs
- Community-based services
- Spiritual or faith-based resources
- Early intervention services
- Home visiting services
- Public health services
- Legal services
- Tribal services, if applicable.

Engaging alleged offenders

Accountability of alleged offenders has the ability to strengthen the entire family. Engaging alleged offenders in services has the potential to prevent future violence. Engaging in services includes developing insight into triggers of violence, how to identify triggers, and what is the safety plan for interrupting the habituated pattern of violence. This engagement includes attendance of alleged offenders at services/programs that promote positive behavioral changes. Assessment of progress in breaking the cycle of violence includes offender's ability to articulate responsibility for the violence, knowledge about impacts of violence on family members, behavioral patterns that interrupt violence and a safety plan.

Accountability includes offenders having a separate case plan that includes a safety plan on how they will ensure the safety of their children/victim. This safety plan details how offender will ensure their actions will improve their child's safety. Alleged offender accountability includes ongoing communication with probation, law enforcement and treatment programs.

Hold alleged offenders accountable by developing a separate safety and case plan that includes:

- Step-by-step actions to stop verbal, emotional, physical, and sexual abuse of all family members
- Step-by-step actions to stop interference with their partners' efforts to parent their child safely
- Compliance with protection orders and other court-ordered mandates, including those imposed by probation, parole and perpetrator intervention programs
- Attendance at culturally responsive, licensed or approved education and counseling programs for batterers, as part of their service plan, when such programs exist.

Impact of trauma and how it affects people

Trauma responses can occur soon after an incident, or can lay dormant for many months or even years. Trauma responses diminish and then return, even after many years, if a person's fears are triggered. Trauma responses can differ greatly based on a person's age, developmental level, history of life experiences, etc.

Both individuals and communities can experience trauma. As with all human experiences, people have unique responses, including:

- Horror
- Hopelessness
- Helplessness
- Worthlessness
- Despair
- Doubt
- Distrust
- Rage
- Guilt
- Shame
- Numbness
- Anxiety
- Hypervigilance

The impact of trauma can appear as:

- Depression
- Post-traumatic Stress Disorder (PTSD)
- Anxiety
- Suicidality
- Sexual dysfunction
- Psychosomatic disorders
- Chronic illness

Trauma can have a long-range impact if not addressed. Current and future generations can experience unresolved trauma of the past. Knowledge of intergenerational and historical trauma are important factors to consider in an assessment. Research has shown many who perpetrate violence on others were perpetrated upon as children. Referring family members to skillful trauma-informed providers supports insight and contributes to changing behavior patterns of historical trauma and builds resilience.

See Appendix D for examples of how trauma may manifest in behaviors of different age children.

Trauma-informed services for children and youth

Domestic violence can be a traumatic experience, and the impact can be profound. Research has shown that challenges are significant for children and families who have experienced trauma. Each individual's response to trauma can vary significantly. Trauma doesn't look the same for everyone. The trauma of child abuse or neglect has been associated with increased risk of:

- Depression and suicide attempts
- Substance abuse
- Developmental disabilities and learning problems

- Social problems with other children and adults
- Teen pregnancy
- Lack of success in education
- Domestic violence
- Chronic illnesses, including heart disease, cancer and chronic lung disease, among others.

The impact of witnessing violence on a child is moderated by a number of factors; some children show greater resilience in the face of adversity. Each child's response to domestic violence, therefore, needs to be assessed carefully and harm clearly established before agencies determine which intervention is appropriate.

Trauma-informed services for non-offending caregivers

The way in which trauma is experienced is unique to each individual. Service and safety plans need to account for the individual needs of non-offending caregivers.

When caseworkers are assessing current physical danger, basic needs, strength of a non-offending caregiver, the approach needs to be in a respectful manner, not re-traumatizing a non-offending caregiver. This assessment and safety planning needs to be done in partnership with non-offending caregiver.

Safety and basic needs are part of trauma-informed practice, as well as offering services and referrals. Linking non-offending caregivers with culturally responsive and trauma-informed providers is ideal in moving through child maltreatment occurring with domestic violence.

It is important to have awareness that includes historical trauma, especially in the co-occurrence of child maltreatment and domestic violence. Historical trauma is compounded in the traumatic experience of domestic violence.

