Chapter 10

DOMESTIC VIOLENCE (DV) CONSULTATIONS

10-1. Purpose. For purposes of child protection assessment and interventions, it is important to collaborate with domestic violence advocates or other domestic violence professionals to accurately identify the underlying causes of any violence occurring and whether or not the dynamics of power and control are evident.

a. **Violence** refers to aggression, fighting, brutality, cruelty, and hostility. Physical aggression ***in response to*** *acts of violence* may be **a reaction to or self-defense** against violence.

b. **When violence includes dynamics of power and control, it is considered "intimate partner violence."** Intimate partner violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another partner. Intimate partner violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

c. The investigator must assess whether the maltreating caregiver is using tactics of coercive control and how those tactics impact the protective capacity of the parent who is the survivor, as well as to understand the survivor's previous or current efforts to support their personal safety and the safety and well-being of the children. The best safety outcomes will result from partnering with the parent who is a survivor in a joint effort to protect the children, while holding the maltreating caregiver accountable for the violence and its impact on the children.

10-2. Procedures.

a. When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate in order to:

(1) Review the family's prior history of intimate partner violence and outcomes from prior intervention efforts.

(2) If the family has no prior reported history, but law enforcement or medical personnel report a current incident of intimate partner violence, assess dynamics to inform interviewing strategies prior to going to the home or immediately after commencement.

(3) Explore the feasibility of the DV advocate accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

b. Whenever intimate partner violence is occurring, the investigator will seek domestic violence expertise for the following critical elements of the investigation:

(1) The maltreating caregiver's pattern of coercive control and level of dangerousness:

(a) Explore the benefits of a joint interview conducted with law enforcement or law enforcement accompanying the investigator to the home.

(b) Determine the safest approach to conducting separate interviews with the maltreating caregiver and the survivor.

(2) Specific behaviors the maltreating caregiver engaged in to harm the child.

(3) Full spectrum of the survivor's efforts to promote the safety and well-being of the child despite the violence in the home.

(4) Adverse impact of the maltreating caregiver's behavior on the child.

(5) Other factors impacting the intimate partner violence (i.e., substance abuse, mental health, cultural, and socio-economic).

(6) Developing separate child safety plans for the adult victim of intimate partner violence and perpetrator of intimate partner violence. The investigator must ensure information related to the safety of the adult survivor or child victim (i.e., location of family members or DV shelter, etc.) is kept confidential and not inadvertently disclosed as part of the perpetrator's safety plan.

(7) Developing actions to hold the maltreating caregiver accountable.

(8) Provide all safety plans implemented with the family to the court.

c. The investigator will seek supervisor consultation when a parent refuses to sign an Authorization for Release of Information allowing the domestic violence advocate to disclose confidential communication. In such instances, the supervisor consultation will help to identify alternative strategies to engage the survivor and the domestic violence advocate in assessment and safety planning.

10-3. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The maltreating caregiver's pattern of behaviors, the actions specifically taken by the maltreating caregiver to harm the child, the impact on the child, and identification and recognition of the survivor's strengths and protective capacities are closely reviewed.

b. The investigator is able to achieve separate interviews and meetings to gather information from family members.

c. Collaboration and teamwork with co-located domestic violence advocates is achieved and the investigator understands and adheres to local protocols.

d. The investigator's use of professional expertise during the safety assessment to assess for intimate partner violence.

10-4. Documentation.

a. The investigator will document the information shared during the consultation with the domestic violence advocate and any recommendations made by the advocate regarding the non-maltreating caregiver and child safety in case notes within two business days.

b. The investigator will document when a safety plan is provided to Children's Legal Services for submission to the court in a case note within two business days.

c. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 11

SUBSTANCE ABUSE CONSULTATIONS

11-1. Purpose. For purposes of child protection assessment and interventions, it is important to accurately identify substance abuse disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery.

a. Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family.

b. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance abuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

11-2. Procedures.

a. When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert in order to:

(1) Assess whether the substance misuse is out-of-control to the point of having a direct and imminent effect on child safety.

(a) Identify specific harm(s) to the child caused by or highly correlated with the substance abuse.

(b) Provide input on what safety actions need to be incorporated into a safety plan for children of substance abusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event.

(2) Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.). Explore the potential use of the Marchman Act with the family in order to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance abuse for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member.

(3) For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse including, but not limited to:

(a) Dishonesty;

(b) Irresponsibility;

(c) Depression, anxiety and sleeplessness;

(d) Unreasonable resentments;

(e) Isolation from others; and,

(f) A pattern of non-compliance (if a safety or case plan is in place).

(4) Explore the feasibility of the substance abuse expert accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

b. The investigator will thoroughly assess family dynamics looking for behaviors and patterns of interaction indicative of co-dependency.

(1) “Parentified child.”

(2) Over/Under functioning between user and co-dependent partner.

c. The investigator will also seek mental health expertise when there are concerns that a co-occurring mental health condition is present in order to ensure that services for both conditions are provided at the same time, in order to avoid triggering the symptoms of the co-occurring condition that is not being addressed.

11-3. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for substance abuse.

b. The investigator’s understanding and adherence to local protocols.

11-4. Documentation.

a. The investigator will document the information provided to substance abuse professionals to assist in the assessment process and the recommendations resulting from the consultation activities in a case note within two business days.

b. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.