

**King County Domestic Violence and Child Maltreatment
Coordinated Response Guideline**

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- **King County Department of Community and Human Services, Community Services Division, Women's Program: Natalie Lente**
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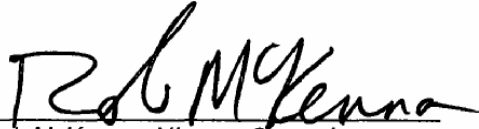
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Project Participants

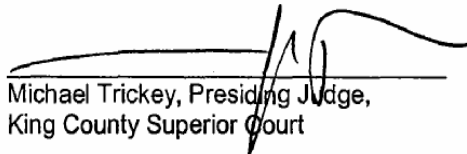
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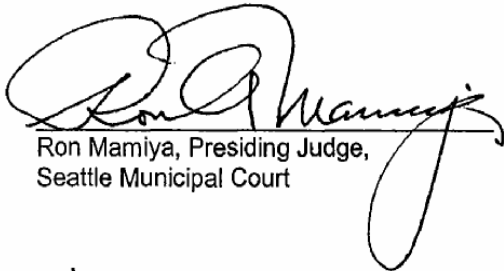
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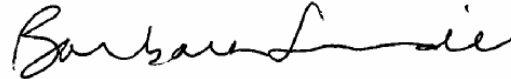
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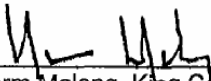
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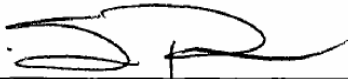
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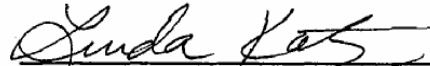
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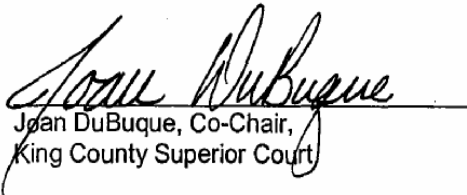
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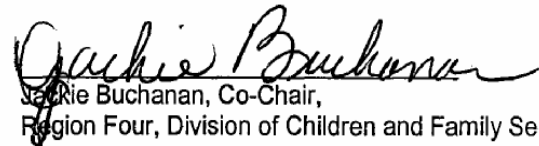
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Introduction

Project Background:

Domestic violence (DV) and child maltreatment are public health issues that permeate every community in Washington State. Studies at the national and local levels have documented the co-occurrence of DV with child maltreatment. The National Family Violence Survey of 1985 revealed that 50% of the fathers who physically abused their partners three or more times in the year of the study had also physically abused their children three or more times that year.¹ Many families referred to Child Protective Services (CPS) Intake for child maltreatment concerns also have identified DV concerns. With a study conducted on Washington State CPS cases researchers have estimated that 47% of the referrals accepted for CPS investigation have some indication adult DV in the child's home.² The researchers also found that these CPS referrals with DV indications were more likely be reported for emotional maltreatment, have multiple types of abuse and neglect risk factors, have higher rated risk factors, have multiple prior CPS referrals, and were more likely to be substantiated for abuse and neglect. The increased risk of harm with co-occurring DV and child abuse was also found with a 2002 retrospective study from children and youth in the Seattle Public School system. Children experiencing child abuse and DV exposure were significantly at greater risk of poor academic performance as compared to children who had DV exposure alone.³

In the most lethal forms of domestic violence, children can witness a homicide in their home or may even be murdered themselves. The Washington State Coalition Against Domestic Violence reports that half of the women murdered by an intimate partner from January 1997 to June 2004 had children living with them. In 63% of these cases children were in the home when the murder occurred, and in 43% of these cases the children witnessed their mother's murder. Five percent (n=8) of these children were murdered along with their mothers.⁴

Recognizing the overlap between cases involving domestic violence and child maltreatment, Justice Bobbe Bridge in 2002 initiated a statewide effort to develop and adopt coordinated systems response protocols. A statewide leadership group was formed and over a two year period developed a protocol template. This template was completed in September, 2005. The state template provided the framework and governing principles for each region in Washington State to develop a coordinated response protocol tailored to the needs and resources of each particular region. Signatories included the Washington State Supreme Court, Washington State Attorney General, Washington State Children's Administration (DSHS), Washington State Office of Public Defense, Washington State CASA and the Washington State Coalition Against Domestic Violence.

In addition to the statewide leadership network, five regional leadership teams, based on the regional divisions of the Washington State Department of Social and Health Services

¹ Straus, M.A. & Gelles, R.J. (1990). *Physical violence in American families*. New Brunswick, NJ: Transaction Publishers.

² English, D., Edleson, J. & Herrick, M. (2005). Domestic violence in one state's child protective caseload: A study of differential case dispositions and outcomes. *Children and Youth Services Review* 27(2005), 1183- 1201.

³ Kernic, M, Holt, V., Wolf, M., McKnight, B., Huebner, C., Rivara, F. (2002). Academic and school health issues among children exposed to maternal intimate partner abuse. *Archives Pediatric Medicine*, 156, 549-555.

⁴ Washington State Coalition Against Domestic Violence (2002). *Tell the world what happened to me: Findings and recommendations from the Washington State Domestic Violence Fatality Review*. Report available <http://wscadv.org>

(DSHS), were established. A DSHS regional division map is located in Appendix A, and a DSHS organizational map is located in Appendix B. The five regional leadership teams were formed in 2004 and began the work of developing their region-specific coordinated response protocols.

Region Four (King County) regional leadership group held an initial summit with its community stakeholders on September 16, 2005. Over 70 individuals representing a broad cross section of those involved in domestic violence and child maltreatment issues attended the initial summit. At that time, the project was divided into 5 main workgroups, respectively addressing, Agencies, Court Collaboration, Interventions, Services and Information Sharing. Each workgroup was chaired by a member of the regional leadership team. The workgroups met regularly over the course of the ensuing months to develop the contents of this Coordinated Response document. On February 21, 2006 the draft Coordinated Response document was presented to all of the participants from the September 16, 2005 summit and workgroup members. The leadership team performed final editing of the Coordinated Response document.

King County is very fortunate to have such an active, interested and involved group of participants. This community is committed to taking a lead role in developing effective systems responses to domestic violence and child maltreatment issues. Tremendous enthusiasm, interest, and energy have been devoted to this project and the development of a document that will be of assistance to the community at large. Work on this project has also opened up lines of communication, developed better understandings and renewed the dedication of the participants to work toward serving the best interests of children and their families who are affected by domestic violence and child maltreatment.

This DV and child maltreatment coordinated response guideline is the result of over two years worth of effort by the leadership group, community participants and cooperating parties in Region Four, which is the entirety of King County. This response guideline aims to achieve safety for both children and domestic violence survivors and accountability for the offender to help ensure that the best interests of our children are effectively protected.

This document reflects the beginning of efforts to continue this coordination. The efforts of this project will be continued through a King County Oversight Group to insure that we continue to review the Coordinated Response document, continue to work on improving coordination among our systems, and make changes and updates to the Coordinated Response document as needed.

King County DV and Child Maltreatment

Coordinated Response

Mission Statement

The purpose of this agreement is to provide guidelines for an effective, coordinated systems response in King County for children, ages from birth through 17 years, affected by domestic violence (DV) and child abuse/neglect (CA/N). These guidelines help ensure that the actions of one agency do not compromise the goals of other agencies. In addition, the agreement serves to improve responses and services, increase the safety of children, support the non-offending DV survivors, and increase accountability for DV perpetrators. Primary participants are the judicial officers and other program staff in criminal and civil courts, law enforcement agencies of King County, the Office of the Prosecuting Attorney, the Washington State Attorney General, Public Defender Agencies, and the Washington State Department of Social and Health Services, Division of Children and Family Services Region Four.

This Mission Statement operates under these guiding principles:

- Child/youth-witnessing of DV shall not be considered child maltreatment per se. A thorough assessment should be conducted by the appropriate entity to determine the level of risk posed to the child/youth by the occurring DV.
- It is generally in the best interest of the children to remain in the care of the non-offending parent.
- Increasing the safety, autonomy and emotional well being of the adult DV survivor generally leads to safer outcomes for children.
- An individualized family response plan should be developed that will lead to increased safety for all members of the family.
- Children and their families experiencing DV should be offered effective treatment and support resources. Developmentally appropriate and culturally relevant services should be provided.

COOPERATING AGENCIES

- King County Superior Court
 - Court Appointed Special Advocate (CASA) Dependency Program
 - Family Court Services
- Washington State Department of Social and Health Services, Region Four, Division of Children and Family Services
- King County Executive's Office
- King County Office of the Prosecuting Attorney
- King County Sheriff's Office
- King County Coalition Against Domestic Violence
- Washington State Attorney General's Office
- Children's Hospital and Regional Medical Center
- Public Defender Agencies (SCRAP, ACA, TDA)
- Seattle City Attorney's Office

Glossary of Terms and Definitions

“**AAG**” means an Assistant Attorney General

“**ACP**” means the Address Confidentiality Program

“**AG**” means the Attorney General

“**BIP**” means a Batterer’s Intervention Program

“**CA**” means the Children’s Administration of the Washington State Department of Social and Health Services

“**CA/N**” means child abuse or neglect

“**CASA**” means a Court Appointed Special Advocate who acts as an advocate for a child involved in court proceedings. The CASA dependency program provides advocates for children in dependency cases. The CASA family law program provides advocates for children in disputed custody cases in family court.

“**Child abuse or neglect**” means “sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child’s health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#); or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section. ([RCW 26.44.020\(12\)](#) effective 1/07).

“**Child negligent treatment or maltreatment**” means “an act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child’s health, welfare, or safety. When considering whether a clear and present danger exists, evidence of a parent’s substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in [RCW 26.50.010](#) that is perpetrated against someone other than the child do (does) not constitute negligent treatment or maltreatment in and of themselves (itself).” ([RCW. 26.44.020\(15\)](#) effective 1/07).

“**Child’s risk of imminent harm**” means “the significant possibility or likelihood a child will suffer serious physical or emotional harm in the near future” ([Children’s Administration Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4](#)). In assessing risk of imminent harm, the overriding concern is a child’s immediate safety.

“**CPS**” means Washington State Child Protective Services. In January 2007 CPS was reorganized into two units: “**Child Protective Services**” and “**Voluntary Services**”.

“**CPS Intake**” means the unit within CPS that creates reports of child abuse or neglect when people report an incident by telephone, fax or U. S. mail

“**CPT**” means a Child Protection Team, a service used by Children’s Administration and DCFS. The CPT is utilized to assist in assessment of the need to place children in out-of-home care and to assist in the assessment of future risk of abuse and neglect to children. The CPT is conducted by the DCFS office that has the case open for services.

“**CWS**” means Child Welfare Services. In, January 2007 the name of CWS was changed to “**Family and Child Dependency Services**”

“**DAWN**” means the Domestic Violence Abused Women’s Network, a provider of services to DV survivors

“**DCFS**” means the Department of Social and Health Services, Division of Child and Family Services

“**Dependent Child**” means any child who has been abandoned, is abused, or neglected as defined in [RCW 26.44.010](#) et seq by a person legally responsible for the care of the child or who has no parent, guardian or custodian capable of adequately caring for the child such that the child is in circumstances which constitute a

danger of substantial damage to the child's psychological or physical development. Once a dependency action is filed pursuant to [RCW 13.34.010](#), the court determines whether a child should be found to be dependent.

“Dependency” means the legal action file in juvenile court to determine whether a child is dependent and in need of state intervention and/or services.

“Domestic Violence” (DV) can be defined as a pattern of behavior or can be defined through statute. A behavioral definition of DV is “a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners”.⁵

“Domestic Violence” (DV) legal definition as stated in [RCW 26.50.010](#) means: (a) physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members; (b) sexual assault of one family or household member by another; or (c) stalking as defined in [RCW 9A.46.110](#) of one family or household member by another family or household member. “Family or household members” means spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren. “Dating relationship” means a social relationship of a romantic nature. Factors that the court may consider in making this determination include: (a) the length of time the relationship has existed; (b) the nature of the relationship; and (c) the frequency of interaction between the parties.

“Domestic Violence Advocate” is a general term. Types of advocacy work vary depending on an advocate's role and function with DV adult survivors and children. Types of DV advocates include the following.

- **“Community based domestic violence advocate”** means a DV advocate employed by a non-profit DV survivor services agency to provide crisis intervention, DV education, information, and safety planning. Advocates also refer to community resources or help survivors access legal, financial, housing, health, counseling, and other services and supports.
- **“Community-based domestic violence children's advocate”** means a DV advocate employed by a non-profit DV survivor services agency to provide a range of supportive services to children affected by domestic violence, and parenting support to DV survivors.
- **“Community based legal advocate”** means a DV advocate employed by a non-profit DV survivor services agency to provide civil and criminal legal education and assistance, but not representation, to DV survivors.
- **“Sexual assault advocate”** means an employee or volunteer from a rape crisis center, victim assistance unit, program, or association, that provides information, medical or legal advocacy, counseling, or support to survivors of sexual assault, who is designated by the survivor to accompany the survivor to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
- **“System-based advocate”** means a DV advocate employed by a prosecutor's office, police department, or court.

“Domestic Violence Perpetrator” or “Domestic Violence Offender” means the person who uses pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks, as well as economic coercion with their intimate partner.

“Domestic Violence Survivor” means the person who is abused by their intimate partner.

⁵ Washington State Gender and Justice Commission (2002). Domestic Violence Manual for Judges.

“**DSHS**” means the Washington State Department of Social and Health Services

“**DSHS/CA**” means the Washington State Department of Social and Health Services/ Children’s Administration

“**DSHS/CA/DLR**” means the Washington State Department of Social and Health Services/ Children’s Administration, Division of Licensed Resources

“**DV**” means domestic violence

“**DVPA**” means Domestic Violence Protection Act

“**DVPO**” means a DV protection order, an order issued in civil cases

“**DVU**” means Domestic Violence Unit of King County Prosecuting Attorney’s Office

“**EDVP**” means the Eastside Domestic Violence Program, a provider of services to DV survivors

“**FCS**” means Family Court Services

“**GAL**” means a Guardian Ad Litem

“**JABS**” means the Judicial Access Browser System; a WEB based application for Superior and limited jurisdiction court sharing of case and order history.

“**JIS**” means Judicial Information System, the primary information system for Washington courts. JIS maintains a statewide network and provides statewide information sharing for: person information for criminal, domestic cases and DV cases, including protection order information and individual criminal history information.

“**Licensed facility**” means any foster homes, group homes, family day care homes, child care centers, crisis residential centers, and secured crisis residential centers that are licensed or certified by DSHS Children’s Administration or Department of Early Learning.

“**LFLR**” means Local Family Law Rule.

“**Mandated reporter for child abuse**” means any person as specified by [RCW 26.44.030\(1\)](#) who has reasonable cause to believe a child has suffered abuse or neglect. Such a person must report the incident, or cause a report to be made, to the proper law enforcement agency or to DSHS. The report is to be made at the first opportunity and in no case longer than 48 hours after there is reasonable cause to believe the child has suffered abuse or neglect.

“**NCO**” means a no contact order, or an order issued in criminal cases.

“**No contact order**” means a criminal order issued by a municipal, district, or superior court judge under [RCW 10.99](#) and [26.50](#) to forbid or limit contact by criminal defendants with victims and witnesses of domestic violence. A no contact order is different than a civil order such as a protection order, restraining order, or anti-harassment order. A no contact order is issued after a criminal defendant is held in custody on probable cause or criminal charges have been filed by a city attorney or county prosecutor for a domestic violence offense. Such an order is requested by a city attorney or county prosecutor to protect the safety of victims or witnesses.

“**Protection order**” means a civil order as described by Washington State Law, [RCW 26.50](#). This order is designed for people who are experiencing physical violence, threats of physical violence (those who fear imminent harm), sexual assault or stalking committed by a family or household member. Although a protection order is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, contacting the victim and or minor children, and from coming to the home, school, workplace, daycare, or other designated location.

“**Protection order advocates**” means an advocate employed by a prosecutor's office or court to assist petitioners in filing protection orders.

“**Restraining order**” means a civil order granted in connection with a pending family law or juvenile court proceeding ([RCW 26.09](#), [RCW 26.10](#), [RCW 26.26](#), [RCW 26.44](#)) which restricts the person restrained from

certain types of behavior, including molesting or disturbing the peace of a party or a child, from coming to the workplace, residence, school, daycare or other specified locations where the protected person(s) may be, from removing a child from the jurisdiction of the court or from the residential care of a named custodian or parent, or being within a specified distance of the protected person(s). A violation of the above types of restraint provisions may subject the violator to arrest and criminal charges and/or a contempt hearing. Each statute should be specifically consulted as the range of available restraints may vary. These restraining orders may be modified or revoked. These restraining orders generally terminate upon the dismissal of the family law or juvenile court proceeding and/or upon entry of a final decree.

“**SAU**” means the King County Prosecutor’s Office Special Assault Unit

“**Sufficiency Screen**” means the screening tool used by DSHS to determine if there is sufficient information to warrant a law enforcement or CPS investigation.

“**Third party offender**” means an offender who is not a parent or guardian or legal custodian.

“**UFC**” means Unified Family Court.

“**Vulnerable Adult**” means as specified by [RCW 74.34.020\(13\)](#) a person that is frail, elderly or is an incapacitated adult that is: (a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) Found “incapacitated” under chapter [11.88 RCW](#); or (c) Who has a developmental disability as defined under [RCW 71A.10.020](#).

Section One:

Mandated Reporting of Child Abuse/Neglect

- I. **INTRODUCTION:** Throughout the justice, law enforcement, child welfare, social service, medical, mental health and educational systems, individuals in certain positions are required by state law to report known or suspected child abuse and neglect. Under state law [RCW 26.44.020\(15\)](#), exposure to DV that is perpetrated against someone other than the child does not in and of itself constitute child maltreatment or negligent treatment. This law, effective January 1, 2007, has yet to be interpreted by the courts. The legislative intent was to prevent agencies and the court from the precipitous removal of children from their homes when, by following principles of supporting DV survivor safety and offender accountability, children can be safely left in the care of the non-offending parent. This section outlines the scope of those mandatory reporting laws, defines who is a mandatory reporter, and describes Child Protective Services (CPS) Intake referral guidelines in DV cases.
- II. **MANDATED REPORTING LAWS:** The purpose of mandated reporting laws is to protect abused or neglected children who may be unable to protect themselves.
 - A. All providers represented in this guideline are mandated to report any unreported incidents or suspected incidents of child abuse or neglect. This includes employees of Department of Social and Health Services, Division of Children and Family Services, Assistant Attorney General's Office, DV advocacy programs, law enforcement, health care, prosecutor's office, and Family Court Services.
 - B. Mandated Reporters are "any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, or state family and children's ombudsman or any volunteer in the ombudsman's office has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or the department as provided in [RCW 26.44.040](#). [RCW 26.44.030\(1\)\(a\)](#)."
 - C. Failure to report known or suspected child abuse and/or neglect is a gross misdemeanor and can be a violation of professional licensure.
 - D. If an agency or provider has any question regarding their status as a mandated reporter, they can and should contact CPS for clarification.
 - E. This mandated reporting requirement is one of the exceptions to privilege and confidentiality of information sharing.
- III. **CPS INTAKE REFERRAL GUIDELINES IN DV CASES**
 - A. Exposure to DV may be but does not necessarily constitute negligent treatment or maltreatment in and of itself.
 - B. The person responsible and accountable for exposing children to DV is the perpetrator of the violence, not the survivor of it.
 - C. Referrals should be made to CPS Intake when there are allegations of "negligent treatment or maltreatment." This means "an act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in [RCW 26.50.010](#) that is perpetrated against someone other than the

child does (does) not constitute negligent treatment or maltreatment in and of themselves (itself).” ([RCW 26.44.020\(15\)](#) effective 1/07).