Trauma-informed services for adult offenders

Research has shown the impact historical trauma has on brain development and the ability to demonstrate compassion. With guidance and support, a person can learn to develop qualities of compassion and mindfulness.

In addition, exposure to domestic violence in childhood can have intergenerational effects on children. Historical and intergenerational trauma impacts the way a person views and interacts with themselves, others and community. Trauma of the past impacts and affects how one is in relationship with family and community. Unless treated, historical trauma may hinder the ability to consciously be in the present when triggered by something or someone. The past will continuously be repeated unless there is insight and training about how behaviors manifesting in the present are in relation to past experiences.

Developing a full view of an alleged offender is important to engaging them in services, while simultaneously knowing that trauma-informed practice extends below the surface and contemplates causes of violence. A thorough assessment informs decisions regarding services. Doing so may

begin to facilitate a process for alleged offenders to develop insight into violence inflicted on their children and non-offending caregivers.

Case planning with non-offending caregivers

Follow agency protocol regarding completing the risk assessment and strength and needs tool. If an Indian child is involved, tribes will be consulted in jointly developing a case plan. The case plan is directly related to child maltreatment findings and risk factors that supported a family intersecting with an agency. Separate case plans for a non-offending caregiver and alleged offender is important in working with the co-occurrence of child maltreatment and domestic violence. Separate case plans support safety for non-offending caregivers and children, and accountability for alleged offenders.

Working in partnership with non-offending caregivers supports empowering and upholding their role as parents. Also, exploring with non-offending caregivers what they need and what would support and strengthen them is best practice. This is helpful in development of case plans. Identifying services and assisting with referrals is also supportive of families' well-being. Consider working with domestic violence program staff, along with non-offending caregivers. Often, these service providers have the capacity to offer resources, legal assistance and counseling for families.

Case planning with alleged offenders

Case planning with alleged offenders in the co-occurrence of child maltreatment and domestic violence is essential in addressing the issue of violence. Involving probation staff supports an offender's accountability for violence. Caseworkers need to discern how to best facilitate this process that ensures the safety of all. Consulting with a supervisor may be useful in providing direction on how best to proceed. It is important to be respectful and simultaneously engage an alleged offender in development of a separate case plan.

Case plans are specific on expected behavioral changes. Addressing historical trauma reveals how the past affects current behaviors, not as an excuse, but as a method of cultivating insight and change regarding violence. Further develop insight into how violence impacts their family, specifically their child.

In the event an alleged offender is non-compliant and continues to threaten and place their child at risk, consult with supervisor and county attorney regarding a Child in Need of Protection and Services (CHIPS) petition.

Court considerations and out-of-home placement

There may be times in which additional oversight in terms of court involvement may be necessary to achieve full child safety. When concerns exist either early on in a case or during the course of a case, the county/tribal attorney's office should be consulted. There are times in which a Child in Need of Protection or Services petition may need to be filed when unresolved safety threats exist, efforts were made to provide for safety but have not been successful, or other conditions meeting the legal threshold for court intervention.

When working with an Indian child, Minn. Stat. 260.762, subd. 2, states:
A local social services agency shall:

- (1) work with the Indian child's tribe and family to develop an alternative plan to out-of-home placement;
- (2) before making a decision that may affect an Indian child's safety and well-being or when contemplating out-of-home placement of an Indian child, seek guidance from the Indian child's tribe on family structure, how the family can seek help, what family and tribal resources are available, and what barriers the family faces at that time that could threaten its preservation; and
- (3) request participation of the Indian child's tribe at the earliest possible time and request the tribe's active participation throughout the case.

Imminent risk of harm to a child and non-offending caregiver's ability or willingness to protect or accept services needs to be assessed prior to making decisions to separate a child from non-offending caregiver. Out-of-home placement should be used only when the safety of a child cannot be assured through supports and services. In these circumstances, it is important for caseworkers to consult with their supervisor and county/tribal attorney. A child can only be removed by law enforcement under court order or through a voluntary placement agreement signed by the parents.

Removing children from their non-offending caregiver can be a traumatic experience. If conditions demand this response, it is important to make diligent efforts to place a child with safe family/kin or known supportive people to minimize the trauma of removal. It is important to include non-offending caregivers in providing names of family/kin, helping to reduce the impact of the placement experience on a child.

