

***IT HELPS TO KNOW: ASSESSING FOR
INTIMATE PARTNER VIOLENCE (IPV)
IN CHILD ABUSE CASES***

State Court Administrative Office
7th Annual Child Welfare Services Issues Conference
Partnering with families for optimal outcomes:
assessment and case planning

OVERVIEW

- Families First Philosophy
- Language and Definition
- Impact of Trauma and how it Effects People
- Tools and Specific Considerations
- Safety Planning
- Resources

Families First Philosophy

DEFINITION AND LANGUAGE

- Intimate Partner Violence (Battering)
- Self Defense Assaults
- Situational Assaults
- Illness-based Assaults
- Mutual Assaults
- Minimizing Language in context of Intimate Partner Violence

Impact of IPV on Adult Caregiver

- Fear
- Placate
- Resist
- Try to Reason
- Fight Back
- Seek Help
- Leave
- Return

How Intimate Partner Violence can Harm children

- The batterer's violence toward their intimate partner may endanger the children
- Batterers may endanger their children through neglect
- Batterers may physically/sexually abuse the children
- Batterer may coerce children to participate in the abuse of their other adult caregiver
- Sometimes a batterer's violence against their intimate partner prevents the adult victim from caring for the children

Impact of IPV on Children

- Fear
- Confusion
- Eating/Sleeping Disorder
- Acting out violently
- Depression
- Running Away
- Early use of alcohol
- Embarrassment about their Family
- Learning that violence is Normal
- Truancy
- "Perfect Child"
- Insecurity

Tools and Specific Considerations

- Safety and Confidentiality are priority
- Done individually
- Use open-ended questions
- First with the survivor
- Ask to describe behaviors
- Leave your values at the door
- Be non-judgmental
- Remember the adult survivor is not at fault for what the batterer's actions

Assessing for tactics

- Physical
- Sexual
- Isolation
- Intimidation and Threats
- Use of Children
- Emotional
- Financial Control
- Entitlement

Assessing for pattern of Abuse

- History
- Frequency
- Severity

Assessing for Impact

- How is it affecting the adult survivor?
- How is it affecting the children?
- How is it affecting the batterer?

Assessing for Lethality

- Close ended questions
- Important to do this throughout engagement with family
- Red flags

LET'S DO AN EXERCISE

**Assessing for protective strategies
used by abused caregiver**

- Help seeking strategies

- Think beyond the traditional methods of safety

- Are strategies still effective?

Safety planning

- Safety planning in context of Intimate Partner Violence
- Safety Plans must be fluid
- Safety planning for adult survivor and children

RESOURCES

- Michigan Domestic Violence Prevention and Treatment Board
www.michigan.gov/domesticviolence
- Michigan Resource Center
resourcecenter.info
- Michigan Coalition Against Domestic and Sexual Violence
www.mcadsv.org
- Batters Intervention Service Coalition of MI
<http://www.biscmi.org/>

THANK YOU

Marsha Lewis
Family Preservation
Trainer/CWTI
LewisM9@michigan.gov

Joyce Wright
Michigan Domestic
Violence Prevention and
Treatment Board
Wrightj2@michigan.gov

HANDOUT IV – 7

STEPS IN CONDUCTING ROUTINE DIRECT INQUIRY ABOUT DOMESTIC VIOLENCE

1. Victim safety and confidentiality is the priority when conducting routine direct inquiry.
 - a. It is not safe for victims to talk about domestic violence in front of the perpetrator, as it may lead to retaliation by the perpetrator. Consequently, the practitioner should only raise the issue of domestic violence in individual sessions with family members. A standard part of developing a relationship with the family should be some individual time with each family member. It is only during that individual time that the routine, direct inquiry about possible domestic violence should be done.
 - b. The routine inquiry about domestic violence should be done first with the woman. Once that inquiry is complete, then she should be told that given the prevalence of domestic violence all family members are asked these questions. If the perpetrator is available to the practitioner, the woman should be asked if inquiry about the domestic violence with her partner will present a problem for her. Explain how the inquiry is conducted and that her comments will not be revealed to her partner during the routine inquiry and never without her specific permission. Then explore the potential consequences of the inquiry (“How is he likely to respond to such questioning?” “How would he respond to you?” “Is there any reason why I should not ask about this issue with him” “Would you be in danger if the subject is raised in this way?”). If a victim does not want the practitioner to ask even routine questions about the problem, then the practitioner should not do so. If the partner’s domestic violence is already public knowledge, the victim should be asked about the consequences of the practitioner not raising the issue (“He knows that I already have a written report about the last beating. “Would there be any consequences to you if I do not raise the issue with him directly?”)
 - c. Sometimes family members (victims, perpetrator, or children) do not feel safe discussing domestic violence even in individual, confidential sessions. The victim may fear retaliation from the perpetrator if she discusses the abuse. The perpetrator may fear the consequences of others knowing about his abusive conduct. While it is important to invite family members into discussing these issues, they should not be coerced. Disclosure can make things worse.
 - d. Whenever domestic violence is reported by the victim, all information provided by the victim must remain confidential. Revealing even seemingly insignificant information (e.g., information not related to the domestic violence) provided by her may endanger her. Information from these separate sessions should not be revealed to the perpetrator without the victim’s specific permission, and only after the consequences of such disclosure have been explored with the victim and a safety plan has been developed with

