



Tennessee Department of Children's Services

Work Aid 13: CPS Cases Involving Domestic Violence

Supplemental to DCS Policies [14.1, Child Abuse Hotline](#), [14.6, Child Protective Investigative Team](#), and [14.7, Child Protective Services Investigation Track](#).

A. Case Considerations for Domestic Violence (DV) in CPS

When a family has domestic violence concerns, unique factors must be taken into consideration during the course of the CPS case:

- a) Exposure to domestic violence causes damage to children, even when children are not physically or sexually harmed.
- b) Domestic violence is a parenting choice made by the perpetrator.
- c) Partnering with the non-offending caregiver is crucial for the wellbeing of the children.
- d) Identifying and assessing domestic violence and its impact is critical in reducing risk and potential trauma experienced by children.
- e) When domestic violence has occurred, perpetrators should be held solely responsible for that violence, while receiving interventions that address their abusive behaviors. Accountability must be consistent through systems (LE, DCS, Courts, domestic violence programs, Batterer's Intervention Programs).

B. Engagement in Domestic Violence Cases

Separate interviews are critical. Interviews with children and non-offending caregivers should be done when the alleged perpetrator is not present or in the vicinity. If upon an initial home visit both the alleged perpetrator and non-offending caregiver or child are present, collect some basic family information and then inform the family that you will schedule separate interviews later, stating this is a routine requirement.

a) Engaging the Non-Offending Caregiver

- ◆ Let the non-offending caregiver offer suggestions for where and when to meet and when it would be safe. Make a plan in case the alleged perpetrator shows up.
- ◆ Explain the CPS process and that child safety is the goal of the assessment.
- ◆ Build trust and rapport:
 - Even if the non-offending parent is accepting responsibility, explain that the DV is not their fault;
 - Empathize the love and attachment they may have for the alleged perpetrator;
 - Express concern for the non-offending caregiver and children's safety;
 - Be non-judgmental and non-threatening.

b) Alleged Perpetrator

- ◆ Engagement with alleged perpetrators as parents is important because:
 - Demonstrates that they are just as responsible for the children as the non-offending parent;
 - Allows the worker to understand the relationships between the offending parent and their children;
 - Helps the worker identify the parenting style and how to support the alleged perpetrator's parenting needs;
 - Keeps the focus of the case on the children and their needs;
 - Helps determine the level of risk the offending parent poses to their children.

	<p>c) Child</p> <ul style="list-style-type: none"> ◆ Recognize that children may be observing the domestic violence but interpreting it in different ways. ◆ Be careful not to demonize the alleged perpetrator when speaking to the non-offending caregiver or the children as they have varying and complicated relationships with them and you may lose buy in/engagement with the family. <p>d) Engaging a Family in a Shelter</p> <ul style="list-style-type: none"> ◆ When a family or family member is residing in a domestic violence shelter, work with the family and the local shelter to coordinate appropriate visit times and meeting locations. When possible, the case worker should also coordinate case work and service planning with the shelter. ◆ Engage the school system in supporting transportation for children who are in school and living in the domestic violence shelter. Transportation services can be provided through the McKinney Vento Federal law (https://www.tn.gov/education/finance-and-monitoring/elementary-and-secondary-education-act-essa/title-ix.html)
<p>C. Interviewing Strategies</p>	<p>Separate interviews are critical & interviews with children and non-offending caregivers should be done when alleged perpetrator is not present or in the vicinity.</p> <p>a) Interviewing the Non-offending Caregiver</p> <ul style="list-style-type: none"> ◆ Initiate conversation with questions about the children (such as favorite school topic or activity); ◆ Move into a neutral inquiry about the non-offending caregiver's relationship with their partner; ◆ Explore the incident that prompted the referral; ◆ Explore the alleged perpetrator's relationship with the children; ◆ Explore extent and severity of the partner's control and the level of violence;