If circumstances allow, workers can attempt to facilitate a process to minimize the level of trauma. This may include, if appropriate, involving a non-offending parent in the transition from them to the temporary caregiver. The following may apply:

- Maintaining a gentle tone and presence for a child will assist in providing stability
- Providing a narrative for child through an age and developmentally appropriate lens that tells the child what happened, what is happening now, and what could happen next
- Reassuring them it is not their fault
- Allowing a child to have objects that comfort them
- Identifying ways a child is comforted in stressful conditions
- Letting child know adults are working to keep them safe.

Documenting domestic violence in child protection case records

Documenting domestic violence in case records needs to be helpful and not create further harm. Child protection workers demonstrate their skill and compassion to domestic violence by safeguarding information that can compromise non-offending caregiver and children's safety.

Case notes need to reflect the following:

- Who the alleged offender is
- Who the victim of domestic violence is
- Identify tribe when ICWA is involved
- What the effect of domestic violence is on a victim and children
- Specific domestic violence tactics that are posing a safety threat.

Case notes and other reports educate court staff and attorneys about the complex dynamics of domestic violence, and challenges faced by victims for the reason behind the struggle of meeting case plan tasks.

In addition, in the case closing summary, the following factors are included, but not limited to:

- Risk assessment outcome
- Strength and needs assessment completed
- Services offered to an offender, non-offending caregiver and child
- Progress made by a family
- Recommendations of service providers
- Follow up on community referrals for family once child protection closes a case
- How basic needs of family will be met, including housing, transportation and phone
- All parties have agreement to a safety plan for alleged offender, and safety plan for non-offending caregiver and child.

Case closing

A number of factors need to be considered in the decision to close a case in the co-occurrence of child maltreatment and domestic violence.

Child safety is paramount. Therefore, the most important case closing consideration is the safety of a child and non-offending caregiver. Completion of the Structured Decision Making Risk Reassessment is required and may be helpful to inform case closure decision making. The presence of a No Contact Order or an Order for Protection does not solely assure safety. Closing a case includes several factors and a decision to close should be based on the totality of circumstances. The following actions can provide sufficient information to inform decision making about case closure (this is not an exhaustive list):

- Assess whether an alleged offender has completed treatment and the degree to which the risk of domestic violence and child maltreatment has been lessened to non-offending caregiver and child.
- Determine if an alleged offender has positively engaged in treatment.
- Clarify that an alleged offender has articulated responsibility for violence.
- Determine if an alleged offender has demonstrated insight into interrupting the cycle of violence.
- Identify the existence of a control plan in which alleged offender prioritizes the safety of family members.

- Complete the Structured Decision Making Family Risk Reassessment instrument. If the risk level for child maltreatment remains high, continue services until the risk is lowered or removed. The period of time in which there has been a reduction in risk should be sufficient duration to suggest that safety has been well established. If the risk level remains high and family does not want to continue services, consult with supervisor and county attorney/tribal attorney.
- Consult with tribe when a family meets IWCA requirements.
- Examine the degree of involvement and engagement that a family has with informal supports and/or formal services.
- Identify and offer community referrals to address ongoing safety needs or concerns.
- Examine the degree to which social and extended family supports are committed to helping a family, if in need.
- Consider how the age of a child and vulnerabilities impact the future risk to them in the absence of supports and services.
- Clarify the degree of understanding a child has regarding the violence.
- Confirm the understanding and agreement between non-offending caregiver and child regarding safety.
- Confirm that basic needs are met for non-offending caregiver and child related to implementing an ongoing safety plan, including access to transportation, cell phone, housing, food and emergency cash funds.

Rapid Consultation

In September 2014, Governor Mark Dayton directed the Minnesota Department of Human Services to implement the Rapid Consultation system to provide consultation to county and tribal child welfare agency staff when making decisions regarding the safety of children, especially in challenging situations. The Rapid Consultation system line is coordinated by a department child safety consultant. To access the dedicated toll-free number for the Rapid Consultation system, caseworkers, their supervisors and/or the screening team can call **888-234-1138** to schedule a consultation time. Once a request for consultation is received, a consultation will be scheduled for the earliest time possible, but no later than within 24 hours of receiving the initial request. Child protection caseworkers and their supervisors are encouraged to access Rapid Consultation, as needed, to help guide decision making in challenging case situations.