- D. Referrals to CPS Intake should be made in cases where there are allegations of “child abuse”. This is defined as sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child’s health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#).
- E. Referrals to CPS Intake should be made in cases where there is a “risk of imminent harm”. This is defined as “the significant possibility or likelihood a child will suffer serious physical or emotional harm in the near future” ([Children’s Administration Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4](#)). In assessing risk of imminent harm, the overriding concern is a child’s immediate safety.

IV. MANDATED REPORTING PROCEDURES (see Appendix C for CPS reporting numbers and recommendations for CPS reporting in DV cases)

- A. If there is an immediate risk of harm or injury to a child the reporter should notify law enforcement by calling 911.
- B. When making a CPS Intake report, a mandated reporter should alert CPS Intake that the referral involves DV and precautions may be needed to ensure the safety of the adult and child DV survivors.
- C. Under Washington’s mandated reporting laws, the report is to be made at the first opportunity but no later than 48 hours after there is reasonable cause to believe the child has suffered abuse or neglect.
- D. The following information must be provided when making a report of suspected child abuse or neglect:
 - 1. Name, address and age of the child
 - 2. Name and address of the child’s parents, stepparents, or person having custody of the child
 - 3. Nature and extent of the alleged injury or injuries, neglect or sexual abuse
 - 4. Any evidence of previous injuries, including their nature and extent
 - 5. Any other information that may be helpful in establishing the cause of the child’s injuries or alleged perpetrator(s).
- E. A mandated reporter cannot make an anonymous report.
 - 1. Mandated reports must provide their names; however, they may ask to keep their name “confidential.”
 - 2. It is also acceptable that the mandated report use the name of their executive director of the agency or their supervisor provided that the director or supervisor can identify and contact the mandated report if further information is needed.
 - 3. It is also acceptable for the person making the referral to provide a professional name, provided the person making the referral can be identified and located by using the professional name.
- F. Upon receiving a report of alleged child abuse and neglect, DCFS or investigating law enforcement agency shall have access to all relevant records of the child in the possession of mandated reporters and their employees [RWC 26.44.030\(11\)](#).

Section Two:

Agencies Roles, Responsibilities and Coordination

- I. INTRODUCTION:** In developing a coordinated community response to DV, child maltreatment, and child exposure to DV, it is important that the role and responsibilities of each agency involved are clearly described and outlined. The purpose of this section is to describe the general roles and policies of each agency, and how each agency operates and/or investigates DV cases.
- II. ROLE OF CHILDREN'S ADMINISTRATION (CA), DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS), AND CHILD PROTECTIVE SERVICES (CPS)**
- A. Goal of DCFS, Child Protective Services (CPS):** The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children. CPS is a program of DCFS and is available on a 24-hour basis in all geographic areas of Washington State.
- B. Service Description for DCFS/CPS :** The purposes of DCFS/CPS are to:
1. Receive and assess referrals from the community alleging child abuse and neglect (CA/N), which includes child maltreatment.
 2. Assess risk of future abuse or neglect to children.
 - a. Investigate referrals alleging CA/N or the risk of CA/N:
 - b. Determine the existence of CA/N
 - c. Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk-assessment model.
 3. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N.
 4. Develop culturally responsive case plans which:
 - a. Prevent or remedy CA/N in the shortest reasonable time
 - b. Prevent or reduce the need for out-of-home placement
 - c. Provide a safe and permanent home for a child
- C. CPS Intake Sufficiency Screening Questions:** The sufficiency screen determines if a referral is screened in for investigation or not. There must be a "yes" answers to all the following questions for the case to be eligible for CPS investigation:
1. Is there sufficient identifying information to locate the child?
 2. Is the alleged perpetrator of CA/N a caretaker of the child or acting as a legal custodian, or is the parent negligent in protecting the child from further child abuse and/or neglect?
 3. Is there a specific allegation of child abuse and/or neglect that meets the legal or the Washington Administrative Code definition?
 4. Is there a risk factor or multiple risk factors which place the child in danger of imminent harm?
- D. Case Disposition Decisions Made by CPS Intake:**
1. **Information Only** (No CPS investigation): Referrals that fail to pass the DCFS/CA sufficiency screen and do not meet the criteria for a mandatory report to law enforcement will not be investigated by either DSHS/CA or law enforcement, but will be recorded by DCFS for information purposes only.
 2. **Low Risk for Child Abuse or Neglect:** Referrals that pass sufficiency screening but are of low risk for CA/N are not investigated by CPS. These referrals may be sent to the Alternate Response System for community services, or the family may receive a telephone contact or letter contact only.
 3. **Accepted for Investigation:** These are referrals that meet sufficiency screening criteria, are at a moderate to high risk of CA/N, and are accepted for CPS investigation.

- E. **CPS Referrals to Law Enforcement for Mandatory Criminal Referrals:** Referrals that pass the DCFS/CA sufficiency screen which also fall within the criteria for a mandatory report to law enforcement will be investigated by both DCFS and law enforcement. "The department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency" [RCW 26.44.030\(4\)](#).
- F. **Other Referral Decisions by CPS Intake:**
1. **Non-criminal Referral** (Investigated by DCFS/CA only): Referrals that pass the DCFS/CA sufficiency screen but do not fall within criteria for a mandatory report to law enforcement (e.g., non-criminal neglect) will be investigated by DCFS/CA only.
 2. **Third Party Offender Referrals** (Investigated by law enforcement only): Referrals that meet the criteria for a mandatory report to law enforcement, where the perpetrator is a third party offender by definition, will be investigated by law enforcement unless the parent or guardian is failing to protect the child from the perpetrator, in which case a parallel DCFS/CA referral will be generated. Third party offender referrals reported to DCFS intake shall be reported to law enforcement
 3. **Incident Report Referrals:** Referrals that include reports of CA/N within licensed facilities as well as those subject to licensing, such as an unlicensed day care center, will be investigated by DSHS/CA/Division of Licensed Resources (DLR) unless the allegation falls within the criteria for a mandatory report to law enforcement, in which case both DSHS/CA/DLR and law enforcement will investigate.
- G. **Ongoing Case Management:** DCFS/CA will remain involved as long as necessary to complete its investigation and to ensure the safety of children. This may entail out of home placement of the children by a voluntary placement agreement with the parents or the filing of a dependency petition by DCFS/CA in juvenile court. In cases where there is a protective non-offending parent, DCFS/CA may close the case once protective measures have been assured through criminal proceedings, family law department action, orders of protection, or other means.
- H. **DCFS Service Outcomes for Case Investigations:** The DCFS/CA social worker shall achieve one of three outcomes for investigations:
1. A written voluntary service agreement with the family signed by the participants
 2. A dependency action filed by juvenile court.
 3. Closure of the case.

III. ROLE OF THE ATTORNEY GENERAL'S OFFICE

- A. **Dependency Petition Filed:** The Attorney General's (AG's) Office through an Assistant Attorney General (AAG) represents the DSHS/CA social worker in dependency proceedings brought in juvenile court. A dependency petition may be filed to ensure the safety of the child and the child may be placed out-of-the home. The assistant attorney general assigned to the specific case will maintain contact with the appropriate law enforcement agency and the appropriate prosecutor's office as needed.
1. Dependency petitions may be filed by DSHS. Consultation with or notice to the AG's office is not required for DSHS to take this action.
 2. An "AAG of the day" will appear at the 72 hour shelter care hearing and represent the Department.
 3. A specific AAG will be assigned to the case by the 30 day hearing.
 4. The dependency statute requires that the fact finding hearing on the dependency petition be held within 75 days of the filing of the petition, unless the court finds exceptional reasons for a continuance. This period of time between filing and the fact finding hearing is taken up with pretrial hearings and negotiation. The fact finding date may be continued. Continuances occur in slightly less than half of the cases filed.
 5. If dependency is established by agreement or at the fact finding hearing, services are ordered. Potential services for DV perpetrators may include batterer's treatment program and orders excluding the perpetrator from the family's shared residence. Potential services for DV survivors may include DV protection orders and referrals to DV survivor service agencies.

6. A termination petition may be filed if there has been no change in the parent's ability to adequately care for the child, and the child has been placed out of the home for at least six months.
- B. **No Dependency Petition Filed:** The Attorney General's Office may provide legal advice and consultation to DSHS/CA regarding specific reports of abuse or neglect and provide advice as to whether the statutory requirements for dependency are met.
 - C. **Licensed Facility Investigations:** The Attorney General's office should be consulted when necessary for legal advice and consultation during the course of a licensed facility investigation.
 - D. **Coordination:** The Attorney General's Office will coordinate with and notify law enforcement and the prosecutor's office of any action taken or decision made by the juvenile court that affects the criminal investigation. Information that comes to the attention of the Attorney General's Office may be shared with law enforcement pursuant to [RCW 13.50](#).

IV. ROLE OF DV ADVOCACY PROGRAMS

- A. **Overview:** King County is fortunate to have an extensive regional array of services for DV survivors that is seen as a model in the nation. Community-based agencies, which are mostly non-profit agencies, are located in all regions of the county. They provide crisis intervention, emergency shelter, and a variety of services to survivors from any geographic area. A number of agencies have developed innovative service models and provide culturally specific services to survivors from various ethnic communities including: gay, lesbian, bisexual and trans communities; faith-based communities, and survivors with disabilities. There are also services for survivors of DV involved in the criminal legal system, and much more limited support for survivors engaged in civil and family law proceedings.
- B. **Roles of Advocates:**
 1. Most of the providers of services to survivors are called "DV advocates". Their roles and functions depend upon whether or not they are employed by a prosecution agency, a law enforcement agency, a city, or a community agency (see Appendix D for a detailed description of the roles and functions of advocates).
 2. The specific function of an advocate within a particular prosecution/law enforcement agency or city may vary. Likewise, the function of a DV advocate employed by a community agency may vary from one community agency to another. It is best to always ask for role clarification in order to establish a good working relationship.
 3. DV advocates, regardless of the employer, provide services addressing the rights and needs of survivors (including children). DV advocates are concerned about survivor safety, provide survivors with information and resources, and make appropriate referrals.
 4. How and when advocates make contact with the survivor (or vice versa), record keeping guidelines, confidentiality of communication with survivors, and working guidelines may vary from agency to agency and are also guided by state and federal law. The advocate's role and the confidentiality requirements they are bound by will affect how the advocate can best work with CPS and other agencies to best protect the safety of the children and the DV survivor.
- C. **DV Advocates' Roles with Families Receiving DCFS/CPS Services:**
 1. In most cases, the advocate will work to support the adult DV survivor in her ability to protect the children.
 2. The advocate can be a resource for the CPS worker in trying to understand the role the DV has played in the abuse of the child, the level of threat the abuser poses to the children, and the protective actions the adult survivor has taken.
 3. The advocate will also work with the survivor to ensure that her rights are protected throughout the CPS process.
 4. In many cases where the DV survivor is the non-offending parent, the DV advocate will support the DV survivor in making report(s) to CPS.
 5. The Washington State Coalition Against Domestic Violence has developed a model protocol for community-based advocates working with DV survivors involved with the Child Protection system. The document provides excellent guidelines for advocates on how to assess when a report is required, how to make a CPS report, and how to support and advocate for the survivor and their

children throughout their involvement with the DCFS system. That protocol is available at http://www.wscadv.org/Resources/protocol_CPS.pdf.

D. DV Residential Shelter Programs and Child Maltreatment Investigations:

1. If there is a pending juvenile court action, a child maltreatment investigation, or the family has an open DCFS service plan, DCFS social workers have the right to know where children are residing.
2. When DCFS social workers need to see children/parents in DV shelters, they should work cooperatively with the shelter directors and DV advocates in a manner that proactively and intentionally avoids further trauma to children and/or families that have already suffered from traumatic effects of DV. This is particularly important when children are being removed from a DV shelter setting. DCFS workers should collaborate and confer with shelter staff to minimize escalation, and enter the milieu with the least possible disruption.
3. The roles of DCFS and law enforcement need to be clearly delineated when a child is to be removed from the parent and transported from shelter. Law enforcement's entry onto shelter grounds should be as quiet and unobtrusive as possible.
4. Each shelter will have its own protocols for DCFS intervention. It is critical that both DCFS and law enforcement confer with the shelter director/DV advocate in order to follow DV agencies' protocols that have been carefully designed to minimize trauma to the child, the parent, and all other shelter residents. Upon arrival to shelter grounds and during the entire transfer of custody, both DCFS and law enforcement should have continual communication with the shelter director/DV advocate to ensure that their roles are distinctly maintained.

V. ROLE OF LAW ENFORCEMENT

A. Law Enforcement's Roles are to:

1. Determine if a crime occurred
2. Identify criminal suspects
3. Gather all pertinent facts and information
4. Prepare the case for presentation to and review by the Prosecutor's Office.
5. Law enforcement is also required to notify CPS whenever a child is a suspected victim of child abuse or neglect.
6. Law enforcement must also assess the need for removal of a child, and if removal is required, determine placement with notice to and/or consultation with CPS.

B. Patrol's response to 9-1-1 DV calls: Patrol responds to calls and investigates. Patrol makes a determination whether a crime has been or is being committed and whether law enforcement action is needed. The following are guidelines for responding to DV scenes where children are present.

1. Identify any children that are present at the DV scene (see Appendix E for Children & DV Checklist Law Enforcement Investigation Guidelines).
2. Determine where the children were and what happened to the children during the DV incident.
3. Evaluate safety risks posed to the child and if there is any evidence of child abuse/neglect
4. Identify if children were a victim or witnessed the DV incident.
5. For identified child injuries, determine if emergency medical evaluation is needed.
6. Identify if there is a need to place children in protective custody.
7. Determine if CPS should be notified, if a CPS referral is required, or if no CPS action is needed.
8. Document what has happened to children and any physical evidence (see Appendix F for DV supplemental form).
9. Follow the particular law enforcement agency policy/procedures.
10. Provide information on rights under state law and available DV resources to adult survivor and witness.
11. Forward reports to appropriate city or county prosecuting agency on criminal cases.
12. Notify supervisors about very serious DV incidents and reports.
13. Case reports should be reviewed by supervising officer to determine if assignment to detective is necessary.
14. Identify if there is a need for a child interview specialist.

C. Child Maltreatment Investigations Involving Law Enforcement and CPS:

1. Police and CPS are entitled to access all relevant records in the possession of other mandated reporters and their employees [RCW 26.44.030\(1\)](#).
2. Police and CPS must share information regarding child abuse and neglect [RCW 26.44.030\(5\)](#). Copies of the police case report and all relevant related records are provided to CPS per [RCW 26.44.030\(11\)](#).
3. If there is a possible criminal case, law enforcement takes the lead, requests CPS social worker stand-by, and immediately contacts CPS social worker to coordinate the investigation.
4. Police conduct interviews, gather evidence, determine whether there is a need for removal, remove children if required, and determine placement of children in partnership with CPS. Police may interview the person making the report [RCW 26.44.030\(14\)](#).
5. Police and CPS may photograph the children [RCW 26.44.050](#).
6. Police and CPS are allowed by law to interview children outside the presence of their parents and without parental knowledge [RCW 26.44.030\(10\)](#). However, the King County Special Assault Network Protocol cautions against multiple child interviews and encourages a joint interview process.
7. Law enforcement shall submit case reports to appropriate prosecuting attorney's office, or submit report for additional law enforcement follow-up investigation and forwarding to the prosecuting attorney's office. Cases must be forwarded to the appropriate prosecuting attorney's office for review, whether charges are requested or not [RCW 26.44.030\(5\)](#).
8. Primary concern is the protection of the children.

VI. ROLE OF HEALTH CARE PROVIDERS

- A. **Overview:** It is important that survivors and their children have access to and receive health care that addresses their physical and mental health needs. Health care providers should be responsive and sensitive to the unique needs and problems of DV survivors and their children. Providers should have an understanding of their role in addressing their patients' needs. Children may be injured during an incident of DV and may be abused or neglected themselves. Children may blame themselves for not preventing the DV or for causing it. They may be traumatized by fear for their parent and their own helplessness in protecting the DV survivor. If there is any imminent concern for a child's physical injuries or severe psychological or emotional trauma, first responders should dispatch an emergency medical response or have the child evaluated by an emergency room.
- B. **DV Screening:** Adult patients should be screened for DV in all health care settings, through respectful, sensitive and direct inquiry. The role of the health care provider is not to force disclosure but to create a safe and supportive environment for the adult DV survivor to talk about abuse if and when they are ready. DV screening, as well as DV assessment, should only occur when the patient is alone with their provider with no family, partner, or friends present. Recommended screening questions are culturally sensitive and behaviorally focused, avoiding labels such as "DV" and "abuse" (see Section Five for DV screening/assessment guidelines and questions). Other best practices DV guidelines for health care providers are available through the following sources.
1. Family Violence Prevention Fund: "National consensus guidelines on identifying and responding to DV victimization in health care settings", see <http://endabuse.org>
 2. Family Violence Prevention Fund: "Identification and responding to DV: Consensus recommendations for child and adolescent health", see <http://endabuse.org>
 3. American Academy of Pediatrics: "Policy statements and practice guidelines in screening for DV in pediatric settings", see <http://www.aap.org>
- C. **DV Assessment and Interventions:**
1. **For Adult DV Survivor:** Once a DV survivor discloses abuse, several issues must be addressed prior to conducting an extensive DV assessment.
 - a. The crucial first step is to create a safe and supportive atmosphere for the patient to discuss their abuse experience. This begins by acknowledging their disclosure and providing supportive and validating statements that lets them know that they have been heard and the abuse is not their fault.

- b. It is critical that everything be done to affirm the DV survivor's ability to make their own decisions. Letting the patient know they can decide with whom information is shared, and that their decisions will be respected, may provide the patient with a greater sense of control and autonomy. Providers, however, should also explain the limits of their confidentiality.
 - c. Once a positive disclosure has occurred, assess for any immediate risks and safety needs. Identifying whether the patient is safe in the clinical setting by identifying immediate threats from the abuser needs to occur in order to continue with a more comprehensive assessment, limit immediate risk, and facilitate a safe and supportive environment.
 - d. There are several tools available to health care providers that can aid in the assessment process (see Section Five for DV assessment guidelines). Assessment tools can help providers and patients identify risk factors, develop safety plans, and help survivors understand their situation and how abuse affects their health and risk behaviors.
 - e. Providing community resources is part of safety planning for the survivor and family. Efforts should be made to refer survivors to agencies specializing in DV. When giving survivors written information they should be cautioned about the risk of the abuser finding it.

2. **For Children:** If the DV screening results in a positive disclosure by the survivor that there has been child maltreatment, a comprehensive assessment should follow involving the parent and/or child needs. The purpose of the assessment is to assess the safety plan for the child and non-offending caretaker, to assess the effect of violence on the child's health, and to assess the need for referrals including child protection and/or law enforcement.
 - a. Interview the protective parent first to assess for child safety risks and how to minimize the safety risks through the development of safety plans.
 - b. A health care clinician should interview a child when they have suffered an injury, if the residential parent is assessed as being non-protective, or if the protective parent requests an assessment of the child. It is advised to make every effort to assist children in coping with the on-going crisis.
 - c. All health care providers are required by federal regulations to have protocols in place to address violence directed toward children and how to report to Child Protection Services (CPS).