- ◆ Ask what strategies the non-offending caregiver has already been using to keep themselves and the children safe;
 - ◆ Explore the non-offending caregiver's strengths;
 - ◆ Assess and address non-offending caregiver's desire and/or barriers to leaving;
 - ◆ Discuss safe alternatives/resources that the non-offending caregiver can access;
 - ◆ Utilize assessment tool for non-offending caregivers;
 - ◆ Avoid any blaming questions;
 - ◆ Move into other typical assessment/investigative questions to develop understanding of safety & risk factors;
 - ◆ Explain next steps clearly including interviewing the alleged perpetrator;
 - ◆ Clarify that information shared by the non-offending caregiver about the AP should not be shared with the AP unless a court order requires it;
 - ◆ Determine and discuss appropriate methods of follow up with the non-offending caregiver;
- b) Interviewing the Child
- ◆ Partner with the non-offending caregiver by asking how best to approach the children
 - ◆ Be aware that children frequently receive direct and indirect messages that the domestic violence is a family secret
 - ◆ Use age and developmentally appropriate questions
 - ◆ Utilize a domestic violence assessment with the child
- c) Interviewing the Alleged Perpetrator
- ◆ Speak to the non-offending caregiver and children prior to speaking with the alleged perpetrator to assess for dangerousness to the family and yourself as the case manager. For safety precautions,

	<p>consider interviewing the alleged perpetrator in the office or with a supervisor.</p> <ul style="list-style-type: none"> ◆ Building rapport with the alleged perpetrator through a neutral and nonconfrontational manner is a crucial first step. Start the interview with asking general questions about parenting duties or the children. ◆ Maintain structure to the interview and come prepared with the flow and questions that need to be asked. Clearly communicate the goals and format of the interview to convey control and authority over the process. ◆ Explore the incident that prompted the referral. Do not provide information about the domestic violence reported by the non-offending caregiver as this may compromise safety. Instead, focus on third party reports such as law enforcement records, civil protection orders, hospital records, or prior CPS documentation. ◆ Focus on obtaining information about behaviors and the level of responsibility the perpetrator accepts responsibility for. Present factual information and document the responses. Avoid arguing or debating. Focus on active listening and avoiding judgement. ◆ Explore the alleged perpetrator's prior attempts to end the abuse and the steps he or she is now willing to take to prevent further abuse and violence. ◆ Focus on understanding the perpetrator's state of mind as this may be crucial in the safety planning process.
<p>D. Assessment of Safety & Risk in Domestic Violence</p>	<p>a) Assess for these Current or Historical Safety Concerns:</p> <ul style="list-style-type: none"> ◆ The perpetrators current access to the non-offending caregiver and children; ◆ The child's harm or exposure to danger during the domestic violence incident(s); ◆ The perpetrator's coercive control diminishing the non-offending caregiver's protective capacity; ◆ The pattern of abuse which puts the child and non-offending caregiver in danger;

- ◆ Any indication of the alleged perpetrator's obsessiveness, jealousy, depression, desperation, threats, use of weapons, or thoughts of suicide;
- ◆ Co-occurring factors such as alcohol or substance abuse, untreated mental health disorders, or brain damage;
- ◆ The non-offending caregiver's use of force or emotional abuse towards the child or perpetrator;
- ◆ Child's participation in violence or violent acts;
- ◆ Situational factors that could increase safety concerns;

b) Assess for Indicators of Level of Danger:

- ◆ The non-offending caregiver's instinct may serve as the most important indicator. Non-offending caregivers and children are in the most danger when they attempt to leave the relationship.
- ◆ The level of dangerousness appears to intensify overtime.
- ◆ The Danger Assessment can be used when gathering information from non-offending caregivers about potential perpetrators. Please note that non-offending caregivers may not feel comfortable disclosing to child welfare and may be more honest with DV advocates.

c) Identifying Patterns

- ◆ Behavioral patterns are important to identify because alleged perpetrators don't act in isolated tactics. Always assess for the complete history, not just what is most recent.
- ◆ Criminal records and history of 911 calls should be collected, however, a lack of criminal record does not indicate an absence of DV in the home and should only be used as an indicator. Also note that non-offending caregivers may have arrest records as well due to dual arrests in DV situations.
- ◆ Observe the family interactions to look for behaviors indicative of DV dynamics.
- ◆ Gather information from other sources to identify patterns of behavior.