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- her (“How do you think he would react to knowing that you discussed ‘x’ problem with me – e.g., the abortion, the fear of the children, your concerns about his drinking? Would you be in danger if he knew you talked about these issues with me?”). The victim should be told when and how the topic of domestic violence is raised with the perpetrator.
- e. Even if the victim’s permission has been given for doing the routine inquiry with the perpetrator, the practitioner should never raise the issue by saying, “This is what your partner told me.” Such a confrontation only raises the perpetrator’s defensiveness and can put the victim in jeopardy. It is best to do skillful inquiry that results in the perpetrators self-report as a basis of discussion with him rather than any comments from the victim.
 - f. Sometimes one family member (victim, child, or perpetrator) reports domestic violence and the other does not.
 - i. If the victim reveals domestic violence in her interviews and the perpetrator does not, then the practitioner can work on this issue with the victim, but not with the perpetrator unless she requests that the practitioner talk with the perpetrator about this. Her confidentiality must be maintained.
 - ii. If the child reports the information, then the practitioner should discuss this with the adult victim.
 - iii. If the practitioner has heard about the violence first from the perpetrator, or all members of the family reveal the abuse, then the victim should be told about the conversation with the perpetrator. Keeping the perpetrator’s information about domestic violence between the practitioner and the perpetrator only colludes with the perpetrator’s control over the victim. Breaking the perpetrator’s secrecy is important to decrease his control of the victim through disinformation and isolation. However, maintaining the victim’s confidentiality is crucial to her safety.
 - g. While it is preferable to gather information about potential domestic violence during individual sessions, it is not always possible. If a family member should disclose domestic violence in front of another family member, the information should be noted as a legitimate concern of all. The practitioner could say the person reporting it, “I can understand your concern/fear and we can think and talk some more about how best to respond when we meet again.” Then redirect that topic to individual sessions. If the family member reveals something that indicates immediate danger to a person, then any necessary emergency interventions should be carried out immediately. However, even when raised in a family session, the domestic violence should be assessed further in separate, confidential sessions with the victim.
 - h. Obviously, before undertaking routine, direct inquiry, the practitioner must be skilled in the assessment and intervention of domestic violence in order to be prepared to work with the family members once they self-disclose.

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2. Attention must be paid to the types of comments made as well as to the manner in which statements are made and questions are asked.

As with other family preservation contacts with family members, the practitioner's approach to this inquiry should be matter-of-fact and direct; conveying concern for all family members. The practitioner should be open to hearing what the individual says, and should not express anger, fear, or disgust. At this initial inquiry, self-disclosure by the family member will be inhibited by any strong reactions on the part of the practitioner. The tone of this conversation should convey that it is perfectly routine and normal that the practitioner and the family member are discussing this topic and that talking about these issues is in the best interest of all family members. The more calm, matter-of-fact, and competent the practitioner is in making inquiries into the topic, the more willing all family members will be to engage with the practitioner on this issue.

3. The practitioner should give care to the type of questions asked and statements made by doing the following.
 - a. Set the context for the inquiry by offering some opening comments, such as “In order to be of assistance to you, I would like to get to know you and how your family relates. I have some general areas to ask about. One of the areas I would like to know about is how you handle disagreements and conflicts in this family. Conflicts are a natural part of family life, but dealing with conflicts can be difficult. Since domestic violence is a problem in many families, I now ask these questions of every family I meet so I can be of assistance to them.”
 - b. Seek descriptions of behaviors (what takes place), rather than evaluations of those behaviors.