3. **Health Care Documentation Guidelines:** The purpose of documenting information in the medical chart is to record the information used to diagnose and treat both the physical and general well being of the patient. When DV is present, maintaining respect for the sensitivity of this information is as important as preserving the medical record.

In the [RCW, Chapter 70.02.090](#) outlines criteria under which a health care provider may deny access to patient health care information. For example, [RCW 70.02.090\(c\)](#) provides for denial when knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual." It is critical that each health care setting have clear protocols for charting DV. Although each health care setting is unique and has different charting protocols, standard documentation should include the following information.

 - a. **Documentation for DV Survivor:** When there has been a current assault or injury, documentation should include the date, time, place, identity and relationship of the assailant to the survivor. At minimum a brief assessment of the severity of violence, including lethality risk, history of DV, and information about prior injuries should occur. Physical injuries should be described in detail using a body map. Safety plans and referrals should be carefully documented providing limited detail to avoid hampering the survivor's safety. For example, avoid identifying specific shelters or DV community agency.
 - b. **Documentation for Children:** Documentation is not expected to reflect forensic interviewing, but rather to demonstrate an assessment of the child's safety risks for the development of safety plans. In cases of child injury, the health care provider's documentation may be requested by those conducting child maltreatment investigations. Again, internal health care policy, procedure, and protocol will dictate documentation requirements.
 - c. **Maintaining Safety in Patient Records:** Documentation guidelines should emphasize charting with the survivor and children's safety in mind. Information should be kept in a secure and confidential section of the chart. Avoid using the word "alleged" but rather indicate the patient's statements in quotes. Be specific and objective avoiding passive sentences. If a patient was injured, indicate how, when, and by whom. To protect patient medical safety, always use the actual name of the perpetrator instead of "husband," "partner," or "father." Note any injuries consistent with possible or probable DV. Remind patients that their medical records are

confidential; however, the provider should explain the limits of their confidentiality and when they are required to disclose patient information.

VII. ROLE OF THE PROSECUTOR'S OFFICE

- A. **Overview:** A city attorney is responsible for prosecution of misdemeanor crimes within its specific municipality. A county prosecutor is responsible for prosecution of all felony crimes within its specific county, all juvenile crimes, misdemeanor offenses from unincorporated areas, or those areas of a county not incorporated into a city. The practice and approach of prosecuting attorneys differs from jurisdiction to jurisdiction. Guidelines for a particular office can often be understood by reference to written filing and disposition standards. Written guidelines for charging and disposition of criminal offenses will show how an office handles cases and exercises discretion in the filing of criminal charges.
- B. **Cases Referred from Law Enforcement:** It is the prosecutor's job to review all cases from law enforcement for the filing of criminal charges. In reviewing criminal cases a prosecutor's office may file charges, may decline the case, not file charges, or request further investigation.
- C. **Cases Referred from Others:** The prosecutor's office does not itself investigate cases, initiate criminal cases, or accept citizen reports. Rather, when the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor's office will refer the case to the appropriate law enforcement agency for investigation.
- D. **Handling of Cases by the King County Prosecutor's Office Domestic Violence Unit (DVU):** The DVU is located at the King County Courthouse in Seattle and at the Regional Justice Center in Kent. Cases are handled at the respective sites depending on which law enforcement agency submits the case. The following categories of offenses are handled by the DVU and are subject to these standards:
1. All crimes against persons and property crimes involving family or household members as set forth in [RCW 10.99.020\(1\)](#), including spouses, former spouses, persons who have a child in common, adults related by blood or marriage, persons who have or have had a dating relationship, and persons who have a biological or legal parent-child relationship including stepparents and grandparents. The DVU also handles most stalking cases.
 2. Notwithstanding the above, the DVU does not handle cases where there is no past or present intimate relationship, dating relationship, or familial relationship between the household members ("roommate" cases), child sexual abuse cases, or child physical abuses cases where the child is less than twelve (12) years of age. If a child abuse case involves significant issues of DV, the DVU and the Special Assault Unit (SAU) may coordinate their prosecution.
 3. The DVU may also handle cases where a DV dynamic is present or where there are DV overtones or issues. The DVU may also handle cases, which involve a felony or misdemeanor DV case and other non-DV charges.
- E. **Case Management:** The county prosecutor's office will be responsible for:
1. Employing the Child Interview Specialist.
 2. Notifying the survivor, law enforcement, and CPS when involved, of its charging decisions.
- F. **Child Interview Process by County Prosecutor's Office:**
1. **Child Interview Specialist Cases:** The Child Interview Specialist shall have the training required by [RCW 43.101.224](#). Interview specialists generally interview only young children who may be or who are victims. Occasionally the DVU supervisor may decide to request an interview of a young witness to a DV crime.
 2. **Joint Interviews:** The initial investigative interview will be conducted by the prosecutor, the detective and CPS (if CPS is involved) in the following cases:
 - a. High Profile Cases
 - b. Youth ages 12 and up at the discretion of the detective and prosecutor. Law Enforcement will conduct the investigative interview in all other cases.

3. Conducting Interviews:

- a. **Procedures:** The interview should be conducted in a thorough and open-minded way, and in a manner which enhances free recall. The interviewer should maximize the use of techniques that will elicit reliable information and minimize the use of highly leading or coercive questions that could change or contaminate the child's memory of the event(s). The interviewer should be aware of the child's developmental level with regard to language and cognition. Interviews should be conducted with consideration to the emotional comfort of the child.
- b. **Interview Arrangements:** In those interviews that require a child interview specialist or joint interview, the detective will arrange the interview with a supervisor in the DVU and notify the DCFS/CA case worker. The interview will be set as soon as possible following a clear statement of abuse by the child or evidence that the child has been exposed to serious DV and the opening of a police investigation.
- c. **Interview Logistics:** In those interviews that require a Child Interview Specialist, or a joint Interview, the interview will generally be conducted in the Special Assault Unit interview room with the two-way mirror. The interview will ordinarily be one-on-one, unless a child requests the presence of an advocate or support person. The detective and DCFS/CA social worker, if involved, will observe the interview from the observation area, and will have the capability of contacting the interviewer for additional questions. Witnesses to the interview will not provide documentation. If the prosecutor conducts the interview, the child may be interviewed in the prosecutor's office. A child may have an advocate or support person present if the parent or child requests.
- d. **Challenging/Unusual Cases:** If the detective determines before the interview that the filing decision will be particularly problematic or high profile, a deputy prosecutor will be assigned to observe the interview.
- e. **Coordination:** Law enforcement agencies and DCFS/CA investigating child abuse complaints where both are involved shall notify each other of their involvement, coordinate their investigations, and inform each other of their progress.

4. **Documentation of Interviews:** Documentation of all interviews shall be accurate and complete. Interviews will be documented electronically (audio/videotaped/digitally recorded) or near verbatim. If the child interview specialist conducts the interview, he/she is responsible for the documentation. In joint interviews the detective will be responsible for documenting the interview. In all other interviews the participants will determine who will be responsible for documenting the interview, and how it will be documented. However, if an employee of DCFS/CA conducts the interview, DCFS/CA must be responsible for documenting the interview, which must include, at a minimum per [RCW 26.44.035](#), a near verbatim record of any questions asked and responses given regarding abuse of the child who is being interviewed.

5. **Information Sharing:** When documentation of the interview is the responsibility of the child interviewer, the record of the interview will be provided to law enforcement, who will be the custodian of the record. This record and documentation of law enforcement interviews should be shared with DCFS/CA in DCFS involved cases as soon as possible without jeopardizing the criminal investigation.

6. Procedures Following Interviews:

- a. Law enforcement will make every effort to complete and submit the case to the Prosecutor's Office within 60 days of the victim's interview.
- b. In cases when only the detective took the victim statement, the prosecutor will attempt to reach a filing decision without re-interviewing. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the statement obtained earlier.
- c. The prosecutor will make every effort to make a filing decision, which means to file or decline to file charges, within 60 days after receipt of a completed case.

- G. **Emergency Situation/Rush File in County Prosecutor's Office:** The case will be reviewed for filing immediately when it is appropriate and necessary to keep a suspect in custody or to issue a warrant.

- H. **Emergency Situation/Rush File in Seattle City Attorney's Office:** In the Seattle City Attorney's Office, as in many other municipalities, all DV cases are considered "emergency situations" and are reviewed for filing immediately. The cases of suspects who are in custody are reviewed, and filing

decisions made, on the day of, or day after arrest. Cases of suspects not in custody are reviewed, and filing decisions made as soon as possible. It is the expectation in the Seattle City Attorney's Office that such a decision will be made within three (3) days.

- I. **No Contact Order (NCO) Handling by County Prosecutor's Office and Seattle City's Attorney's Office:** A criminal NCO will be sought by the prosecutor in all cases where charges are filed and when legally allowed.
 1. If the survivor appears in person and does not want a NCO, the circumstances of the charge and history of violence, both reported and unreported, will be considered.
 2. If there are concerning circumstances, a history of DV, or if there is any indication that the survivor is being coerced, intimidated or influenced regarding the no contact order, the no contact order will be requested over the survivor's and defendant's objection.
 3. Consent to contact by the adult DV survivor is not a defense for an offender to violate a NCO.
 4. Violations of the order by the offender should be reported to the prosecutor's office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order about contact should be enforced.
 5. **Lifting of No Contact Orders (NCO) by King County Prosecuting Attorney's Office (KCPAO):** When the party protected by a NCO requests that it be vacated, the city attorney or prosecutor's office should be contacted to facilitate the request. For cases handled by the KCPAO, survivors may ask the King County Superior Court to lift a NCO by contacting the KCPAO DV Unit. A protocol is in place between the King County Superior Court and the KCPAO for the recall of NCOs.
 - a. The KCPAO has assigned advocates whose primary purpose is the recall of NCO process. Upon receiving a request to recall a NCO, these advocates discuss the DV survivor's reasons for requesting the NCO recall, and assess for safety risks, such as was the victim pressured or coerced to make the request? Further, these advocates will:
 - i. Determine the status of the case and whether certain circumstances exist that would rule out the possibility of requesting a recall hearing on the DV survivor's behalf.
 - ii. Obtain the judgment and sentence, certification, and existing NCO.
 - iii. Review defendant's criminal history.
 - iv. Contact defendant's community corrections officer, if applicable, for compliance status.
 - v. Present information to DV unit's senior deputy prosecuting attorney for evaluation and approval of request.
 - vi. Contact bailiff of sentencing court to request a hearing date; send notice to victim, defendant, defense attorney, and community corrections officer, if applicable.
 - vii. Attend every hearing with victim.
 - b. There are criteria whereby a recall of NCO hearing will not be requested, and examples include:
 - i. DV batterer's treatment was ordered and defendant has not successfully completed at least three months of treatment.
 - ii. The sentencing occurred so recently that a community corrections officer has not yet been assigned.
 - iii. There is a pending DV case subsequent to the case in question.
 - iv. Community corrections officer reports that the defendant is not in compliance/ there is a pending probation violation, or defendant is in custody elsewhere, such as Department of Corrections or municipal jail, and transport would be required.
6. **Lifting of No Contact Orders (NCO) by the Seattle City Attorney's Office:** As in many municipalities, survivors may ask the court to lift a NCO by contacting the assigned advocate in the City Attorney's Office.
 - a. Advocates discuss with the survivor the reason(s) for asking that the order be lifted, possible consequences of the order being lifted, and safety planning and referrals.
 - b. Survivors asking the court to lift a NCO must sign a declaration indicating that they have had this contact with an advocate, and that their request is not being made under duress.
 - c. Survivors are then placed on a specifically designated "NCO Lift" calendar held once per week in Seattle Municipal Court.

- d. In the case of defendant's being monitored by the Seattle Municipal Probation, the offender must be in compliance before a NCO lift hearing is scheduled.
- J. **Guilty Pleas Handling by County Prosecutor's Office and Seattle City's Attorney's Office:** The prosecutor will attempt to notify the survivor, when their location can be ascertained, and law enforcement prior to a guilty plea when that plea will result in a reduced charge.
- K. **Sentencing Practices by County Prosecutor's Office and Seattle City's Attorney's Office:** The prosecutor's office will attempt to notify survivors of their right to be heard in person, via letter, or through the prosecutor-based advocate. The prosecutor's office will also attempt to notify survivors and obtain information from them to enforce their right to request restitution.

VIII. ROLE OF FAMILY COURT SERVICES (FCS)

- A. **Overview:** King County Superior Court Family Court Services (FCS) provides the following services in family law cases involving children: Domestic Violence Assessments, CPS Status Reports, Parenting Plan Evaluations, Mediation, and Parent Seminar: "*What about the Kids?*" (see Appendix G for services provided by FCS). FCS receives all referrals for services directly from the court. Fees for services are on a sliding scale dependent on income.
- B. **DV Assessments:** In DV protection order proceedings or in any family law case the court may order an expedited evaluation called a domestic violence assessment and set a review hearing date. The purpose of the assessment is to determine the existence and extent of DV in the family, the risk posed to children by any identified DV, and to make recommendations to the court that offer adequate protection for the adult survivor and children. The assessments also recommend a range of services that may be appropriate for the adults and children involved. The children are not interviewed in a DV assessment but schools, teachers, medical doctors and other collateral references are checked. The assigned FCS social worker also views the Judicial Information System (JIS) print out on the criminal and other civil litigation history of the parties. This database also lists all DV protection orders and other litigation involving the parties and their children.
 1. Due to safety concerns the DV assessment is only made available to the parties and their counsel at the review hearing. The assessment is usually completed within 45-60 days of the court referral. At the current time, no fee is charged for this service.
 2. FCS retains a copy of the DV assessment. If FCS receives a new referral to conduct an investigation for the family, FCS staff reviews the prior DV assessment.
- C. **CPS Status Reports:** Where concerns are raised concerning any current or past CPS involvement, the court may order that FCS prepare a CPS status report. A CPS status report discloses if there are any current pending juvenile court cases involving the family, any past DCFS referrals or investigations and the results thereof. This CPS status report is used solely as a resource for the court. The FCS social worker may request from CPS information regarding their involvement with the children. No interviews are conducted. These reports are usually completed within 7 to 14 days of the court referral.
- D. **Parenting Plan Evaluations:** FCS will not conduct a parenting plan evaluation if a GAL, CASA, or private evaluator has been appointed, or if FCS is unable to get cooperation from either party. In all family law cases where the residential arrangements for the child are contested and mediation is unsuccessful or contraindicated due to alleged DV, child maltreatment, mental health, or drug/alcohol issues or waived by court order, FCS will conduct a parenting plan evaluation. Each party is charged a fee based on a sliding fee scale basis. Typically, the FCS social worker will interview the parties, observe each party with the children, and in some circumstances, visit the parties' residences. FCS makes separate arrangements in cases involving alleged DV to ensure that the parents are not scheduled for the same day and that there is no contact. The parenting plan evaluation is comprehensive and is designed to address all facets of a parenting plan, including whether any restrictions should be placed on a party's involvement with a child due to mandatory or permissive statutory restrictions. For example, if there is a history of acts of DV, mutual decision making is prohibited by statute and the court has discretion to impose additional restrictions. The parenting plan evaluation takes up to five months to complete as a number of collateral contacts are interviewed about the parenting styles of each proposed custodian. The FCS social worker may request additional specialized evaluations such as sexual deviancy evaluations, and may recommend specific services,

such as batterer's treatment, mental health counseling, and substance abuse treatment. Upon completion, the parenting plan evaluation is made available to the parties and any counsel of record. FCS social workers often testify at trial if the case does not resolve.

- E. **Mediation:** In cases of disputed parenting plans or other significant parenting concerns, FCS will provide mediation for the parenting plan aspect of the case (*FCS does not conduct mediation in cases involving DV or child maltreatment.*) Typically, parties meet one or more times with a social worker specially trained in mediation to negotiate an agreement. If the mediation is successful, the social worker will draft the agreed parenting plan and send it to the parties and their attorneys, if applicable, for their review. If mediation is not successful, the parties will be referred to evaluation as described above. FCS does not mediate financial or property issues.
- F. **Parent Seminar:** By local court rule, the adult litigants in all family law cases with children are required to attend a seminar entitled "*What about the Kids?*" that discusses the impact of a family break-up on children. During the seminar information regarding DV, parenting plans, and DV resources are provided. This seminar is half a day long and a sliding scale fee is charged. Attendance at the seminar can be waived for good cause. The adult litigants are never scheduled to attend the seminar on the same day.

IX. COORDINATION BETWEEN AGENCIES

A. Interagency Case Staffing Process

1. **Purpose of Case Staffing:** It is the intent of this section to address only those cases in which there is an intersection between DV and child maltreatment as defined by [RCW 26.44](#) and **where there is significant disagreement between involved professionals about case handling**. The intent of the staffing is to resolve differences and identify best intervention practices and resources. Existing protocols will be used as previously identified by the King County Special Assault Network Agreement and the Child Protection Team criteria.
2. **Child Protection Team (CPT) Staffing Procedures:** The CPT is utilized by DCFS to assist in assessment of the need to place children in out-of-home care and to assist in the assessment of future risk of abuse and neglect to children. The CPT is conducted by the DCFS office that has the case open for services. It is recommended that a DV advocate and a batterer's treatment provider be added to the CPT team when staffing DV cases. The CPT must be used in any case in which:
 - a. There is serious professional disagreement regarding the risk to a child when a decision is being made to leave a child in the home or return the child to the home;
 - b. Cases with a moderately high or high risk and the child victim is age six or younger;
 - c. Prior to return home when the child is six or under and risk is moderately high or high;
 - d. Complex cases where consultation will help improve outcomes for children ([Governor Executive Order 95-04](#)).
 - e. To request a CPT, contact the assigned DCFS social worker.
3. **Special Assault Network Case Staffing Procedures:** The Special Assault Network Agreement provides guidelines for cooperative investigations of child sexual and physical abuse and neglect cases with felony charges. The Special Assault Network does conduct case staffing with complex cases or in situations where there are significant disagreements between involved professionals about case handling. The purpose of case staffing is to bring the involved professionals together to review the facts and other pertinent information, clarify any possible misunderstandings and arrive at a mutually acceptable resolution. In felony level cases of DV and child maltreatment where KCPAO is involved, contact the supervisor of the KCPAO Special Assault DV Unit for a case staffing.