	<p>d) Assessing Non-offending Caregivers as Parents</p> <ul style="list-style-type: none"> ◆ When assessing non-offending caregivers, look at their capability to parent despite the DV including: <ul style="list-style-type: none"> • Consistent and appropriate discipline and parenting; • Providing stability and affection; • Meeting the emotional and developmental needs of their children. <p>e) Risk & Protective Factors</p> <ul style="list-style-type: none"> ◆ Nature, extent, and patterns of domestic violence; ◆ Effects of domestic violence on non-offending caregiver and child; ◆ Help-seeking and safety strategies used by the non-offending caregiver; ◆ Help-seeking and safety strategies used by the child; ◆ Non-offending caregiver's employment or access to financial resources; ◆ Alleged perpetrator's employment status; ◆ Degree to which perpetrator accepts responsibility for abusive behavior; ◆ Availability of social supports. <p>f) Use the Assessment Tools for the Non-offending Caregiver, Child, & Alleged Perpetrator.</p>
E. Planning for Safety	<p>a) Planning for Safety with Domestic Violence</p> <ul style="list-style-type: none"> ◆ Safety planning should always be done whether the non-offending caregiver is leaving or staying with the perpetrator. ◆ Involve the non-offending caregiver in the safety planning process. ◆ Engage a domestic violence specialist to assist in the safety planning process.

- ◆ Ask the non-offending caregiver what has been done in the past to provide safety? What has worked and what hasn't?
- ◆ Explore the benefits and disadvantages to different safety strategies.
- ◆ Instruct the non-offending caregiver to collect and gather important documents they will need if they need to relocate with the child.
- ◆ Develop a list of resources for supports that the non-offending caregiver and child may need including numbers of friends, families, and service providers.
- ◆ All plans for the non-offending caregiver should empower them and not be used to hold them accountable for the perpetrator's violent behavior in the future. The non-offending caregiver's plan SHOULD NOT be shared with the perpetrator.
- ◆ Create an action plan with steps to take in the following scenarios:
 - The non-offending caregiver notices a trigger for a violent situation or if violence begins.
 - The child needs to reach out to a safe adult for help.
 - An exit plan for the child to leave the house or hide within the house during an assault.

Note: Be willing to change the plan based on what the non-offending caregiver says is and is not working. Some action plans may increase danger to the child and non-offending caregiver and may need to be reassessed.

b) If the Alleged Perpetrator Leaves the Home:

- ◆ Important to note that this is frequently the most dangerous time for victims and their children.
- ◆ Ongoing assessment is crucial for monitoring safety concerns, demonstrating that alleged perpetrators are held accountable for their parenting, helps further assess alleged perpetrator strengths and needs to make continued plans for the family.
- ◆ Important to observe how the alleged perpetrator treats the non-offending parent during visitation.

c) Action Steps for the Non-offending Caregiver and Child can include:

- ◆ The non-offending caregiver and child sharing a code word that when said indicates that the child needs to leave and call 911;
- ◆ Identifying the safe adults that the child can talk to about their ongoing safety at home;
- ◆ Secure places in the home where the child can hide during an incident if unable to leave the home;
- ◆ Nearby places with a safe adult the child can go to during an incident;
- ◆ Changing locks or adding security systems to the home;
- ◆ Informing friends, co-workers, school personnel, and neighbors of the situation and any restraining orders that are in effect;
- ◆ Any temporary living arrangements for the non-offending caregiver and/or child;
- ◆ Seeking an order of protection;
- ◆ Meeting with a domestic violence advocate;
- ◆ Address concrete emergency needs such as medical care and child care.

d) Work separately with the alleged perpetrator to identify action steps and behaviors that the perpetrator will participate in to protect the child.