Individuals are more able to disclose difficult materials when they are asked to behaviorally describe what happens, rather than when asked to evaluate what has occurred. In asking about conflicts, the practitioner wants to know how each person acts, rather than just the topics of arguments or how they feel about conflicts or their partner. They may ask questions such as: “How do you fight? How do you show anger? How does your partner show anger to you? Have you ever been injured during an argument? Have you ever hurt or injured your partner? Are you afraid of being harmed or of harming someone else?”

- c. Ask general questions or make general statements at first, and then follow up with specifics for clarification.

Family members may say things like, “Sometimes I just walk away or scream or go drinking.” It is helpful to follow up that “sometimes” with inquiries into what they do at other times.

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HANDOUT IV – 7

Sometimes a statement, combined with a multiple-choice question will help. “All partners fight. When you get into it with your partner, do you (or does that person) shove, push, grab, or hit your partner (you)?” This multiple-choice question prompts family members to directly discuss the use of physical force. For the family where there is domestic violence, this interview strategy allows the person to acknowledge one type of physical abuse, usually the least serious, while also making a disclaimer like, “I am not a battered wife (or a wife beater). I do not do any of that,” and will come back with a behavioral description of what they do.

- d. Ask family members to tell the story of the most recent fight or the worst fight. This can reveal a lot of information. Listen for any descriptions of someone using physical force against person or property or threats of violence or harm.
- e. As victims or perpetrators start to disclose the violence and describe actual incidents, listen for the negative impact of the violence on the speaker. Oftentimes, the impact of the abuse becomes a motivator for that individual to work with the practitioner about the domestic violence. Victims talk about injuries, or fear, or concerns about children. Perpetrators talk about being upset about seeing injuries of victim, or responses of children, or involvement of community officials. The impact of the behavior can be mirrored back to the speaker with a simple naming of the abusive behavior as a problem worth addressing (e.g., “You seem concerned about what is happening. That kind of abusiveness is harmful to all. I am willing to work with you on this concern.”). This process opens the door through which the victim or perpetrator start to discuss the violence in the relationship.

These approaches encourage a great deal of self-disclosure on the part of both victim and perpetrator, as well as other family members who are affected by the abuse. Of course, there are those who will lie or even deny domestic violence, and are not ready to work on this issue. Routine inquiry does not guarantee 100 percent disclosure by all affected families, but more families will be identified with the approach than without it.

HANDOUT V – 8

SAFETY PLANNING TOOL

ASK SOME OF THE FOLLOWING QUESTIONS AS YOU DISCUSS SAFETY.

- In what way can I (and others) help you?
- What do you feel you need to be safe?
- What particular concerns do you have about your children's safety?
- What have you tried in the past to protect yourself and your children (e.g., left for a few days, sought help from family or friends, fought back, got an order for protection)? Did any of these strategies help? Will any of them help you now?

IF THE CLIENT HAS HAD THE PERPETRATOR EVICTED OR IS NOW LIVING ALONE, EVALUATE THE FOLLOWING OPTIONS WITH HER:

1. Changing locks on doors and windows.
2. Installing a better security system – window bars, locks, better lighting, smoke detectors, and fire extinguishers.
3. Teaching the children to call the police or family and friends if they are snatched.
4. Talking to schools and childcare providers about who has permission to pick up the children and developing other special provisions to protect the children.
5. Finding a lawyer knowledgeable about family violence to explore custody, visitation, and divorce provisions that protect the children and the victim.
6. In rural areas where only the mailbox may be visible from the street, covering the box with bright colored paper so that police can more easily locate the home.
7. Obtaining an order protection.

IF THE CLIENT IS LEAVING THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

- How and when can she most safely leave? Does she have transportation? Money? A place to go?
- Is the place she is fleeing to safe?
- Is she comfortable calling the police if she needs them?
- Whom will she tell or not tell about leaving?
- What can her and others do so that her partner will not find her?
- Does she know the number of the local shelter?
- What custody and visitation provisions would keep her and the children safe?

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HANDOUT V – 8

➤ Would an order of protection be a viable option?