B. Interagency Cross Training:

1. **Purpose of Cross Training:** Coordination and cross training among agencies is essential in order to execute a community coordinated response system.
2. **Developing Cross Training Committee:** To achieve continuity and longevity of ongoing cross training among all key players in the DV and CPS communities, a committee should be created to oversee the implementation of this cross training. The committee should include two members from each identified group to ensure consistent representation from all organizations. Should a member

- need to resign from the committee, they would be asked to identify another person from their organization to become a committee member.
3. **Purpose of Training Committee:** The function of this committee should be threefold and would meet on a regular cycle, perhaps quarterly. First, the meetings would allot time for brief check-ins from each member to provide updates and changes within their organization. Members would be encouraged to bring materials related to their organization or relevant to the topic to share. The second part to the meeting would be a longer and more in-depth presentation from one of the members on a pre-identified topic. The third function of this committee would be to coordinate trainings for the community, at no charge for attendees.
 4. **Training Committee Topic Areas:** It is suggested that the following training topics be offered for presentations:
 - a. Systems overview and collaboration using mock case model
 - b. DV response in special populations
 - c. CPS referrals and investigation
 - d. Best practices for DV screening, assessment, safety planning, and service plan development.
 - e. DV resources and updates
 - f. Child centered advocacy
 - g. Open topics.
 5. **Tracking Trainings:** The committee should establish procedures and a tracking tool for coordination of the yearly trainings. The committee would be focused to coordinate unfunded training; however, organizations represented on the committee may have funds to share for special trainers that require a fee, or funds for half to full day seminars.
 6. **Developing Glossary of Terms:** A supplement to cross training would be the collection within one document of commonly used terms and symbols from each system including child welfare, DV, legal, mental health, medical, and law enforcement. Most organizations have quick-tip sheets with commonly used terms and definitions. Committee members would be asked to provide these documents from their organization and compile a consolidated document of terms.

Section Three:

Information Sharing

I. INTRODUCTION: Information sharing is a complex area. A number of state and federal laws regulate disclosure of personal information, especially when medical, mental health, chemical dependency, sexual assault or DV issues are involved. Sometimes the laws are in conflict. It is helpful for all agencies to approach this information sharing issue with the understanding and respect that each agency needs to follow laws and regulations governing their practice. These materials are intended to address information sharing within the context of DV and child maltreatment cases, and hence do not provide a detailed analysis of all potentially applicable laws. It is important to know that laws exist which protect the confidentiality of DV records and make communications between a DV survivor and a community based DV advocate privileged. There are also laws guiding Children's Administration, the courts, and other agencies. This section will provide a summary of these particular laws and their application.

II. CONSIDERATIONS FOR INFORMATION SHARING

A. Safe Disclosure of Information: Given the risks of lethality with DV, confidentiality has more to do with safety than privacy rights. Consequently, when information must be shared or disclosed, the safety of the DV survivor and children should be considered. Inadvertent or unplanned disclosure of information may significantly raise the risk of harm. The following guidelines may help to reduce potential harm to DV survivors and their children:

1. Any information in the record or file pertaining to a confidential address or contact information of a DV survivor should be redacted, which means blacked out or removed, before the information is disseminated to anyone. Social security numbers, driver's license identification, passport numbers and personal financial information should also be redacted
2. When information must be shared, as in a court proceeding, DV survivors must be notified in advance so that they may plan for their safety.
3. Safety of survivors and children must be considered when planning case transfers.
4. The agency's confidentiality and information sharing policies should be consulted before disclosing information, with both the sending and receiving agency.
5. In some circumstances a court order may be required before information is disclosed.

B. Authorization to Release Information: If the client signs an authorization to release information, the person or agency receiving the information, should be clearly identified in the release. The written authorization should also specify what records or information will be disclosed and indicate how long the authorization is effective. An authorization might be effective, for example, for 90 days or 6 months. The length of authorization is often dictated by law or by agency policy.

C. Mandated Reporting Procedures: Refer to Section One, subsection D, on the disclosure obligations of mandated reporters.

III. CONFIDENTIALITY AND PRIVILEGE OVERVIEW

A. Confidentiality Laws: Confidentiality generally refers to the legal and/or ethical duty to keep information or a communication private. Confidentiality laws protect information from being disclosed to third parties. The principal purpose of confidentiality laws is to protect an individual's privacy. In some circumstances, however, confidential information may be disclosed to others without the consent of the client or patient. These exceptions to confidentiality laws include:

1. Mandated reporting of abuse and/or neglect of a child aged from birth to eighteen years old
2. Mandated reporting of abuse and/or neglect of a vulnerable adult
3. A court order.

B. Privileged Communication Laws:

1. Privilege is the right to withhold testimony or records in a legal proceeding. Privilege generally protects against the compelled disclosure in a legal proceeding of information provided by the individual holding the privilege to another person with a specific role. Examples of privilege include physician-patient, and attorney-client communications. To be privileged, these communications must be between the two identified persons. For example, if an attorney obtained information from a client's neighbor, that information would not be privileged and would likely be subject to disclosure in a court proceeding. The attorney-client privilege only applies to communications between the attorney and his or her client.
2. Confidentiality and privilege generally differ in the scope of what is covered and the exceptions. Also, privilege applies only in legal proceedings, because privilege means that a covered person cannot be forced to testify in such proceedings about the privileged communications. Information may be both privileged and confidential.
3. In addition to privileges protected by statute and common law, which means court decisions, there is a federal constitutional privilege under the Fifth Amendment to the United States Constitution that protects an individual from being compelled to incriminate him or herself. Under this amendment, a person who has been charged with a criminal offense or who is under investigation for a criminal offense has an absolute right to decline to provide information or testimony, or to be interviewed about the facts surrounding the events.

IV. LAWS PERTAINING TO CONFIDENTIALITY OF RECORDS AND INFORMATION

- A. If an agency, program or individual is governed by confidentiality laws, care should be taken to ensure that client or patient information is not discussed in public or in any location where the conversation could be overheard by someone who is not entitled to have access to the information. Steps should be taken in file management to ensure that the confidential information is not available to anyone who is not entitled to access.
- B. **Confidentiality of DV Survivor Program Information and Records**
 1. "DV Program" means an agency that provides shelter, advocacy, or counseling for DV survivors in a supportive environment. HB 2848 added a section to [RCW 70.123](#) that provides for the confidentiality of information held by a DV program and its agents, employees or volunteers. Information about a recipient of shelter, advocacy, or counseling services may not be disclosed without the written authorization of the recipient. If disclosure is necessary because of the mandatory reporting laws regarding child abuse or neglect, the program is to make reasonable efforts to notify the recipient and if personally identifying information is to be disclosed, take steps to protect the privacy and safety of the persons affected by the disclosure of information.
 2. Under [RCW 70.123.075](#), client records maintained by a DV program, as defined in the paragraph above, are not subject to discovery in any judicial proceeding unless there is a written pretrial motion for the records, accompanied by an explanation of the need for the records. If sufficient reason is provided to do so, the court will then perform an in camera, which means in chambers, review of the records. The court will weigh the relevance of the records against the survivor's privacy interest in the confidentiality of the records in determining which, if any, records will be disclosed.
 3. The community-based DV advocate must explain to the adult survivor his or her confidentiality rights as well as the limits to those rights, and explain the role of a DV advocate. The survivor should be informed that information shared with the DV advocate will not be shared with the perpetrator. The advocate should also explain the duty to notify CPS if there are concerns about child abuse or neglect.
 4. If information must be shared to assist a DV survivor to obtain additional services, the community-based DV advocate should be prepared to assist the survivor to make sure that the disclosed information is communicated accurately and safely. Steps should be taken to ensure that any information that is shared is protected from further disclosure.
- C. **Address Confidentiality Program (ACP):** If a person has registered for the address confidentiality program under [RCW 40.24](#), the secretary of state may not make any information in their records available except to law enforcement, by a court order, or to verify the participation of a specific program

participant. For further information about the address confidentiality program and the limitations of this program see services for DV survivors in Section Six.

D. Division of Children and Family Services Records (DCFS):

1. DCFS records include Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Service (FRS) records.
2. Generally DCFS records are confidential and not subject to disclosure under [RCW 13.50.100](#); [RCW 26.44](#) and [RCW 74.04.060](#). There are several exceptions.
 - a. [RCW 13.50](#): This statutory chapter provides that information about a juvenile may be shared with other juvenile justice or care agencies if the other agency is pursuing an investigation or case about the juvenile or is assigned responsibility to supervise the juvenile. However, only information which is needed for the receiving agency to carry out its statutory responsibilities to the child is to be provided. Parents, the child, the parent's and children's attorney, and the child's dependency CASA are also entitled to information held by DCFS.
 - b. [RCW 13.34.105](#): Under this statute, the child's court appointed dependency Court Appointed Special Advocate (CASA) is entitled to review information contained in the DCFS record. The CASA is not entitled, however, to review confidential information such as social security numbers and privileged communication between the DCFS and its attorneys. Under [RCW 13.50.100](#), the child's dependency CASA may share information obtained with other participants in the juvenile justice or care system.
 - c. [RCW 26.44](#): Under this statutory chapter, DCFS may share case information to perform case planning and provide appropriate services to the family. Only information that is relevant and necessary for these purposes may be provided. [RCW 26.44.030\(7\)](#), [RCW 26.44.030\(11\)](#) provides DCFS with access to all relevant records of the child in the possession of mandated reporters and their employees.

E. Health Care Records: Patient health information may not be used or disclosed without a valid authorization except as permitted by law. When an authorization is required to release protected health information ("PHI"), generally a health care provider's policy will require that the authorization be signed by the patient or legally authorized person before any patient care information may be released to a specified agency or person.

1. Patient information disclosure that is specifically authorized or required to be disclosed by law includes the following:
 - a. Public health activities
 - b. Law enforcement purposes, for example, suspected child abuse, gunshot wounds, information necessary to avoid imminent danger, or information required by a court order
 - c. Averting a serious threat to health or safety
 - d. Coroners and medical examiners
 - e. Judicial and administrative proceedings.
2. A patient's health information may be shared only with those individuals who have a specific need to know the information and proper identification. Only the minimum amount of information necessary to satisfy the intended purpose of the request will be disclosed.
3. The 1996 Health Insurance Portability and Accountability Act (HIPAA) legislated health insurance reform, to improve portability and accountability. HIPAA also has legislated administrative simplification in order to encourage electronic information sharing in a safe and confidential manner. The administrative simplification legislation provides standards for:
 - a. Healthcare electronic data interchange (EDI)
 - b. Security of health information
 - c. Privacy of health information.
4. HIPAA standards are enforced by the federal Office for Civil Rights (OCR) based on patient complaints. Non-compliance or purposeful violation of the standards can result in substantial penalties.

5. Under [RCW 26.09.225](#), unless a court has ordered something different, parents are entitled to “full and equal access” to their child’s medical records. Under other state laws, a child who is age 12 or older must consent before parents can access these records.

V. PRIVILEGED COMMUNICATIONS LAW

A. Community-Based DV Advocate Privilege:

1. [RCW 5.60.060\(8\)](#), adopted in 2006, makes the communication between a DV advocate and survivor privileged and not subject to compulsory disclosure. This means that a DV advocate cannot be questioned or be made to testify in court about any communication between the DV advocate and the survivor unless the DV survivor first consents. This testimonial privilege does not apply to communications between DV survivors and individuals who perform an investigative or prosecutorial function such as systems-based DV advocates. For that reason, a systems-based DV advocate should explain the limitations of confidentiality to the DV survivor, and should consider making a referral to community based DV advocate.
2. Under the statute, “DV advocate” is defined to mean an employee or supervised volunteer from a community-based DV program or human services program that provides information, advocacy, counseling, crisis intervention, emergency shelter, or support to survivors of DV and who is not employed by, or under the direct supervision of, a law enforcement agency, a prosecutor’s office, or the child protective services section of DSHS. A DV advocate must fall within this definition for communications between the DV survivor and the advocate to be privileged. Even if the DV advocate does fall within the definition, there is an important exception to the privilege where a DV advocate must report known or suspected child abuse or neglect.

- B. **Attorney-Client Privilege:** Under [RCW 5.60.060\(2\)\(a\)](#), unless the client consents, an attorney cannot be examined as to any communication made by his or her client, or the advice he or she has given to the client during the course of the professional employment.

- C. **Physician-Patient Privilege:** Under [RCW 5.60.060\(4\)](#) unless the patient consents, a physician cannot be compelled to testify as to any information acquired in treating the patient in any judicial proceeding. There is an important exception to this privilege, where the physician may testify regarding a child’s injury, neglect or sexual abuse. The privilege is also deemed waived, this means lost, if the patient files a personal injury or wrongful death action. Privileges similar to the physician-patient privilege are provided for information acquired by treating psychologists and counselors under other state laws.

- D. **Husband-Wife Privilege:** Under [RCW 5.60.060\(1\)](#) neither spouse can be examined for or against the other spouse, without the consent of the other spouse, as to communications made by one spouse to the other during the marriage. There are a number of exceptions, however, to this privilege. It does not apply to civil actions or proceedings by one spouse against the other. It also does not apply to criminal actions in which the other spouse is the victim of the communicating spouse or criminal actions in which a child is the victim and the communicating spouse is the parent or guardian of the child.

E. Sexual Assault Advocate Privilege:

1. Under [RCW 5.60.060\(7\)](#) a sexual assault advocate may not, without the consent of the victim, be examined as to any communication made by the victim to the sexual assault advocate.
2. For purposes of the privilege, “sexual assault advocate” is defined to mean the employee or volunteer from a rape crisis center, victim assistance unit, program, or association that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault, who is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
3. The sexual assault advocate may disclose a confidential communication without the consent of the victim if failure to disclose that information is likely to result in a clear, imminent risk of serious physical injury to or death of the victim or another person.

VI. INFORMATION SHARING IN THE CONTEXT OF COURT PROCEEDINGS

A. Juvenile Court Proceedings and the Role of the Dependency CASA:

1. Court records in a juvenile dependency proceeding are confidential and sealed, which means not accessible by the public. [RCW 13.50.100](#).
2. The role of the child's dependency CASA is to investigate, collect relevant information about the child and report to court factual information regarding the best interests of the child. [RCW 13.34.105\(1\)](#).
3. The dependency CASA has access to information about the child which includes the records of any agency, hospital, health care provider, or mental health provider. [RCW 13.34.105\(3\)](#).

B. Family Law Proceedings and the Role of Family Court:

1. **With the exception of parentage actions, all court records in family law proceedings are open public records.** Under [RCW 26.12.080](#), in a family court proceeding, the court may seal the file or any part of it to protect the privacy of the parties when the court determines that publication would be harmful to the children or contrary to public policy. In order to seal documents in a court file, the party seeking to seal those documents must comply with specific rules adopted by the Supreme Court of the State of Washington. Under [General Rule 15](#), compelling reasons must be provided in order for documents and/or a court file to be sealed. [General Rule 22](#) has been amended effective July 1, 2006 to allow certain CPS, psychological, medical, mental health and substance abuse evaluations to be sealed in accordance with the procedures set out in the rule.
2. [RCW 26.09.220](#): The report prepared by a family court investigator or guardian ad litem must be shared with the parties' attorneys and with parties who are not represented by counsel. The investigator's file of underlying information must also be made available to the parties and/or their attorneys.
3. [RCW 26.12.180](#): All information, records and reports obtained or created by a guardian ad litem, CASA, or investigator in a family court proceeding is discoverable. This means that the parties to the legal action, which usually is the parents, may obtain information from the guardian ad litem, CASA or family court investigator. The guardian ad litem, CASA, or investigator may also share information with experts or staff that he or she has retained as necessary to perform the duties of his/her position. However, the guardian ad litem, CASA, or investigator must not release private or confidential information to a non-party unless there is a court order.

C. Subpoenas and Court Orders Requiring Disclosure of Information

1. A subpoena is a legal document signed by an attorney, notary public, court clerk or judge which requires that the person to whom it is directed to appear in court for a hearing or trial or at designated place to provide testimony. To enforce a subpoena, this means to compel a person's presence, the subpoena must first be personally served on the person. Sending a subpoena in the mail or by fax is not considered effective service.
2. A subpoena duces tecum is a legal document that directs the recipient to appear at a specified place and time and to bring records or documents with them. This type of subpoena can also be issued with a "Notice of Deposition".
3. If a subpoena is issued with a "Notice of Deposition" it means that an attorney wants to ask the recipient questions under oath before trial. The notice will state the date, time and place where the examination will occur.
4. Subpoenas should not be ignored, especially those directing the recipient to appear for a trial or a court hearing. If a subpoena requires that a recipient appear in court, and the recipient does not want to appear, the recipient must follow specific legal procedures within specific time frames, such as successfully seeking to have the subpoena quashed.
5. Attorneys often issue subpoenas to obtain agency information, medical records mental health records, and educational records. State and federal laws restricting access to confidential and privileged information should be consulted prior to providing such information.
6. Each agency should develop procedures and protocol for responding to subpoenas.
7. In some circumstances a court order is required to obtain the release of records:
 - a. **DV Program Record:** Under [RCW 70.123.075](#), a person or agency who wants to use client records maintained by a DV program in a court proceeding must file a written motion with the court which includes specific reasons why discovery is requested. The court will then review

the records in camera, which means in chambers, to determine whether any portion of the records is relevant and whether the survivor's privacy rights outweigh the disclosure of the records. The court may order the release of all, part, or none of the records. A DV program is to make reasonable attempts to provide notice to the recipient affected by the disclosure of information. If personally identifying information is to be disclosed, the program is to take steps to protect the privacy and safety of the persons affected by the disclosure of information. This statutory procedure also applies to sexual assault advocate program records.

- b. **DSHS/DCFS Record:** If someone other than a parent wants a DSHS/DCFS record, a court order is needed first. The same procedure described above must be followed.
 - c. If information is released pursuant to a court order, it is best to include in the court order a prohibition against any further disclosure, a requirement that the parties use the information only in the proceeding in which it was released, and a direction to otherwise seal the records from public viewing.
8. In other circumstances, such as attempts to gain access to medical records under [RCW 70.02](#), the party seeking the information is required to give notice to the patient. The patient is then responsible for seeking a court order prohibiting disclosure of that information.

VII. CREATING AN EFFECTIVE INFORMATION SHARING POLICY

A. **Develop Agency Protocol for Disclosing Information With or Without Permission:** Considerations should include the following areas.

1. Define the agency's role in service provision and identify what information is necessary to fulfill that role.
2. Identify the limits of confidentiality and how those limits are conveyed to the survivor.
3. Obtain authorization to disclose information.
4. Develop authorization forms to release information.
5. Establish who has the role to explain address confidentiality.
6. Report only the information the agency has permission to disclose.
7. Define when reporting is mandated and establish a process for making a CPS report.
8. Establish documentation procedures including:
 - a. What observations to document
 - b. What other information should be documented and why.
 - c. How to document observations. Documentation should use objective terms and avoid subjective statements.
 - d. How to protect confidential information contained in the record such as addresses or other contact information.

B. **Develop Interagency Protocols:** Considerations should include the following areas.

1. Determine what circumstances will require interagency information sharing.
2. Ensure privacy of the information received and protect against inappropriate further disclosure.
3. Identify the process for requesting and releasing information.
4. Identify agency staff that will implement the protocol and provide for staff training needs.
5. Identify how the implementation of the protocol will be monitored.

C. **Identify a Person in the Agency Who is Responsible for Disclosure.**

1. Designate an agency contact.
2. Identify the person who has the authority to release information.
3. Identify the person responsible for documenting the disclosure. The documentation should include what was released and to whom.
4. Identify when and how the survivor will be notified of the information disclosure.