- ◆ Action steps can include:
 - Honoring protection orders;
 - Leaving the house;
 - Time-outs;
 - Attending perpetrator intervention groups;
 - Utilizing probation officers or intervention services to hold perpetrator accountable for action steps;
 - Identify which friends and family members can also help hold perpetrator accountable.

	<p>e) Removals</p> <ul style="list-style-type: none"> ◆ All efforts to reduce trauma and safely keep children in home with the non-offending caregiver should be made. ◆ Situations that may rise to the level of out of home placement include: <ul style="list-style-type: none"> • All safety planning options have been explored but are not available for various reasons; • The situation presents a threat or impending threat to the child; • The non-offending caregiver is unable to accept services or protect the child; • The perpetrator is unable or unwilling to make changes for the child's safety; <p>NOTE: Refer to Policy 14.12. Removal: Safety and Permanency Considerations, for additional information.</p>
<p>F. Developing Permanency Plans with the Family</p>	<p>a) Child and Family Team Meetings</p> <ul style="list-style-type: none"> ◆ Choose a safe location; ◆ If separated, arrange for the non-offending caregiver and perpetrator to arrive and depart separately as meetings may increase violence; ◆ Ensure there are supportive individuals there for the non-offending caregiver; ◆ Arrange for security and be prepared to stop the meeting if things get escalated. There may be a need to continue the meeting at another time when the alleged perpetrator can be called in over facetime; <p>b) Developing Permanency Plans with the Family</p> <ul style="list-style-type: none"> ◆ The goal is to promote enhanced safety and protection for the child and hold perpetrators accountable for their abusive behaviors. ◆ Important to consult with domestic violence specialists for their expertise in case plan recommendations; ◆ Engaging the non-offending caregiver in the development of the plan empowers them and uses their

	<p>expertise in making decisions around safe alternatives and services that will enhance their child's safety;</p> <ul style="list-style-type: none"> ◆ Address any co-occurring issues or needs the family may have; ◆ If scheduling visitation with the perpetrator, ensure it does not violate any court order or put the non-offending caregiver at risk of danger or intimidation.
<p>G. Documentation</p>	<p>The case recordings should clearly identify the patterns of abusive and controlling behavior and identify the effects of the domestic violence on the non-offending caregiver and children.</p> <p>a) Language is crucial in domestic violence documentation. Use non-offending caregiver to refer to the parent experiencing domestic violence. Use alleged perpetrator to describe the person who engages in patterns of abusive or controlling behaviors. Avoid any language that blames non-offending caregivers for the violence.</p> <p>b) Documentation should include any collaboration between partners. This may take different forms at different stages in the CPS process including but not limited to:</p> <ul style="list-style-type: none"> ◆ Joint investigations with DCS & Law Enforcement (LE); ◆ Co-located domestic violence liaisons; ◆ Multi-Disciplinary Teams including DV specialists (for alleged perpetrators and non-offending caregivers). <p>c) The following information in documentation should never be shared with the perpetrator:</p> <ul style="list-style-type: none"> ◆ Any information in the case record or public documents pertaining to the confidential address of the non-offending caregivers; ◆ Disclosures made by the non-offending caregiver and children; ◆ Safety plans for the non-offending caregiver and children. <p>NOTE: If there is court involvement, some of this information may be required to be released to the court or pursuant to court order. Consult with legal prior to releasing this information.</p>

H. Case Closure	Prior to case closure, the case manager & supervisor must ensure the following: a) Final risk assessments should be completed for case closure. b) The non-offending caregiver and children, when interviewed separately, report feeling safer. c) The non-offending caregiver has knowledge and access to relevant support services, information, and safety options. d) The non-offending caregiver and perpetrator understand the effects on domestic violence on the children.
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References:

Capacity Building Center for States. (2018). Child Protection in Families Experiencing Domestic Violence (2nd ed.). Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

***The Safe & Together Model* by the Safe & Together Institute.**