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Appendix A – Olmsted County safety plan for victims of domestic violence

This safety plan is for domestic violence victims of any age who may be abused by, or afraid of their spouse or partner, boyfriend or girlfriend, adult child or their family member. Safety planning helps develop tools in advance of potentially dangerous situations. Choose only the suggestions listed here that make sense for your circumstances.

Safety during an explosive incident

Go to an area that has an exit. Not a bathroom (near hard surfaces), kitchen (knives), or near weapons.

Stay in a room with a phone. Call 911, a friend or a neighbor, if possible. Inform them if there are weapons in the home.

Know your escape route. Practice how to get out of your home safely. Visualize your escape route.

Have a packed bag ready. Keep it hidden in a handy place in order to leave quickly, or leave the bag elsewhere if your abuser searches your home.

Devise a code word or signal. Tell your children, grandchildren or neighbors so you can communicate to them that you need the police.

Know where you're going. Plan where you will go if you have to leave home, even if you don't think you'll need to.

Trust your judgment. Consider anything that you feel will keep you safe and give you time to figure out what to do next. Sometimes it is best to flee, sometimes to placate the abuser – anything that works to protect yourself and the children.

Safety when preparing to leave – leaving can be the most dangerous time!

Have a safe place to stay. Make sure it is a place that can protect you and your children or grandchildren.

Call a domestic violence victim service program. Find out which services and shelters are available as options if you need them. Keep their address and phone number close at hand at all times.

Find someone you trust. Leave money, extra keys, copies of important documents and clothing with them in advance, so you can leave quickly, if necessary.

Open a savings account. Put it in your name only, to increase your independence. Consider direct deposit from your paycheck or benefit check.

Contact your county aging unit. If you are 60 or older, learn about eligibility for public and private benefits and services such as Social Security, pensions, housing, transportation and medical insurance.

Review your safety plan. Study and check your plans as often as possible in order to know the safest way to leave your abuser.

Concerns about immigration status. You may qualify under a law called the Violence Against Women Act. Talk to an immigration expert (not INS) or your local domestic violence victim services program for more information.

If you need to leave, take with you. . .

- Marriage and driver's licenses
- Birth certificates – yours and family's
- Money, checkbooks, credit cards, ATM cards, mortgage payment book, car title
- Social Security card, work permit, green card, passport
- Divorce, custody papers and restraining order
- Insurance papers and medical records
- Lease, rental agreement and/or house deed
- School and health records
- Keys – house, car, office, friends
- Medications, eye glasses, hearing aids, etc. needed by you and your family
- Personal items – address book, pictures, toys

Safety in your home (If your abuser does not live with you)

Upgrade your security system. Change the locks on doors and windows as soon as possible. Consider a security service, window bars, better lighting, smoke detectors and fire extinguishers.

Have a safety plan. Teach your children or grandchildren how to call the police or someone they can trust. Have a secret code word that you and your children agree on – to communicate trouble and for the people who are allowed to pick the children up.

Change your phone number. Screen your calls if you have an answering machine or caller ID. Save all messages with threats or that violate any orders. Contact your local phone company about getting an unpublished number.

Talk to neighbors and landlord. Inform them that your abuser no longer lives with you and that they should call the police if they see the abuser near your home.

Get legal advice. Find a lawyer knowledgeable about domestic violence to explore custody, visitation and divorce provisions that protect you and the children. Discuss getting a restraining order as an option. Your abuser may be mandated to a batterers' intervention program. Talk with the program to find out more about potential risks to you while your abuser participates. Additionally, contact your local domestic violence victim services program.

Safety and emotional health

Think positive. You don't deserve to be hit or threatened. Have positive thoughts about yourself and be assertive with others about your needs.

Read! Ask your local domestic violence victim services program and public library for materials that deal with domestic violence.

Get support. Call a domestic violence crisis help-line and/or attend a women's or victims support group for at least two weeks to gain support from others and learn more about yourself and the relationship with your abuser.

Do what is safe for you. If you have to communicate with your abuser, arrange to do so in the way that makes you feel safe whether by phone, mail or in the company of another person.

Safety and your children

Tell schools and child care. Let them know who has permission to pick up the child/ren and give them your code word. Discuss with them other special provisions to protect you and your child/ren. Provide a picture of the abuser, if possible.