Section Four:

Court Security, Visitation Guidelines, and Court Collaboration with Division of Children and Family Services (DCFS)/CPS

I. INTRODUCTION:

- A. Courts have a unique role in developing a coordinated response to cases involving DV and child maltreatment. This section focuses on three specific areas in which the courts play a vital role: courthouse and courtroom security, visitation guidelines to assist judicial officers in protecting children from the harmful effects of DV and updating a 1997 inter-systems collaborative protocol agreement between DCFS and King County Superior Court Family Court Services (FCS).
- B. Courts have a variety of mechanisms by which they become aware of cases involving DV issues. Prosecutors, criminal defense attorneys, family law and juvenile court attorneys may notify the court staff that security is needed for a particular case or may bring to the court's attention the existence of other proceedings involving the parties or children.
- C. King County Superior Court requires that all parties in family law proceedings identify in a document filed with the court called a "Confirmation of Issues" whether issues of DV, child sexual or physical abuse exists. If so, the requirement of mandatory mediation of parenting issues is waived by Family Court Services (FCS).
- D. FCS obtains personal criminal history and case history screens for each person referred to it for services from the Judicial Information System (JIS). This statewide database should be consulted by each judicial officer involved in the issuance of any court order in any case involving DV and/or child maltreatment. Judicial officers may access JIS via the Judicial Access Browser System (JABS). If a judicial officer uses the information obtained through this database, it must be disclosed to the parties and they must be given an opportunity to address it. Appendix H has the list of agencies involved in family court matters.

II. COURT SECURITY BEST PRACTICES: The following are best practices guidelines for courts in King County. There may be limitations upon the abilities of the courts to comply with these best practices for courtroom security recommendations; however, these are important particularly in high volume and/or specialized calendars such as civil DV protection order calendars or criminal DV courts.

- A. The courts should have an independent assessment (by a group outside the court) for safety issues to assist them to understand security issues at their court.
- B. The courts should have weapons screening and/or metal detectors at the entrances.
- C. There should be established procedures for emergency exits from the courtrooms and who is to respond in an emergency. This would include having a known protocol identifying which police department is responsible for responding to emergencies.
- D. Armed security officers should be in the courtrooms during hearings on DV issues.
- E. The court should have practices for maintaining separation between the parties before and during the court proceedings.
 - 1. The courts should have conference rooms for alleged survivors to occupy before DV hearings.
 - 2. The courts should establish separate areas so alleged perpetrators sit in a different area than alleged survivors in DV cases.
 - 3. The court should be set up so the alleged survivors in DV cases can exit separately and prior to alleged perpetrators.

III. VISITATION GUIDELINES WHEN DV ALLEGATIONS ARE PRESENTED

- A. **Purpose:** These visitation guidelines are to aid judicial officers in determining the appropriateness of interim visitation in cases where it is alleged that children have been affected by or exposed to acts of DV by their parents or guardians in [RCW 26.09](#), [26.10](#), [26.26](#), and [26.50](#) cases, or in cases where DCFS is conducting an investigation in [RCW 13.34](#) et. seq. These guidelines are not an evaluation or assessment tool nor are a substitute for informed, independent discretion. For further information refer to “Navigating Custody & Visitation Evaluations in Cases with DV: A Judge’s Guide, available through <http://www.ncjfcj.org/>.”
- B. **Visitation Considerations:**
1. Review the database (JIS, JABS, DV) to determine past history as required by the statute.
 2. Determine the current status of the parties and their relationship to the child (parents, family members, which party has custody, etc.).
 3. Determine the legal status of the parties (divorced, adjudicated parenting plan, etc.) and determine the date of the parties’ separation.
 4. Determine the existence of any orders dealing with the children (permanent or temporary parenting plan, third party custody order, shelter care order, etc.).
 5. Determine the identity of the children (their age, whether or not they have special needs, etc.).
 6. Determine the presenting issue(s) on the DV petition. Determine if the alleged survivor fears harm, death, or threats involving themselves or their children from the abusing parent.
 7. Determine the history of alleged DV episodes, including any escalation of behaviors.
 8. Determine the lethality of the violence alleged, for examples, use of or threats to use weapons, shoving and slapping versus use of closed fists/strangling, forced sex, and whether there is any stalking behavior. Determine if there have been suicide attempts, threats of suicide or homicide. Determine if there are other risk factors, such as drug/alcohol issues, mental health issues, escalation in abusive behaviors, unemployment, firearms, or other weapons accessible to the alleged abusive parent.
 9. Screen for the abusive use of conflict, for example, harassing the non-abusing parent during exchanges, using the children as a confidante, making disparaging comments about the non-abusing parent to the children, blaming children, using children to stalk or monitor the non-abusive parent, displaying excessive or obsessive jealousy, expressing attitudes of ownership, and stalking behaviors. Ask if there is a history of kidnapping or threats to kidnap the children. Determine if there is a history of prior court orders restricting the abusive parent’s access to other children or contact with prior partners. Determine if there is a history of contempt orders or custodial interference orders.
 10. Determine the involvement and location of the children relative to the presenting allegations including physical location of the children during the DV episode(s). Determine whether the children witnessed the event(s), whether the children were injured, harmed or threatened, and, whether the children intervened or attempted to intervene during the DV event(s).
 11. Determine if the children are currently in safe and stable housing.
 12. Determine the frequency and type of contact between the parents and children if the parties have been separated or operating under a parenting plan. If contact is ordered, determine if it should be professionally supervised and by whom (see Section Six, subsection IV, Services for Children, for supervised visitation information and considerations). In the event of unsupervised contact, insure the court order is clear and specific and incorporates safety considerations.
 13. If the alleged survivor is the custodian, consider their input as to how the child is functioning since separation of the parents, and before and after visits in tailoring a visitation schedule.
 14. Determine what safeguards, if any, should be in place to increase the safety of the children and the non-abusing parent during interim visitation and exchange. These safeguards may include supervised exchanges, specified location for exchanges, enrollment or engagement in some form of treatment prior to beginning visits, abstinence from drugs/alcohol, random UA’s, surrender of firearms, and enrollment in DV perpetrators treatment.
 15. Consider appointment of specific professionals to address issues such as a need for DV perpetrator treatment, alcohol and drug dependency screening and evaluation, and supervision of visitation and/or exchange supervision.
 16. Advise the petitioner to receive certified copies of the order from the clerk’s office and keep a certified copy on their person at all times for presentation to law enforcement. Certified copies of Superior Court protection orders may be obtained from the Superior Court Clerk’s Office at no cost.

IV. DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)/CPS AND FAMILY LAW GUIDELINE ⁶

- A. **Civil DV Protection Order Definition:** A protection order is a civil order as described by Washington State Law, [RCW 26.50](#). Such orders are to protect people who are experiencing physical violence, threats of physical violence which create a fear of imminent harm, sexual assault or acts of stalking perpetrated by a family or household member. Although a protection order is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, contacting the victim and or minor children, and from coming to the home, school, workplace, daycare, or other designated location.
1. **Assess Appropriateness of a Civil Protection Order for a Family:** DCFS social workers should not automatically require DV survivors to seek civil protection orders on behalf of their minor child. Social Workers should first
 - a. Assess the family's situation and the needs of the DV survivor and their children.
 - b. Assess for any safety risks posed to the DV survivor and their children by the DV perpetrator.
 - c. Check to see if there is an active family law case. If there is an active case, assess the case status.
 - d. Understand the statutory limitations on DV civil protection order availability and other types of court orders before making referrals for a civil DV protection order (see Appendix I for a brief summary of different court orders available to DV survivors).
 - e. If the DCFS social worker has not received training on family law and family law procedures in regards to civil DV protection orders, they should seek information from a supervisor or speak to the Family Court Services (FCS) CPS liaison before referring a parent for a civil DV protection order or otherwise invoking the family court system (see Appendix H for FCS contact information). This will help the DCFS worker refer the family to the appropriate part of the family court system.
 2. **Civil Protection Orders Limitations in Cases of DV and Child Maltreatment:** The following limitations can affect civil DV protection orders:
 - a. **There must be specific evidence of DV or child abuse.** Civil DV protection orders can only be granted where there is (a) evidence of physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault between family or household members; (b) sexual assault of one family or household member by another, or (c) stalking as defined in [RCW 9A.46.110](#) of one family or household member by another family or household member. [RCW 26.50.010](#).
 - b. **DCFS must meet certain requirements before placing a child out of the home:** A child may be placed out of the home by DCFS only if the child has been placed in protective custody by law enforcement under [RCW 26.44.050](#), there is a court order authorizing the placement under [RCW 13.34.060](#), or the custodial parent has signed a voluntary placement agreement.
 - c. **Civil DV Protection orders do not generally grant custody to non-parents.** The civil DV protection order court cannot grant custody orders (except in very unusual and very time limited circumstances) to a petitioner who is not the parent of a child and who does not have a court order giving them custody of a child. If DCFS believes that someone other than a parent should have custody of a child, that person may need to file a petition for third party custody. Such proceedings can be complicated. Such cases are also unlike civil DV protection order proceedings as DV advocates will not ordinarily assist the petitioner in a third party custody case. The Family Law Pro-Se Facilitators' Office may be a limited resource in assisting the petitioner by providing the correct forms to fill out and file with the court (see Appendix H).
 - d. **Protection orders do not generally change custody or residential time or decision-making.** If a final court order has already been entered giving one parent permanent custody of the child and DCFS believes the other parent should have custody, the other parent will need to file a petition for modification of the parenting plan. Again, such proceedings may be complicated and DV advocates do not ordinarily assist with such procedures, although the Family Law Pro-Se Facilitators may be a resource. Depending on the circumstances, the protection order court may refuse to transfer custody from one parent to the other unless a modification petition has been filed or may only enter a protection order for a very short period,

⁶ This section is adapted from a 1997 protocol agreement with King County Superior Court and Region Four Division of Children and Family Services.

even if the court finds that the child abuse has occurred or that an imminent fear of such harm has been proved.

- e. **Child neglect or suspicion of child abuse alone is insufficient for a civil DV protection order on behalf of the child.** Cases involving child neglect, unaccompanied by actual physical abuse or threats of physical abuse, are not appropriate for the civil DV protection order calendar. Similarly, neither are cases in which there is suspicion of physical or sexual abuse without competent evidence.
- f. **The civil DV protection order calendar should not be used as a means to suspend parental-child contact while CPS completes its investigation.** This cannot occur unless the parent requesting the protection order can provide actual evidence to the court of physical or sexual abuse or fear of imminent harm of such abuse of the child.
- g. **There must be adequate evidence of physical or sexual abuse of the child.**
 - i. Adequate and legally sufficient evidence will usually require a sworn statement from someone with first-hand knowledge of the child abuse or first-hand knowledge of circumstances that would lead a court to conclude that physical or sexual abuse was occurring or had occurred or that there is reasonable fear of imminent harm if a civil DV protection order is not granted on behalf of the child.
 - ii. A "voluntary services contract" between one parent and DCFS to suspend visitation is not in and of itself sufficient evidence of DV or child abuse.
 - iii. Evidence from DCFS, a medical provider, or another person who believes that the child may be at risk for abuse, and thus, that a DV protection order should be entered on behalf of the child, must be made in a writing made under oath, signed, and dated, with place of signature included.
 - iv. DCFS should provide all pertinent information in writing, signed under oath and dated. Information provided should be specific about the risk to the child, the ability of the petitioning parent to protect, what other services are being provided, and why DCFS believes a protection order is appropriate for the child or family. One form of a sworn declaration is as follows: **I swear under penalty of perjury under the laws of the State of Washington that this statement is true and correct.**
Date: _____ **Place:** _____ **Signature:** _____

B. Civil Protection Orders Referral Process: The civil protection order process and its limitations should be carefully considered before DCFS refers parents to obtain a civil protection order. If the parent is referred to the protection order process, other involved agencies should be consulted to ensure appropriate interventions. The following steps should be taken when making referrals for civil protection orders.

1. Review with the parent whether there is a pending dissolution or paternity action. If so, the protection order should be filed using the existing case number, in the court handling the pending matter, with notice to all attorneys or parties in the pending case. Any temporary orders should be reviewed to determine if they adequately protect the children.
2. If a dissolution action or paternity action has been concluded, review the final orders to determine if they adequately protect the children. If not, and the parent cannot afford an attorney consider whether the parent is capable of adequately representing himself or herself in the protection order proceeding.
3. Determine if the parent is sufficiently capable and motivated to follow through with a potentially complicated court process. Does the parent have parenting issues that may result in the court requiring services such as entry into drug treatment? If so, is the parent likely to follow the court's orders or will the parent avoid dealing with required services?
4. Determine if the petitioning parent have sufficient evidence to present to the court to allow the court to take action. Has CPS provided necessary evidence by way of sworn declarations? If not, will a CPS worker be available to testify at the hearing?
5. Determine if the parent will need help filing a civil protection order petition. Petitioners can be referred to the Protection Order Advocacy Program where an advocate can assist with the preparation of the petition (see Appendix H). Generally the advocates are not readily available for enforcement issues.
6. Determine if the parent has family law concerns. Parents needing assistance with family law matters should be referred to the Family Law Pro-Se Facilitators (see Appendix H).

C. Civil Protection Orders and Court Process Considerations:

1. If one superior court is already exercising jurisdiction over custody and visitation of children, it may not be appropriate to refer the parent to another court for a civil DV protection order.
2. If a juvenile court has entered any order under [RCW 13.34](#), such as a shelter care order in a dependency case or guardianship, no other court may enter orders regarding contact with the child unless the juvenile court enters an order granting “concurrent jurisdiction” which allows the other superior court action to proceed.
3. If one superior court is handling a divorce, paternity or protection order action involving children, generally that court should handle any protection order issues involving the children. A parent may not simply go to another court to try to get a different order without first obtaining permission from the first court by way of a motion for change of jurisdiction or venue. Such motions are complicated and it is not reasonable to expect an unrepresented parent to be able to successfully bring one.
4. If DCFS believes that an existing court order fails to protect the child, DCFS may file a petition in juvenile court, but should not expect that the parent will otherwise be able to go to a different court to get a different result.

D. Communication Between Family Court, FCS, and DCFS/CPS:

1. Communication regarding cases does not require separate signed authorizations. However, the following agreement is intended to facilitate the exchange of information between King County Superior Court FCS and Region Four DCFS/CPS. FCS may call DCFS/CPS for information in order to provide a CPS status report to the court during the course of DV assessments or parenting plan evaluations.
2. Information may be shared between DCFS and the court based on [RCW 13.50.100](#) which permits the sharing of relevant and necessary information when the court is conducting an investigation regarding the child (also see Section Three, Information Sharing).
3. If the case is **open to DCFS services**, the FCS social worker may call the assigned DCFS social worker or their supervisor if the social worker is not available. If the case is **closed to DCFS services**, FCS can call CPS intake.
4. The following procedure will be used when a call is received by DCFS from a FCS social worker requesting case and/or status information:
 - a. The DCFS worker will confirm the FCS social worker’s identity.
 - b. The DCFS worker will obtain the court cause number and/or the FCS case number.
 - c. The DCFS worker will inquire as to what information is requested and the reason for the requested information.
 - d. The DCFS/CPS social worker can provide the following information:
 - i. Case history
 - ii. Child maltreatment, neglect or abuse Findings
 - iii. Recommendations, such as safety plan information
 - iv. Brief description of the allegations
 - v. Status of referral: information only, accepted, third party
 - vi. Referrer type, such physician, counselor, school personnel, relative, or parent). *DCFS will provide the referrer type and not the referrer’s specific name.*
 - e. The DCFS worker will document the call, the FCS worker name and the request for information in a Service Episode Record (SER) with the cause number and/or FCS case number included.
5. CPS should respond promptly when asked for information by family court, FCS or other recipients designated by a court order. CPS may be asked for information on families with whom it has been involved even if CPS did not refer the petitioning parent to the protection order calendar. For example, the court may order a “DCFC/CPS Status Report to Family Law”, and this requires CPS to provide information to the court on the status of any investigations or services provided. The status report order will direct CPS to provide the information to FCS or other designated recipients and will set a deadline. If CPS cannot comply with that deadline, the CPS worker or supervisor should send a letter to the court, to the parties and to the designated recipients so stating and suggesting another deadline.

6. FCS Referrals to CPS Intake:

- a. If FCS has concerns about both parents' ability to care for the children, or has unreported child abuse and/or neglect allegations, FCS will make a new CPS Intake report.
- b. Some referrals made to CPS Intake involve custody issues where one parent makes a complaint against the other. CPS Intake will use its screening tools to determine if these reports meet sufficiency screening for CPS investigation.

E. DCFS Investigation Findings: DCFS determines child abuse and/or neglect findings and, in that regard, screens for DV and assesses the risks, if any, posed by the DV to the children.

1. Sometimes DCFS cannot ascertain whether or not a child has been abused or neglected. If the complaining parent disagrees with a DCFS abuse and/or neglect finding, the parent may raise his or her concerns with FCS during its parenting evaluation in the family law case or during its DV risk assessment for civil DV protection order cases.
2. A FCS social worker who wants to know about prior DCFS findings or assessments may contact the CPS Intake and request the name of the CPS worker or supervisor to whom the family was referred.

F. Family Court Services (FCS) Payments for Services:

1. FCS does not have the resources to fund sexual abuse evaluations, psychological evaluations or other evaluations for the children and their family members. For example, FCS does not have a contract to provide sexual assault assessment services with the Harborview Sexual Assault Center.
2. FCS staff provides DV Assessments for the court when the issues raised in a protection order petition cannot be resolved by the commissioner at the hearing. The court must order an assessment or investigation for the family to receive services from FCS. Typically, the FCS social worker interviews the parents and investigates their claims, reviews court, police, medical and other records, and contacts collateral agencies to determine history of services. FCS will also make recommendations to the court regarding appropriate services for the parents, where the child should live and what type of contact, if any should be allowed between the other parent and child.
3. The court may also order FCS to provide a parenting evaluation in a pending dissolution, modification or parentage action. FCS services may include parent child observations and home visits. FCS does not provide psychological testing, specialized testing, or specialized mental health assessment. Such specialized services must generally be paid for by the parents. It can be difficult, if not impossible, to determine risk to the child if parents cannot afford specialized services.

Section Five:

DV Screening, DV Assessment, Safety Planning, and Service Plans

- I. INTRODUCTION:** An important component of responding to cases involving DV and child maltreatment is the early and thorough screening of cases for indications of DV. This is followed by a comprehensive assessment of the abusive behaviors and safety risks posed to the DV survivor and their children. When safety risks are identified, it is critical that safety plans be developed with the DV survivor and their children. This section presents best practices guidelines for DV screening, DV assessment and the development of safety plans. It is important to remember that DV screening, DV assessments, and safety planning are ongoing processes and should be continued throughout the time that families are receiving services.
- II. SCREENING FOR DV**
- A. Overview:** DV often is an underreported and unrecognized crime. Many acts of DV are not reported to professionals in any formal way. In some cases, professionals do not recognize DV behaviors when it is disclosed to them. Since DV creates safety, power, and control issues, when DV is not identified it diminishes responders' ability to provide effective and safe responses to families. DV screening should be a routinely administered with each family. The practice of routine DV screening not only increases the likelihood of DV being reported, but it also increases the likelihood that providers will be able to identify DV when it is disclosed. Through routine DV screening practices responders are better able to protect and support DV survivors and their children.
1. Screening for DV and assessment of identified DV should only be instituted as part of a larger DV initiative among all entities which includes training to build knowledge and skill development, collaboration among responding entities, and the development of proper procedures and policies. Without this careful review of current knowledge and patterns of practice as well as policies and procedural guidelines, providers might misuse information about DV screening and inadvertently increase the danger to DV survivors and their children. Screening and responding to DV are only meaningful when adequate policies, procedures and services are in place.⁷
 2. Routine and respectful DV screening is essential in identifying survivors of abuse in order to provide appropriate, supportive services and community referrals. DV screening is an effective way to detect DV behaviors. For those who do disclose DV, screening questions are also asked to determine who the adult DV survivor is and who the DV abuser is.
 3. It is imperative that DV screening questions be asked without causing further risk of harm to DV survivors and their children. When asking DV screening questions, each family member should be interviewed separately.
 4. DV screening is essential in identifying potential risks to the child. Screening gives social workers greater context and information about incidents of child maltreatment, allows the workers to evaluate if there are specific risks to the child posed by the DV, and creates the opportunity to offer non-abusive parents protective and supportive services they might not otherwise have accessed.
- B. DV Screening Recommendations for Agencies:** Screening for DV need not be time-consuming or cumbersome. It is recommended that all agencies identified in this guideline provide DV screening. Although these guidelines make a distinction between screening, assessment and services, these activities should be continuous and ongoing functions since violence could occur at any time while a family is receiving services.
1. **Law Enforcement Agencies:** Law enforcement plays a vital role in determining whether DV is present in some households. Detectives and DV advocates in King County have developed a DV Supplemental Form that can be used to gather DV information at crime scenes. This form provides

⁷ Ganley, A., & Schechter, S. (1996). Domestic Violence: A National Curriculum for Child Protective Services. Family Violence Prevention Fund.

a fairly comprehensive overview of the scene and can be used to ask DV questions about the adult survivor, the DV perpetrator, and the children at the time of law enforcement response (see Appendix F).