IF YOUR CLIENT IS STAYING WITH THE PERPETRATOR, REVIEW THE FOLLOWING WITH HER:

1. In an emergency what works best to keep her safe?
2. Whom can she call in a crisis?
3. Would she call the police if the violence starts again? Is there a phone in the house or can she work out a signal with the children or the neighbors to call the police or get help?
4. If she needs to flee temporarily, where can she go? Help her think through several places where she can go in a crisis. Write down the addresses and phone numbers.
5. If she needs to flee, where are the escape routes from the house?
6. Identify dangerous locations in the house and advise her to try not to be trapped in them.
7. If there are weapons in the house, explore ways to have them removed.
8. Advise her to make an extra set of car keys and hide some money in case of an emergency.
9. Remind her that in the middle of a violent assault, it is always best for her to trust her judgment about what is best – sometimes it is best to flee, sometimes to placate the assailant, anything that works to protect herself.
10. Advise your client to have the following available in case she must flee.
 - Birth certificates.
 - Social Security cards.
 - Marriage and driver's licenses and car title.
 - Bank account number, credit and ATM cards, savings passbooks.
 - Lease/rental agreements, house deed, mortgage papers.
 - Insurance information and forms.
 - School and health records.
 - Welfare and immigration documents.
 - Medications and prescriptions.
 - Divorce papers or other court documents.
 - Phone numbers and addresses for family, friends, and community agencies.
 - Clothing and comfort items for her and the children.
 - Keys.

DOMESTIC VIOLENCE PROGRAMS AND FAMILY PRESERVATION SERVICES: FINDING COMMON GROUND AND CREATING A PARTNERSHIP

Janet Findlater, J.D.
Wayne State University Law School
Detroit, Michigan

Susan Kelly, MSW
Michigan Department of Social Services
Lansing, Michigan

Violence against children often occurs in families where there is violence against women.

Women battering and child abuse often occur in the same family:

- Large-scale studies show that approximately 50% of men who batter their women partners also abuse the children in their home.
- One study showed that of 200 substantiated cases of child abuse, 30% of the cases showed evidence of adult domestic violence.

Historically, child protective services and domestic violence programs, while often working with the same families, have not collaborated to create the most effective, appropriate, and safe intervention. It is part time for that collaboration to begin.

Children witnessing violence may be at-risk:

- An estimated 3.3 to 10 million children witness domestic violence each year.
- Multiple studies have found increased problems among children who witness domestic violence.

Child welfare and domestic violence programs serve large numbers of single-mothers and their children:

- Women separated from violent partners make up a large proportion of battered women (44% in one Minnesota study). These women are often mothers with children.
- Child welfare programs also often serve single-mothers. Data show that from 32.5% to 72% of those receiving child welfare services are single, female-headed households.

FAMILY PRESERVATION SERVICES

A Practical Approach to Keeping Families Together Safely

Family Preservation staff work with families in their own homes and use a combination of techniques to teach them how to plan for safety and reduce risk.

Responsive – A home visit, within 24 hours of referral to one of the Family Preservation programs.

Skill-Building – Teaches positive practical ways to handle life's problems and family dynamics.

Intensive – A minimum of 5 hours per week of direct service and up to 20 hours or more per week, if necessary.

Family Centered – Ability to work with all members of the family network.

Accessible – Families can contact staff directly 24 hours, 7 days a week.

Practical – Hands-on assistance to cope with everyday demands as well as the immediate crisis.

Focused on Family Strengths – To overcome weaknesses.

Time Limited – 4 to 6 weeks of intensive crisis intervention services.

Goal Oriented – 2 to 4 objectives developed with the family to address problem that led to the crisis.

Thorough – Follow-up 3, 6, and 12 months after completion of Families First (6 and 12 months after completion of Family Reunification).

FAMILY PRESERVATION/DOMESTIC VIOLENCE

- Philosophy -

- The FAMILY is the focal point of services.
- Children have a right to a violence free family.
- The Family is the fundamental resource for the nurturing of children.
- Domestic Violence has devastating effects victims, their children, and the entire society.
- Empowerment of survivors combined with social change is needed to provide a violence-free home for the family.
- Survivors need access to safety; information about domestic violence; available options, including legal rights and services; and, community resources.
- Survivors must be treated with dignity and respect, and be provided with support and advocacy.
- Our first and greatest investment is to the care and treatment of children in their own homes.
- Parents should be supported in their efforts to care for their children.
- It is in the best interest of the child to support the non-offending parent.
- Families are diverse and have a right to be respected in their distinct cultural, racial, ethnic, economic, and religious positions.
- Children can be reared well in different kinds of families and one family form should not be discriminated against in favor of another.
- The bond between the non-offending parent and the child needs to be developed and strengthened.