Exchange child/ren in a safe place. Find a safe place to exchange the child/ren for visitation. Some communities have specific locations just for this purpose. Contact your local domestic violence victim services program for more information.

Safety on the job

Tell somebody. Decide whom at work you will inform of your situation, especially if you have a Protection from Abuse Order (PFA). This may include office security, if available. Provide a picture of the abuser, if possible. It is your right to request and expect confidentiality from those you disclose to.

Assessing an alleged offender's progress

The following are questions caseworkers should consider when evaluating progress of the alleged offender in responding to interventions for this abusive conduct once services are put into place:

1. Has the alleged offender stopped all use of physical force against person or property?
2. Has the alleged offender stopped all use of threats of physical force against person or property? Has the person stopped threatening to snatch or harm the children?
3. Has alleged offender stopped other acts of intimidation (e.g., reckless driving, display of weapons)?
4. Has alleged offender stopped monitoring, harassing, or stalking the victim?
5. Does s/he support the victim's friendships and activities outside the family?
6. Does s/he support the victim's parenting?
7. When s/he is angry or upset, does s/he act in ways to reassure the victim that s/he will not be abusive (e.g., take time-outs, sit down when discussing the conflict with the victim)?
8. Does s/he accept the victim's right to place limits on their relationship or to say "no" to them?

Assessment interview with alleged offender

Assessing the dangerousness of alleged offenders is important in order to lessen the risk for children, their non-offender caregivers, and the worker. Part of safety planning to lessen this risk involves careful consideration of the dangerousness of the situation.

If you obtain information that indicates an interview with the alleged offender is too dangerous (for you or the non-offender caregiver and children), consult with your supervisor before you proceed. If you decide not to interview the alleged offender, as it is not in the best interest of the child, document your reasons in the case record. This decision must be reviewed with a supervisor.

Third party reports are critical in these instances. If you determine from your interview of non-offender caregiver and/or children, that the alleged offender can be safely interviewed, proceed with the following preliminary line of questioning to determine the alleged offender's perception of the problem. **Do not disclose** information obtained from the adult victim or the children.

1. Tell me about your relationship with _____ (name, your partner).
2. What are some things you like about your partner and family, or that are going well?
3. What are some things that you don't like or wish were different?
4. How do you and your partner handle conflict or disagreement?
5. What kinds of things do you expect from you partner? Your children?
6. What do you do when you don't get your way?
7. Have you been so angry that you wanted to physically hurt someone?
8. Have you ever forcefully touched anyone in your family? In what way?
9. Have you ever been told that anger or violence is a problem for you? By whom?
10. If the adult partner is aware of or clearly acknowledges the abuse or violence, or has been in counseling or treatment for it before, you may ask about more recent events.
11. Have there been any incidents recently where you and your partner had a major disagreement or fight? Can you tell me what happened that time?

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Appendix B – Nonviolence wheel



*Domestic Abuse Intervention Project
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781*

Appendix C – Violence wheel



*Domestic Abuse Intervention Project
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781*

Appendix D – Trauma exposure

Traumatic event	Possible emotional and behavioral reactions
Domestic violence – common reactions	<p>* This is not an exhaustive list</p> <ul style="list-style-type: none"> • Physical complaints • Increased anger or aggressiveness • Separation anxiety • Lack of interest in or feeling about anything • Excessive worry • Loss of previously learned skills.
Domestic violence – age birth to 5	<ul style="list-style-type: none"> • Sleep/eating disruptions • Intense/pronounced separation anxiety • New worries • Withdrawal, lack of responsiveness • Inconsolable crying • Developmental regression (i.e., toileting, sleep patterns, speech/language) • Increased aggression and/or impulsive behavior • Repeatedly engage in play about death or the person that died • May have problem getting back on schedule or meeting developmental milestones • May have difficulty being comforted.
Domestic violence – age 6-11	<ul style="list-style-type: none"> • Nightmares/sleep disruptions • Difficulty with concentration and task completion at school • School avoidance and truancy • Aggression and difficulty with peer relationships in school • Withdrawal and/or emotional numbing.
Domestic violence – age 12-18	<ul style="list-style-type: none"> • Antisocial behavior • Impulsive and/or reckless behavior such as truancy, substance use • Running away and involvement in violent or abusive dating relationship • Depression and/or anxiety • School failure • Withdrawal.