2. **DCFS:** It is recommended that routine DV screening occur throughout DCFS system services. When DV is documented in a CPS intake report, it is important to obtain information from law enforcement about past and current DV incidents. It is also important to consult with law enforcement about potential safety risks to social workers visiting the family and adult DV survivors.
3. **Community DV Survivor Advocacy Agencies:** Because survivors of DV essentially self-screen themselves into community-based DV survivor services agencies, additional screening to determine if there is DV in their lives is redundant. This guideline does not address formal procedures for these agencies.
4. **Batterers Intervention Programs (BIP):** DV perpetrators can self-screen themselves into BIP. At times they are also referred into BIP by the criminal court, civil court or CPS system. It is important to conduct routine initial DV screening as offenders are seeking BIP services.
5. **Legal and Court Services:** Attorneys involved in family law and juvenile court proceedings should inquire whether or not there are issues involving DV and/or child maltreatment, as the existence of these issues impacts the way in which a case is handled and can have a lasting impact on the client. The suggested screening and assessment questions which follow below can be adapted for client intake and interviews. Additionally, attorneys should:
 - a. Determine whether there are any other family law, civil, criminal or juvenile court proceedings pending and/or court orders that involve the DV survivor, the DV offender, and/or the child.
 - b. Obtain copies of all court orders including criminal no-contact orders, DVPO civil protection orders, restraining orders, anti-harassment orders, and custody or parenting plan orders.
 - c. Familiarize themselves with the local court's security arrangements, and if needed, request for additional security personnel well in advance of a hearing date.
 - d. Familiarize themselves with the DV services that are available within the community so that appropriate referrals are made as necessary.

- C. **Suggested DV Screening Questions for CPS Intake and other Agencies Intake:** Asking referents routine DV screening questions provides a critical opportunity for the identification and disclosure of DV. Asking about DV allows CPS intake to make more informed decisions about which reports to refer for investigation. It also creates a record of disclosure that can corroborate claims of DV, even if the incident is not referred on for investigation. It is recommended that if the report is not accepted for CPS investigation, that information about DV resources be provided to the referent. Information gathered in response to DV screening questions should be documented in the CPS Intake report and other agencies reports/referrals. The following DV screening questions can be easily and quickly incorporated into practice. It is recommended that CPS intake and other responding agencies ask an initial DV screening question at the time of agency referral such as: **“Do you or someone in the household have concerns that physical abuse or emotional abuse or violence is an issue?”**

If the answer is “no”, then the intake worker should note that in the report and continue with the intake questionnaire. If the answer is “yes”, then the intake worker should ask the following questions to gather more information:

1. **Has anyone in the family been hurt or assaulted? If so, describe what happened, who was hurt or assaulted, and who did it.**
2. **Has anyone in the family made threats to hurt or kill another family member or him/herself? If so, please describe who made the threats and against whom.**

If there are yes answers to questions 1 or 2 above, then ask:

- a. **Has anyone been injured? If so, describe who and how.**
- b. **Do you know if weapons have been used to threaten or to harm a family member? If so, describe who did it and against which family members.**
- c. **Have the police ever been called to the home to stop assaults against adults or children? If so, please describe.**

d. **How has the violence injured or affected the children?**

D. **Asking DV Screening Questions with Families:**

1. The DV screening questions should be preceded with a framing statement in order to introduce and normalize the questions. An example might be: **“I have some questions that I ask everyone I work with. I’m going to ask you these questions now.”**
2. All efforts should be made to screen families in the client’s language of choice and cultural barriers should be identified during screening.
3. Ask behavioral questions that seek descriptions of behavior and not just the impact or meaning of behaviors.
4. Ask questions in a calm, matter-of-fact manner.
5. When responses are vague or confusing, briefly ask further questions for clarification.
6. Always thank the person for the information.
7. The effectiveness of this screening tool relies in part on the nature of the relationship between the questioner and the questioned.

E. **Suggested DV Screening Questions During Investigations or Evaluations:** It is recommended that DCFS and FCS social workers routinely ask family members about DV as a part of every investigation and family evaluation, regardless of the information gathered and passed on by the intake worker. Screening for DV should be ongoing since disclosure and violence may occur at any point during family assessment or service delivery process. DV screening should be done separately with each individual in the family. The DV screening should consist of four questions. If there is a “yes” answer to any of the four questions, DV is indicated.⁸ *Be aware that when you are conducting DV screening, you do not know who the DV perpetrator is and who the DV survivor is; therefore, the questions below query both acts of abuse and victimization.*

1. **(a) Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?**
(b) Have you hit, kicked, punched, or otherwise hurt someone within the past year? If so, whom?
2. **(a) Have you ever felt controlled or isolated by a current or past partner? If so, by whom?**
(b) Have you controlled or isolated a current or past partner? If so, whom?
3. **Do you feel safe in your current relationship?**
4. **(a) Is there a partner from a previous relationship who is making you feel unsafe now?**
(b) Is there a partner from a previous relationship that you are making feel unsafe or threatened?

F. **Supporting DV Survivor Disclosures:** It can very difficult for a DV survivor to make disclosures about the abuse they are experiencing. It is very important that survivors be made to feel comfortable and supported when disclosing their sensitive information. It is also important to validate their experiences. Support and concern can be expressed to survivors as with the following statements:

1. **“I believe you.”**
2. **“I am concerned about your safety and well-being.”**
3. **“I imagine this situation must be very difficult for you.”**
4. **“You are not alone.”**
5. **“Thank you for telling me.”**

III. ASSESSMENT OF DV

A. **Overview:** When screening has identified that there are DV indications in a family, a comprehensive assessment of the DV behaviors and safety risks should follow. The purpose of DV assessment is to determine dangerousness of the DV patterns, the effects of DV on the family members, the specific

⁸ The field worker screening tool recommended by this committee was adapted from the Partner Violence Screen (PVS), originally developed as an emergency room screening by Dr. K. M. Feidhaus and her colleagues at the Denver Health Medical Center. The PVS has been demonstrated as an effective tool in identifying survivors of abuse quickly.

risks to children posed by the DV, and the protective factors (see Appendix J for information on DV assessment tools). The information obtained from a DV assessment helps to guide the development of safety plans, case plans, and referrals to appropriate services and supports. The DV assessment can help provide important information to the court when they are making determinations about protection orders and parenting plans. DV assessment questions should ask information about:

1. The dangerous or lethality of DV behaviors to the adult DV survivor, the children, the offender, and others.
2. The effect of DV behaviors on the adult survivor and their children.
3. Existing protective factors that may mitigate the danger or risk of harm from the DV.

B. Guidelines for Assessing DV and Interviewing Families:⁹

1. Determine social worker safety needs for the interview process and plan accordingly.
2. It is imperative that DV assessments be conducted without causing further risk of harm to DV survivors and their children. When asking questions about DV, each family member should be interviewed separately. Ask whenever possible that children, friends and other relatives not be present during assessment interviews.
3. For DCFS, interview family members, if possible, in the following order when DV is suspected or known. First interview adult survivors (if this will cause risk to the child survivors, begin with children). Next, interview children, and end by interviewing alleged DV abusers. When DV is revealed, immediately make a safety plan for the adult DV survivor and their children.
4. Acknowledge concern for family members' safety if DV is disclosed during a session with other family members present. If there is no immediate safety concern, explore the disclosure in separate, individual sessions with family members.
5. DV assessment will differ depending on individual family circumstances. Social workers should determine if the adult caregiver has separated from the DV perpetrator, is currently leaving the relationship, or is staying with the DV perpetrator. Each of these situations presents unique risk and safety considerations which should be addressed in the assessment.
6. Consult with adult survivors about their protective behaviors that may reduce the risk of harm to themselves and their children.
7. Give consideration to the confidence or concern that the adult DV survivors identify with court orders and other court services, DCFS services, and law enforcement services in keeping themselves and their children safe.

C. Guidelines for Asking Assessment Questions with DV Survivors:

1. Assess DV through routine, respectful, and direct inquiry.
2. Focus on the safety concerns to build an alliance with adult survivors. Adult survivors may be reluctant to talk with child protection workers because of fear of losing their children and of being punished by abusive partners. Also, some adult survivors minimize or deny the violence as a way to survive the abuse.
3. Make stronger connections with adult survivors by informing them that they do not deserve the abuse that they and the children are in danger, and that you help identify ways to protect both themselves and their children. Support and concern can be expressed to survivors as follows:
 - a. **“The violence is not your fault and only _____ (name of abusive partner) can choose to stop his or her abusive behavior.”**
 - b. **“No one deserves to be abused (hit, kicked, beaten, etc.)”**
 - c. **“There are options and resources available.”**

⁹ Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum for Children's Protective Services (CPS), Family Violence Prevention Fund. Manual available through Family Violence Prevention Fund <http://www.endabuse.org/>

4. Ask adult survivors if they will feel endangered if the alleged abusive partners are interviewed. If social workers already know about DV through police, child protection and other agency reports, explain to adult survivors that only information received from these sources will be shared with abusive partners. Inform adult survivors how and when interviews with the DV abusers will occur. Ask the survivors about possible consequences to them and their children of such interviews and plan for their safety. If it appears that interviews with alleged abusers will endanger adult survivors or their children, delay those interviews until their safety is secured.
5. Inform adult survivors about their confidentiality rights, as well as limits to those rights. Explain that information shared by adult DV survivors will not be shared with suspected abusive partners unless a court requires disclosure. Give adult survivors contact numbers for survivor advocacy services where survivors can discuss domestic violence issues confidentially. However, also explain to adult survivors that social workers are required to protect children from harm and that survivor disclosures will be used to plan for children's safety.

D. **Assessment Questions to Ask Survivors about DV:** Through this line of careful questioning and listening, you can obtain information on the patterns of abusive behaviors, risks to the children and effects of DV on the children.

1. Ask the survivor questions about DV behaviors used by their partner, such as the following:
 - a. **Does your partner ever act jealous or possessive?**
 - b. **Prevented you from going to work/school/church?**
 - c. **Prevented you from seeing friends or family?**
 - d. **Have you ever felt afraid of your partner? In what ways?**
 - e. **Has your partner ever followed you?**
 - f. **Forced you to use alcohol or drugs?**
 - g. **Forced you to perform sexual acts that made you feel uncomfortable?**
 - h. **Behaved violently in public or with others?**
 - i. **Destroyed your family's possessions, such as your clothes, photographs, or furniture?**
 - j. **Engaged in reckless behavior, like have they driven too fast with you and the children in the car?**
 - k. **Prevented you from calling 911 or other help?**
 - l. **Threatened to kill you, or their self, or your children, or other family members?**
 - m. **Hurt your family pets?**
 - n. **Has your partner ever pushed, pulled, slapped, punched, kicked, or burned you)?**
 - o. **Has your partner ever choked you?**
 - p. **Hurt you during pregnancy?**
 - q. **Threatened you, your children or other family members with a weapon?**
 - r. **Used a weapon on you, your, children, family or friends?**
2. Ask the DV survivor questions to assess the level of risk to children, such as the following:¹⁰
 - a. **Have you ever been afraid for the safety of your children?**
 - b. **Has your partner threatened to take children from your care?**
 - c. **Called, or threatened to call, a child protection agency?**
 - d. **Hurt you in front of the children?**
 - e. **Assaulted you while you were holding your children?**

¹⁰ Minnesota Dept of Human Services (2002): *Guidelines for Responding to Child Maltreatment and Domestic Violence*. Guidelines available through <http://www.dhs.state.mn.us>.

- f. **Forced your children to participate in or watch their abuse of you?**
 - g. **Hit your children with belts, straps or other objects?**
 - h. **Touched your children in a way that made you feel uncomfortable?**
 - i. **Threatened to hurt or kill your children?**
3. Ask the DV survivor questions about the effects of DV on their children, such as the following:
- a. **Has your child been fearful of leaving you alone?**
 - b. **Has your child been having trouble eating or sleeping?**
 - c. **Is your child having problems in school or day care or in the neighborhood?**
 - d. **Has your child behaved in ways that remind you of your partner?**
 - e. **Has your child tried to protect you or stop the violence?**
 - f. **Has your child physically hurt you or other family members?**
 - g. **Has your child hurt themselves or pets?**

E. Guidelines for Interviewing DV Perpetrators: ¹¹

1. The first consideration in interviewing DV perpetrators is to maintain social worker safety, the safety of the DV survivor, and the safety of the children. If there is information that the offender has exhibited dangerous behaviors, such as use of weapons against family members, consult with a supervisor before proceeding.
2. **DO NOT disclose information obtained from the DV survivor or the children to the DV perpetrator.** Social workers can sometimes discuss police reports or other agency reports about DV in their interviews with perpetrators; however, do not disclose any information obtained from DV survivors or the children to the DV perpetrator.
3. When asking DV assessment questions, interview DV perpetrators alone without any family members or others present.
4. Before beginning questions, the social worker should have a clear sense of their goals for the interview, and have formulated the questions that they would like to ask.
5. Clearly explain to the DV perpetrator the reason for the interview and your expectations.
6. Interview alleged DV perpetrators in a calm and respectful way that lowers defensiveness and encourages them to disclose their own abusive conduct.
7. Use open ended assessment questions with DV perpetrators that allows them a chance to lead the conversation, while giving the social worker an important opportunity to assess the perpetrators thought processes and behaviors:
 - a. Is the perpetrator a willing informant or do they deny or minimize their behaviors?
 - b. Is the perpetrator's is able to accept responsibility for their behavior or do they blame their partner for the problems?
 - c. Can the perpetrator talk about the impact of the violence on their partner or children?
 - d. If they can accept responsibility for their behavior, how motivated are they to follow a safety plan or service plan?
8. It is important to maintain an environment where the social worker can converse without being subject to intimidation, threats, or disruptive behavior. **Do not try to force disclosure if the identified DV perpetrator denies their abusive or controlling behaviors.** Social workers do not need DV perpetrators to disclose or confirm that DV has occurred. Angry confrontations often result in retaliation against child or adult DV survivors. Move on to other subjects if the perpetrator refuses to acknowledge or disclose their abusive behaviors.

¹¹ Family Violence Prevention Fund (2004). Accountability and connection with abusive men: A new child protection response to increasing family safety. Available through <http://www.endabuse.org>

9. If there are signs of escalation with the DV perpetrator that goes beyond a reasonable level of anger or intense emotion, it is advisable to terminate the interview. A suggested response could be: ***“It looks like we have gone as far as we can in this discussion. Let’s continue at another time.”***
10. Notify the appropriate authorities and adult survivors if the abuser reveals information that indicates imminent danger or harm to known survivors. This is a duty-to-warn situation. Notify supervisors and follow agency policies and procedures.

F. Assessment Questions to Ask DV Perpetrators: Assessing the patterns of controlling and abusive behaviors with DV perpetrators is important for safety planning and case planning. Before starting the questions, it is helpful to normalize the interview process with framing statements such as ***“I routinely ask assessment questions with family members. I need to ask you some questions about your relationship with your partner and the children.”*** It is also crucial to remember that when asking questions to DV perpetrators, avoid negative labeling of any problematic behaviors they disclose. Instead focus on their responsibility for their harmful behaviors, such as ***“Sometimes people end up doing hurtful things to their families. But people can change their behavior. It’s not about bad people, it’s about harmful behaviors.”*** The following are suggested questions to ask DV perpetrators about their relationships with their children and the DV survivor.

1. **What do you want for your children? How do you want them to grow up?**
2. **How important do you think your child’s relationship is with your partner?**
 - a. **What kinds of things do you do to support their relationship?**
 - b. **Even when we think relationships are important, sometimes we can say negative things about our partners in front of our children. Give me an example of when this has happened.**
 - c. **How often do you find yourself saying negative things about your partner when the children are present? Does this happen all the time, daily, weekly, seldom, or never?**
3. **Do you ever ask your children questions about your partner? For example, do you ask questions about what your partner has been doing during the day or who your partner has been with? (If there is a yes answer to question 3, then ask the questions a & b below.)**
 - a. **How do your children feel when you ask them questions about your partner?**
 - b. **What do you do if your children won’t tell you what has happened?**
4. **What kinds of things do you expect from your partner?**
 - a. **How do you and your partner handle conflicts?**
 - b. **What do you do when things don’t go the way you want?**
 - c. **What do you do when you disagree with something your partner has told your child? Give me an example. Does this happen all the time, daily, weekly, seldom, or never?**
 - d. **Do you ever find yourself talking to your child about the problems between you and your partner? Give me an example of a time this has happened.**
 - e. **Where is your child during your arguments or fights? Tell me how your child acts or feels when you argue. Give me an example of a time this has happened.**
5. **What happens when you feel angry? Give me an example.**
 - a. **Does your anger get you in trouble sometimes? Tell me how.**
 - b. **Has anyone told you that your anger or violence is a problem? By whom?**
 - c. **Have you ever been so angry that you wanted to physically hurt someone? Tell me what happened.**

G. Assessing for DV Lethality Risks: Lethality risk factors are patterns of behaviors that increase the risk of significant harm or death to all family members involved with the DV perpetrator. When completing DV assessments with DV survivors, DV perpetrators, and children, it is important that social workers identify lethality risk factors posed by DV perpetrators' abusive behaviors. This is critical to determine the level of danger posed to DV survivors, children and themselves. This is also important to determine if imminent interventions are needed and leads the development of safety plans. Standardized lethality assessment tools are available when assessing for lethality risks (see Appendix K for a Danger Assessment tool). Lethality factors are behaviors that may include the following:¹²

1. **Separation violence.** Often, the most life-endangering violence occurs when a perpetrator believes their partner intends to leave or has left the relationship. Separation violence accounts for many emergency room visits and reported DV assaults.
2. **Lethal threats or fantasizes homicide or suicide.** Perpetrators who threaten to kill themselves, partners, children and other family members are extremely dangerous. The more the batterer has developed a fantasy or plan about who, how, when or where to kill someone, the more dangerous they may be.
3. **Perpetrator's history of strangulation, rape, or severe physical assault:** Evidence of these prior behaviors is very serious, and increases survivor's risk of severe physical injury or homicide.
4. **Attitudes of extreme jealousy, complete ownership, or absolute control of DV survivor.** When a batterer expresses pervasive obsessions about their partner, indicates an unwillingness or inability to live without their partner, or believes they have full entitlement to their partner, they are likely to be life threatening. Examples of these attitudes are manifested in the following statements like: *"You belong to me", or "If I can't have you no one will", or "Death before divorce."*
5. **Escalation of risk taking by perpetrator.** This is when the perpetrator begins to take more risks without regard to legal or social consequences, such as stalking the DV survivor at their workplace, stalking the children at school, or abusing the DV survivor in public locations. These behaviors increase the risk of lethal assault with their intimate partners, children, or other family members..
6. **Perpetrator has access to firearms or other lethal weapons.** When a batterer possesses weapons and has used them or threatened to use them in the past, their access to weapons increases potential for lethal assault. The use of guns is a strong indicator of homicide potential. If the batterer has a history of arson, fire should be considered a lethal weapon.
7. **Perpetrator has manifested drug and/or alcohol abuse problem.** When a DV perpetrator is committing violent acts, and is under the influence of drugs and/or alcohol, there can be an increased level of severity with their assaults.
8. **Perpetrator has manifested issues of suicidal behavior, depression, paranoia or psychosis.** If the perpetrator has acute depression or mental illness, and they see little hope for moving beyond their depression or mental illness, they are at increased risk of committing suicide and/or homicide.
9. **DV Survivor predictions of the perpetrator's dangerousness.** This is when a survivor expresses fear that perpetrator will kill them, their child, or others.
10. **Other risk factors** may include:
 - a. When a DV Survivor or children are physically fighting back a DV perpetrator during violent incidents.
 - b. DV survivors or children having suicidal behaviors.
 - c. DV Survivor is developmentally disabled, or has a substance abuse problem, or has mental health issues which reduce their ability to protect themselves from the perpetrator.

IV. SAFETY PLANNING: With DV screening and DV assessment, information is provided on perpetrators' abusive behaviors, patterns of violence, and other risk factors. It is critical that a safety plan be developed with social workers and the adult DV survivors so that the risk of harm to the survivor and their children is reduced. This will also increase the likelihood that effective safety planning strategies are identified and utilized by the DV survivor and the children. See Appendix L for safety planning tools and resources.

A. Safety Planning Principles: In developing safety plans the following principles should be considered:

¹² Hart, B. (1988). Beyond a Duty to Warn. In K. Yllo and M. Bogard, *Feminist Perspectives on Wive Abuse*. Newbury Park, CA: Sage.

1. The best way to keep children safe in a DV environment is to keep the DV survivor/caregiver safe.
2. Trust and believe the DV survivor about whether or not it is safe for them and their children to leave the home.
3. Consider and respect the ramifications of decisions made by the DV survivor on future CPS involvement, custody or court proceedings.
4. Safety planning will differ depending on individual family circumstances. Social workers should ascertain if the DV survivor has separated from the DV perpetrator is currently leaving the relationship or is staying with the DV perpetrator. Each of these situations present unique risk and safety considerations and the safety plan will need to address these factors.
5. It is important that DV survivor develop and implement safety plans for/with their children. Code words can help children call for help. School and child care providers also need to be aware of the DV and be prepared to implement safety measures when called for (see Appendix M for safety planning tools for children). When making safety plans, obtain information on what protective measures have been successful and what support the family could utilize by asking the following:¹³
 - a. **What have you tried/what has worked in the past to protect your children?**
 - b. **What do you need now to help protect your children?**
 - c. **Do you feel that a shelter or a protection order would be helpful to you and your children?**
 - i. *If yes, ask: “Do you want to use these options now?”*
 - ii. *If no, ask: “What other ideas do you have about ways to keep your children safe?” (such as their temporarily staying with relatives or friends)*

V. SERVICE PLAN DEVELOPMENT: Service plans should be based on concerns and family strengths identified in the assessments. Service plans for children and their families must be flexible and should be regularly updated so that they remain relevant and effective. Both safety plans and service plans should be developed with the DV survivor to ensure that safe and effective services are provided to the DV survivor, their children, and for the perpetrator. Service plans should address the DV danger risks posed by the DV perpetrator to the child and the DV survivor. Service plans may include:

- A. Empowerment counseling for DV survivor to increase protections for themselves and their children.
- B. Education with adult DV survivor regarding the effects of DV on children and ways to support their children’s emotional needs.
- C. Education and support with caregivers to avoid the use of physical discipline with their children
- D. Safety skills building for children and adult survivor.
- E. Appropriate referral to and collaboration with community service providers for the DV survivor, such as DV survivor programs, economic and housing services, law enforcement, and court orders (see following services Section Six).
- F. Appropriate referral to community services and batterer’s intervention programs for the DV perpetrator (see following services Section Six).
- G. Appropriate referral to community services for the children (see following services Section Six). Comprehensive assessments of children exposed to DV should be conducted by professionals who are specifically trained to understand the impact of DV and child maltreatment on adults and children. Children who display the following should be referred for formal assessment of their service needs by a well-trained professional who is competent in understanding the dynamics of DV:
 1. The child’s emotional or physical distress is not getting better over time.
 2. The child exhibits behavior problems that disrupt their relationships with parents, family members, and others.
 3. The child’s behaviors cause problems at daycare, school, or in their neighborhood/community settings.

¹³ Ganley, A., & Schechter, S. (1996). Domestic Violence: A National Curriculum for Child Protective Services. Family Violence Prevention Fund.

Section Six:

Services for DV Survivors, DV Offenders, and Children

- I. **INTRODUCTION:** In order to appropriately and effectively intervene in cases involving DV and child maltreatment, close attention needs to be paid to the services which are offered or ordered to be provided to the family. A description of what services are actually available within the community is important. Additionally, describing the best practices for services to be provided to adult DV survivors, the DV offenders, and children assists providers, courts and other agencies in ensuring that the most effective services are made available. This section focuses on those key areas.
- II. **SERVICES FOR ADULT DV SURVIVORS:** The primary goal of service planning with DV survivors and their children is to promote enhanced protection for survivors, to address the impact of DV, and to address other risk factors they may be facing. Services that are being provided should be respectful, be sensitive to the survivor's needs, and build on their strengths. The providers should be knowledgeable about DV and have expertise in working with issues of DV survivors. All service referrals should be consistent with the survivor's wishes. Every attempt possible should be made to ensure survivors are provided culturally appropriate resources, referrals, and services. Assistance should be provided to survivors to develop and implement a safety plan. Service plans should include separate goals for each family member. Adult survivors and children should be offered services whether or not adult survivors choose to remain with their abusive partners (see Appendix N for program descriptions and contact information for community-based DV advocacy services).
 - A. **Crisis Intervention, Information and Referral:** Several agencies operate 24-hour DV crisis lines. These crisis lines often serve as the first point of access to shelter and other services. They may also provide crisis counseling, safety planning, information, and referrals to DV survivors, their friends, or their family members. Many professionals are also provided with information and consultation through the DV crisis lines.
 - B. **Emergency DV Shelters:** "Shelter" means a safe home or shelter home that provides temporary refuge and adequate food and clothing offered on a twenty-four hour, seven-day-per-week basis to DV survivors and their children ([WAC 388-61A-0025](#)); however, current demand far exceeds capacity to serve those in need. King County has four confidential DV emergency shelter facilities (81 beds) specifically designed to house battered women and their children who are fleeing dangerous abusers. Their locations are kept confidential, and they have systems in place to protect the physical safety of residents and staff. All offer adult and child residents a range of services and assistance. Several King County agencies have motel vouchers to house families on a limited time basis. Other homeless shelters offer services for women DV survivors and their children.
 - C. **Transitional Housing Programs:** "Transitional housing" means a facility that provides housing and supportive services to homeless individuals or families for up to two years and whose primary purpose is to enable homeless individuals or families to move into independent living and permanent housing ([WAC 458-16-320](#)). However, current demand far exceeds capacity to serve those in need. Four agencies operate transitional housing facilities that are specifically designed to meet the needs of DV survivors needing longer-term housing and support. All offer a variety of intensive advocacy services for the women and children they house for up to 24 months.
 - D. **Community-Based DV Advocacy Programs:** DV Advocates work in partnership with clients to identify and address a wide variety of client needs, including housing, escorts to court, economic assistance, access to medical care and mental health counseling, emotional support, and safety planning. Services are tailored to meet the individual client needs and continue as needed. "Advocate counselor" means a trained staff person who works in a DV service and provides advocacy-based counseling, counseling, and supportive temporary shelter services to clients ([WAC 388-61A-0025](#)). Advocates also provide safety planning services which focuses on the immediate needs of DV survivors and addresses their level or risk for danger. King County also has a number of agencies that provide culturally specific and diversity specific DV survivor services (see Appendix O).

- E. **DV Survivor Support Groups:** DV Support groups help to break down barriers of isolation and provide a supportive place to discuss DV experiences. Support groups give opportunities to meet other DV survivors who have similar stories and experiences. This may help to give survivors new insights into their own situations. Support groups are also a safe place to talk about their needs, situations, and plans. Clients can participate in whatever way feels comfortable to them.
- F. **Basic Needs Assistance:** These following programs are available for *low income DV survivors*.
1. **Financial/Medical/Food Assistance:** When a DV survivor is leaving an abusive situation with little income or resources, they may be able to obtain financial help from DSHS. Survivors can apply through their local Community Service Office for the Temporary Assistance for Needy Families program, food benefits, medical assistance, and child care assistance. For survivors fleeing an abusive situation, the income and resources of the abuser may not have to be taken into account. Disclosure of DV may exempt the parent from participating in the collection of child support as well as employment related activities of the WorkFirst program until the family achieves a safe environment. DV advocates are available at the DSHS Community Service Offices (CSO) to provide support, information and referrals to DV survivors.
 2. **Transportation Services:** Some social service agencies such as the Salvation Army may provide bus tickets, gas vouchers or taxi vouchers for transportation to medical appointments, job interviews, legal appointments or other essential needs. Hopelink provides low cost transportation services for clients accessing Medicaid covered services.
 3. **Health Services:** If any DV survivor has urgent medical needs, refer them immediately to emergency medical services. Low income DV survivors may access health care through community clinics that offer low-cost or sliding fee scales based on income and do not turn away clients who cannot pay. There are limited community-based clinics in King County that can provide primary health care for clients regardless of their ability to pay (see Appendix O for CHAP number to call for community clinic referrals).
 4. **Job Training:** Survivors can benefit from employment service agencies that have an understanding of DV dynamics. Such services can help the survivor increase their confidence and employment skills and also help with workplace safety planning. There are several contracted Community Jobs (CJ) program sites in King County provide short term job training and job placement services for TANF eligible parents. The Seattle Jobs Initiative (SJI) Program provides similar services and is available to low-income City of Seattle residents. The YWCA of Seattle, King County, and Snohomish County is a local partner for both of these programs and is staffed by professionals with DV expertise.
- G. **Address Confidentiality Program (ACP):** The Address Confidentiality Program (ACP) helps crime survivors (specifically DV, sexual assault, and stalking) stay safe ([RCW 49.24](#)). ACP is designed to prevent offenders from using state and local government records to locate their partners. To participate in the program the client must be a survivor of sexual assault, DV or stalking, be a resident of the State of Washington, and must have recently moved to a location unknown to the abuser and government agencies. The program is simple and has two basic parts. First, the ACP gives program participants a substitute mailing address. Once enrolled in the program, the survivor uses the ACP substitute address when working with state and local agencies. ACP staff then forwards the mail to the survivor's actual residence address. State and local government agencies are required to accept the ACP substitute address. Private companies, though, do not have to accept the ACP address and the survivor will need to consider alternative ways to protect themselves when doing business with private companies like phone and cable companies. The second part of the program offers confidentiality for two normally public records: voter registration and marriage records (for more information see: <http://www.secstate.wa.gov/acp/>).
- H. **Protection Orders:** The Protection Order Advocacy Program of the King County Prosecuting Attorney's Office provides advocacy services in Superior Court to survivors of DV. This may include assistance in filing for temporary or full orders for protection, information and referral to social service agencies, education/preparation for court hearings, and advocacy during and after court hearings. Advocates are available to help with the filing of orders in three locations. These include the King County Superior Court in Seattle, the Regional Justice Center in Kent, and the King County District Court East Division in Redmond.
1. **Civil Protection Order:** A protection order is a civil order as described by Washington State Law, [RCW 26.50](#). Such orders are to protect people who are experiencing physical violence, threats of

physical violence which create a fear of imminent harm, sexual assault or acts of stalking perpetrated by a family or household member. Although protection orders are civil orders, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, contacting the survivor and or minor children, and from coming within a certain distance of or to the home, school, workplace, daycare, or other designated location. A temporary protection order can be obtained at any District, Municipal or Superior Court location in King County.

2. **Temporary Orders for Protection:** This civil order restrains the person who has been committing acts of violence from further acts of assault or threats. Application forms for such orders ask the person seeking the order to describe the most recent incident or threat of assault and/or DV and to provide a history of such incidents. The respondent's address and birth date are also requested. A judge or commissioner will review the paperwork, ask questions, and decide whether or not to grant the temporary protection order. During the temporary order period, the respondent is served with the petition, the temporary order, and is provided with notice of the date set for the full order hearing. A full hearing will be held about two weeks later, after which the court will grant or deny a full order for protection, which can be effective for a year or more
 3. **Full Orders for Protection:** At the full hearings, the court will ask both parties to talk under oath about the abuse or threats described in the petition. An advocate can assist the petitioner in this process. At the conclusion of the hearing the court will decide whether to grant or deny the full order for protection, which is effective for a year or more. Any time prior to the expiration date of the order, the petitioner may return to court and request that the order be modified or terminated. The petitioner may request a renewal of the order at any time up to three months before its expiration date.
 4. **Other Orders:** Other types of court orders may be available depending upon a DV survivor's specific needs and circumstances. These orders include:
 - a. **No Contact Order:** This type of order is issued by the court in a criminal case involving DV. An arrest must have been made or charges filed against the abuser before a criminal no contact order is issued. When charges are pending, it is advisable to contact the court to ensure a no contact order is issued.
 - b. **Restraining Order:** A restraining order may be included as a part of other legal proceedings, such as those concerning divorce, legal separation, or child custody cases. Restraining orders may not be necessary in some cases. In other cases, a restraining order may be issued along with a protection order.
 - c. **Order for Anti-harassment:** This special type of restraining order is available when there are persons involved that are not family members and do not have a current or past romantic relationship. Anti-harassment orders may be issued or example, in with stalking cases that do not involve physical violence or cases involving a continual course of conduct or pattern of behavior that is harassing.
 - d. **Order Excluding Alleged Offender from the Family Home:** [RCW 26.44.063](#) allows the court, in any judicial proceeding in which it is alleged that a child has been subjected to physical or sexual abuse, to order the alleged offender to be excluded from the family home, if the court finds reasonable grounds to believe that an incident of physical or sexual abuse occurred. The court may also restrain contact with the alleged child victim and impose additional restrictions which the court determines it is necessary to protect the child from further abuse or emotional trauma pending final resolution of the abuse allegations.
- I. **DV Advocacy for Legal Concerns:** Some community-based DV agencies provide legal advocacy. Current demand, however, far exceeds capacity to serve those in need. Advocacy may include the following.
1. Preparation for the courtroom and support in the courtroom.
 2. Legal education for client-specific issues.
 3. Assistance in procuring protection orders, no contact orders, restraining orders, or anti-harassment orders.
 4. Referrals to other agencies which can provide legal information or services to the client.
- J. **Legal Representation:** Legal representation refers to providing civil legal assistance to DV survivors in family law cases. Some assistance may be available to low income survivors including advice on a variety of family law issues, drafting pleadings, drafting temporary orders, providing procedural instructions, and helping clients prepare for various types of hearings. Staff attorneys will usually

become involved after receiving client referrals from social service agencies or DV advocates, and will then coordinate, as necessary, with the advocacy staff. Current demand for low cost legal services, however, far exceeds capacity.

- K. **Parenting Groups:** Specialized DV parenting groups that support DV survivors and their children are offered through the community DV agencies. Groups may include topics such as the effect of violence on survivors and their children, single parenting under extreme stress, effective non-violent discipline, and how an abuser attacks the survivor's parenting to maintain control.
- L. **Mental Health:**
1. Survivors of DV may experience emotional trauma as a result of the violence they have experienced. Symptoms of emotional trauma vary by individual and are affected by environmental considerations including the current safety and stability of the survivor and other family members and children. When emotional and/or psychological symptoms and concerns persist and interfere with a survivor's ability to cope, referral to appropriate counseling/mental health services should be considered.
 2. Issues that may warrant mental health evaluation, treatment and support include depression, anxiety, substance abuse, and difficulty parenting children.
 3. Post traumatic stress disorder may affect some survivors and includes symptoms like persistent frightening thoughts and memories of their ordeal, feeling emotionally numb, and reliving the trauma in the form of nightmares and disturbing recollections. Reminders of the trauma may be very distressing and trigger symptoms.
 4. Some survivors may have a mental health diagnoses independent of or existing prior to the DV they have experienced. These conditions may be exacerbated by DV. Referrals to mental health services, if not already in place, are appropriate to assess symptoms and develop an appropriate plan to help the person regain or achieve emotional stability.
 5. Individual, group and family therapy is available at various counseling practices, agencies and mental health centers throughout King County. Providers and agencies vary in their expertise specific to DV when it co-occurs with a psychological or parenting concern. It is important to ask if the provider has expertise in working with issues of DV in the context of providing mental health, counseling or parenting support services.
- M. **Substance Abuse Services:** Referrals for substance abuse assessment and treatment should be made to providers who can appropriately assess for DV. Few programs have resources to address the overwhelming needs of DV survivors who have chemical dependency issues. The provider's approach should be client-centered, focused on meeting clients "where they are", and aimed at matching the individual client's needs with appropriate services. They should also be collaborative and coordinate well with the other agencies serving the DV survivor.
- N. **Services for Teen DV Survivors:** DV specific services for teens are still limited in King County. There are not many resources for teen survivors of dating violence and even fewer for teen batterers. Teens may access adult DV survivor services; however, these services are not designed for teen DV survivors. Often, teens are reluctant to talk about DV with professionals until the level of violence is severe. Teens, therefore, benefit from services tailored to address their unique needs. See Appendix P for resource lists for teen DV survivors.
- O. **Services that are Inappropriate in DV Cases:**
1. Participation in any service that increases the potential risk for further abuse or injury to DV survivors and their children are not recommended.
 2. Any services that blames the DV survivor for the abuse, does not hold the DV perpetrator fully accountable for their abusive behaviors, and does not hold the perpetrator accountable for changing their abusive behaviors should be avoided.
 3. Couples counseling, mediation, family group counseling, and anger management programs for DV perpetrators can increase the level of danger to adult survivors and children. These services are contraindicated if the abusive partner has not engaged in and successfully completed counseling to address their violent or abusive behavior towards their partners and the children. During the initial DV assessments and safety planning stages, these services should not be considered.

III. SERVICES FOR DV OFFENDERS

A. Batterer Intervention Programs (BIP):¹⁴

1. **BIP Purpose:** Psycho-educational single-gender programs are the optimal and best-researched intervention for this population of abusers. Referrals should be made only to BIP state certified programs. A BIP should comply with all aspects of Washington State statute regarding BIP ([WAC 388-60](#)). The primary goal of a BIP is to protect the safety of survivors and children, and cause the abuser to stop all control tactics of control. A BIP defines DV as a pattern of coercive behaviors that includes physical, sexual, and psychological assaults, as well as economic coercion. Currently in King County there are gaps in culturally appropriate BIP services for certain ethnic groups (see Appendix Q for a listing of state certified BIP providers. in King County).
2. **BIP Providers Considerations:**¹⁵ A BIP holds the abuser accountable for their abusive behavior and for changing that conduct. BIP utilizes strategies so that the abuser does not blame the survivor for the violence. BIP also provides interventions to stop the use of abusive behaviors. *Not all Batterer's Intervention Programs are created equal.* While all State-certified BIP in Washington are subject to the guidelines established in [WAC 388-60](#), many programs interpret those guidelines differently. For questions or concerns regarding a specific BIP provider, contact the DSHS DV Perpetrator Treatment Program Manager (for contact information see the DSHS website at www.dshs.wa.gov). The following are key components of BIP:
 - a. Maintains contact, whenever possible, with adult DV survivors and/or their advocates.
 - b. Follows clear policies regarding survivor confidentiality and safety, and providing this information to survivors and/or their advocates.
 - c. Demonstrates an ability to work cooperatively with survivor-advocacy programs as well as with courts, probation, DCFS, and other agencies. BIP services are most effective when they work as one part of the larger coordinated community response to DV.
 - d. Provides initial and ongoing assessment of the danger posed to the survivor or children by the abuser and notifying the survivor and appropriate authorities if the survivor or children are in danger.
 - e. Conducts an initial assessment to determine if there are significant factors that might impact the abuser's ability to benefit from treatment such as, organic impairments, severe mental health issues, chemical dependency issues, and motivation to change. If necessary, the BIP makes referrals to adjunct providers for additional evaluation and treatment. The BIP monitors the compliance of the abuser with any other recommended forms of treatment, and verifies that the abuser is stable in those treatments prior to allowing the abuser to participate in the BIP.
 - f. Maintains close collateral contact with adjunct treatment providers to ascertain their level of knowledge about DV. Any adjunct treatment must support the primary goal of survivor safety by eschewing strategies that blame the survivor for the abuser's violence.
 - g. Requires a *minimum* of one year in treatment, including a *minimum* of 26 weekly group sessions. The BIP also cannot base satisfactory completion of the BIP solely on the abuser having attended a minimum number of sessions.
 - h. Have clear completion or termination criteria.
 - i. Have clear consequences for non-compliance by the abuser.
3. **Batterer Intervention Program (BIP) Limitations:** A BIP may or may not be beneficial for some abusers. Obviously, the more motivated abusers are and the more they follow through with BIP, the more likely they are to be successful. Additionally, the more abusers are held accountable for changing abusive behaviors by not only the BIP, but also the courts and other community agents, the greater the likelihood of follow through with the BIP. This means that BIP services are most effective when they are a part of the larger coordinated community response to DV. There is also some research to indicate that BIP services are most effective for younger abusers who are early in their "battering careers."

¹⁴ Massachusetts Department of Social Services (2004). Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety. Family Violence Prevention Fund.

¹⁵ Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum For Child Protective Services. Family Violence Prevention Fund.

4. Questions to Ask About the Effectiveness of a BIP:

- a. **What are your policies and procedures concerning survivor contact?** *There should be an attempt by the program to contact the DV survivor by telephone. Contact guidelines should include ensuring that the survivor's contact with the BIP program is optional and confidential, the provider completes safety planning if requested, resource information for survivors and their children is given upon request, and clear information is given to the survivor about the program's limitations.*
- b. **Does the program follow a specific education curriculum which addresses the participants' abusive and controlling behaviors and their underlying belief systems that support their abuse of power and control?**
- c. **Does the program have clear exit criteria?**
- d. **Does the program have a specific component which addresses the affect of DV on children and addresses the offender's parenting behaviors?**

B. Other Offender's Services:

1. **Individual Psychotherapy:**¹⁶ *Psychotherapy should not be considered an appropriate substitute for participation in a BIP, except in cases where the abuser is too acutely impaired or disruptive to function in a group setting. Some abusers may have additional mental health issues that require psychotherapy, concurrent with their participation in a BIP. Any individual psychotherapist working with an abuser should be familiar with the dynamics of battering relationships, safety planning for DV survivors, and safe behavior planning for abusers. Individual psychotherapists must be willing to obtain a release of information from their client to provide information to the appropriate entities involved in the case: DCFS, the courts, other treatment agencies, and the adult DV survivor. Training, experience, and understanding regarding DV varies among psychotherapists; therefore, it is prudent to ask a clinician some of the following questions.*
 - a. **What's your understanding about why DV happens?**
 - b. **What specific training and/or experience have you had related to issues of DV?**
 - c. **How much responsibility should an abuser's partner take for the abuser's behavior?** *(This question can assess mistaken belief that "it takes two to tango.")*
 - d. **How do you balance assisting a client in exploring their own issues related to past trauma while also not allowing them to use that as an excuse for their abusive behavior?**
 - e. **What are your procedures for obtaining release of information forms from DV perpetrators?**
2. **Chemical Dependency Treatment:**¹⁷ For an abuser with substance abuse issues, it is helpful for the chemical dependency program staff to be knowledgeable about DV. Some chemical dependency programs use strategies that may inadvertently endanger the adult DV survivor, such as requiring family sessions, implying that the survivor's survival strategies are "enabling" the chemically affected person's addiction, or indicating that either the DV survivor or the abuser's chemical dependency caused the DV. An appropriate chemical dependency program should also maintain close contact with the BIP.
3. **Parenting Classes:**¹⁸ Some BIP offer parenting components as they apply within the context of DV. These BIP parenting components are ideal. Additionally, an abuser is most likely to benefit from participation in a parenting class when they have made progress with their underlying abuse issues. Without having made such progress, an abuser is likely to view their parenting as above reproach. Therefore, it is unlikely that an abuser will make major parenting improvements without participation in a BIP, combined with experiences of structure, monitoring, and consequences. The

¹⁶ Massachusetts Department of Social Services (2004). *Accountability and Connection With Abusive Men: A New Child Protection Response to Increasing Family Safety*. Family Violence Prevention Fund.

¹⁷ Ganley, A. & Schechter, S. (1996). *Domestic Violence: A National Curriculum For Child Protective Services*. Family Violence Prevention Fund.

¹⁸ Bancroft, L. & Silverman, J. G. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications; and Bragg, H. (.2003). *Child Protection In Families Experiencing Domestic Violence*. U.S. Department of Health and Human Services.

parenting program provider for abusers should be knowledgeable about DV. The program should include the following information and activities.

- a. Supporting the parenting of the non-offending parent
 - b. The abuser's parental role in the family.
 - c. Understanding the difference between discipline and punishment
 - d. Nonviolent means for changing children's behaviors by using logical and natural consequences.
 - e. Child development information.
 - f. Supporting the parenting of the non-offending parent
 - g. The effects of exposure to DV on children.
 - h. How to be accountable to the children for his abusive behavior.
 - i. Communication skills, assertiveness, and expressing feelings appropriately.
4. **Supervised Visitation Services:** In an effort to provide safety for the non-abusive parent and children, visitation with the children by the abuser can be restricted. For families open to DCFS services or other court services, the abuser's access to children can be limited to supervised visitation or that the exchanges are supervised. Visits or exchanges may be ordered to occur in a DCFS office, a public setting, a designated home or office, or in a visitation center. For more information on supervised visitation see Section Six, part IV, "Services for Children".

C. **Services Not Recommended for DV Perpetrators:**

1. **Anger Management:** Anger management is not an appropriate substitute for participation in a BIP. Most anger management programs are brief interventions (typically 8 to 16 hours) and these programs do not address the underlying belief systems that support abusive behavior and entrenched patterns of abusive tactics. In addition, anger management programs do not typically have protocols for survivor contact, and do not have procedures for ongoing lethality assessments.
2. **Victim Impact Panels (VIP):** VIPs were first developed for Driving Under Intoxication (DUI) panels so that offenders would understand the impact of their criminal behavior on victims, families and friends. VIPs does not translate well to cases involving intimate partner violence. VIPs are not an appropriate substitute for participation in a BIP. The importance of addressing the power and control dynamics of intimate partner violence is best accomplished in a BIP program that provides educational tools that can offer an experience similar to a VIP but tailored to address the unique characteristics of intimate partner violence. If VIP participation is ordered, it should only occur after a minimum of six months of weekly participation in a structured BIP.
3. **Couples or Family Counseling:**¹⁹ *Traditional couples or family counseling should not be recommended when the battering continues or has recently ceased.* Couples counseling is based on the assumption that partners who possess equal amounts of power can negotiate a conflict. In abusive relationships, there is an unequal balance of power between the survivor and abuser, as well as a fear of physical violence or coercive attacks when the abuser feels challenged. Couples counseling may be appropriate in the future when the adult survivor feels they have regained control over their life, the abuser has completed a BIP, and the abuser demonstrates a commitment to stopping all violence/reducing controlling tactics.

IV. SERVICES FOR CHILDREN

A. **Effective Services for Children:**

1. Services should be based on the principle that the best way to help children is by helping their non-abusive parents.
2. Safety for the child also needs to be a primary concern.
3. Children who experience both maltreatment and DV may need a range of formal services and informal supports in order to heal from their traumatic experiences.
4. Providers should be knowledgeable about DV, be competent in dealing with DV dynamics, and be culturally competent.

¹⁹ Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum For Child Protective Services. Family Violence Prevention Fund.

B. Considerations in Making Referrals to Clinicians: There are no current state requirements to certify mental health providers to provide DV treatment. The following are considerations when referring children to mental health services.²⁰

1. Counselors or therapists should have the following knowledge or skills:
 - a. Understanding of definitions of abuse, including coercion, power and control
 - b. Understanding of the importance of survivor safety and autonomy and how to support these goals.
 - c. Understanding how to screen for DV.
 - d. Knowledge of potential lethality indicators.
 - e. Ability to help individual take steps to improve safety.
 - f. Knowledge of local DV resources.
 - g. Knowledge of basic legal options such as criminal charges and protection orders.
 - h. A concept of abuser accountability and how to safely encourage it.
 - i. An understanding of children's varying experiences and effects of DV exposures.
 - j. Knowledge of children's, the adult survivors', communities', and the perpetrators' protective factors that may decrease negative effects of DV exposure on the children.
 - k. Knowledge and skills in how to safely and effectively respond to children and families experiencing DV.
 - l. Basic understanding of how cultural issues may affect a DV survivor, offender, the family, and the community dealing with DV.
2. Service providers should strive to utilize *evidence-based interventions* that have been found to be effective through scientifically controlled studies.
3. Mechanisms need to be developed to protect the *confidentiality of children's mental health records* from being shared with the abuser.
4. Interventions should include *involving the children's non-abusive parents* in their counseling. Abusers typically sabotage non-offending parents' relationships with their children. Parents and children who have survived DV can benefit from support in strengthening their relationships. Parents also can benefit from learning to manage any of their children's negative behaviors that are associated with exposure to DV.
5. Interventions should identify *children's resiliency factors or protective factors* and strategies on how best to support these factors. For example, increasing the child's contact with supportive, non-abusive relatives or family members, friends, or community members may decrease the negative effects of DV exposures.²¹
6. Children may have a delay in reactions to DV. Services need to be available whenever the child shows a need. Grief and loss issues should be identified and addressed as they arise.

C. Barriers to Service Access: Many children would likely benefit from formal services. Unfortunately, numerous barriers prevent children and families from accessing supportive services. This includes cost as reduced or sliding scale fees for counseling are very limited for children who lack medical insurance, transportation, lack of service providers who are competent to handle DV and/or are trained in evidence-based interventions, limited availability of therapeutic services for infants and young children with earlier signs of trauma, limited culturally-specific services, and limited services provided in other languages. Other barriers that prevent non-offending parents from accessing services for their children include the following.

1. Non-offending parents have limited time and energy to get children to appointments in the face of continued threats, harassment, and manipulation by the abuser.
2. Non-offending parents' fear that their children's need for services may be used against them by the abuser in court by portraying them as being ineffective parents.
3. Abusive parents' ability to sabotage services by refusing to give permission for children to participate in services, insisting on copies of service records, harassing children and/or service providers, and interfering with the means of payment for services.

²⁰ Groves, B. M. (1999), *Mental Health Services for Children who Witness Domestic Violence in The Future of Children Domestic Violence and Children*, Vol. 9, No. 3, Winter 1999, Princeton.

²¹ Graham-Bermann, S. A. and Edleson, J. L. (eds.) (2001) *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy*. Washington, D.C.: American Psychological Association.

D. Counseling and Support Services for Children: (see Appendix R for children/youth services lists)

1. **Children's Protective Factors and Risk Factors.** Children can display a wide range of effects from traumatic exposures to DV and other forms of abuse. There are several factors that can influence a child's response to trauma. These factors can be strengths or protective factors that can reduce their risk of problems from traumatic exposures. Or they can be risk factors that increase their risk of problems from traumatic exposures. These factors include the following.²²
 - a. **Characteristics of the Child** or child's age and developmental stage, their prior history of trauma exposures, personality style, intelligence, coping, their culturally based understanding of the trauma, and their individual strengths or resiliency skills.
 - b. **Characteristic of the Environment** or the immediate reactions and attitudes of those who are close to the child, the type and access to quality supports, the degree of safety afforded to the survivor in the aftermath, the prevailing community attitudes and values, and the cultural and political constructions of gender, race and sexual orientation.
 - c. **Characteristics of the Traumatic Events** or the frequency, severity and duration of the event(s), the degree of physical violence and abuse, the level of terror and humiliation inflicted by the perpetrator, the persistence of DV threat, and the child's physical and psychological proximity to the DV event(s).
2. **Specialized Counseling Services.** It is important that children are first assessed to determine the degree of trauma suffered, to determine if and what services may be helpful to reduce the negative effects from traumatic exposures, and their possible need for counseling²³. Evidenced-based counseling interventions are preferable such as child-parent trauma therapy and Parent-Child Interaction.
3. **Specialized Support Services.** These services are delivered by providers who are well-trained in the dynamics of DV, and who provide interventions that address effects of DV on children. This includes child advocate home visitors who work with the children and their parents. Specialized support is also provided through children DV support groups. Support groups work to increase a child's feeling of safety, improve problem-solving skills, enhance social connectedness, and increase school readiness.
4. **Mentoring and Community-based Enrichment Programs.** One study¹⁵ found that only 35-45% of the children exposed to DV had psychological symptoms that required professional counseling. This result indicates that 55-65% of such children may not need immediate formal counseling. Due to the dynamics in violent families, however, virtually all children exposed to DV, would benefit from informal supports like mentoring and community-based enrichment programs. Resiliency is promoted in children by increasing contact with positive and caring adults through informal community supports such as school and after school programs, faith based groups, Big Brothers and Big Sisters mentoring programs, or parks and recreation programs.

- E. Types of Visitation Arrangements:** Adult survivors of DV may need support and guidance in identifying issues and making arrangements for their children to visit with the abusive parent. Perpetrators need careful guidance in developing parenting skills after stopping abusive behaviors. Supervised visits can help DV perpetrators have positive interactions and visits with their children. Visitation arrangements with abusive parents must be carefully planned and evaluated, bearing in mind the physical, mental, and emotional safety of the child and the non-offending parent. Service providers should be knowledgeable about the challenges and benefits of each of these options in order to

²² a) Carlson, E. B., Furby, L., Armstrong, J. & Shales, J. (1997). "A Conceptual Framework for the Long-Term Psychological Effects of Traumatic Childhood Abuse. *Child Maltreatment*, 2(3): 272-295, b) Lansford, J. E., Dodge, K. A., Pettit, G. S., Bates, J., Crozier, J., and Kaplow, J. (2002). "A 12-Year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence. *Archives of Pediatric and Adolescent Medicine*, 156: 824-830. This study found that physical maltreatment in the first five years of life predicts the development of psychological and behavioral problems during adolescence. Specifically, the researchers found increased levels of anxiety and depression among maltreated children.

²³ Jaffe, P. G., Baker (2004). L. L., and Cunningham, A. J. (eds.), *Protecting Children from Domestic Violence: Strategies for Community Intervention*, New York NY: The Guilford Press.

effectively assist non-offending parents with safety planning for visitation. Visitation arrangements generally fall within the following ranges of restriction:²⁴

1. **Informal and non-restrictive.** Liberal access, non-offending parent safe to pick up/drop off child
2. **Formal and somewhat restrictive.** Friend or family member provides supervision and some specific time and behavior constraints
3. **Professional and highly restrictive.** DV trained professional supervisor and very specific behavior guidelines and safety protocols

F. Supervised Visitation:²⁵

1. In an effort to provide safety for the non-abusive parent and children, visitation with the children by the abuser can be restricted. For families open to DCFS services or other court services, the abuser's access to children can be limited to supervised visitation or that the exchanges are supervised. Visits or exchanges may be ordered to occur in a DCFS office, a public setting, a designated home or office setting, or in a visitation center.
2. When DV is present, appointed supervisors must fully understand the safety risks to the non-offending parent including stalking, harassment, verbal and/or physical assault, and child abduction.
3. Supervisors should have clear behavior expectations for the visiting parent that are thoroughly explained and agreed to in writing by the visiting parent, and they should know how to recognize and intervene to stop manipulative tactics that might cause emotional, mental, or physical harm to the children or the non-offending parent. Such tactics can include, but are not limited to:
 - a. Sending messages to the other parent through the child via gifts, food, promises, or threats.
 - b. Soliciting the child to be their confidante. Asking the child to provide information about the other parent or asking the child to take sides against the other parent.
 - c. Refusing to pay for services.
 - d. Asking for documentation from the provider stating how "good" the visits are
 - e. Persistently pushing boundaries or bending rules.
 - f. Non-compliance with or persistently challenges to scheduled visit or exchange times.
 - g. Ongoing coercion and manipulation by using the court, for examples, making repeated requests for changes in service providers, asking for changes in the length and frequency of visits, and making frequent attempts to modify orders regardless of child's wishes or comfort.
4. Interventions by the visit/exchange supervisor should range from re-direction, to visit termination, to service suspension, and finally, to service termination. Service termination should be investigated and considered before appointing a new provider.

G. Considerations for Ordering Supervised Visitation. The following factors should be assessed when determining the need for supervised visitation arrangements.

1. **The level and intensity of violence and/or stalking behavior.** A lethality assessment may be appropriate.
2. **The immediate safety needs and concerns of the non-offending parent.** Whether the non-offending parent feels physically safe and/or if there are concerns expressed about abduction, neglect, physical abuse, or active substance abuse.
3. **The age and developmental stage of child.** Whether the child can keep from disclosing confidential address or other information and is able to protect him or herself from harm
4. **The housing and financial status of non-offending parent.** If the non-offending parent is in a shelter visitation must occur in a safe place and access to safe and affordable transportation is important

²⁴ Saunders, D. G. (1998). Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Research Findings, and Recommendations, National Center on Domestic Violence, PCADV/NRCDDV, summary available through <http://www.vawnet.org/>

²⁵ Bancroft, L. & Silverman, J. G. (2002). The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics. Thousand Oaks, CA: Sage Publications.

5. **The child's reaction to his or her exposure to the violence.** Counseling or therapeutic visitation may be necessary before further visitation is considered
6. **The offender's level of accountability for actions.** This is the offender's compliance or non-compliance with other court orders or conditions of orders, including cooperation with FCS risk assessment, participation in BIP, engaging in substance abuse treatment, participation in parenting classes, and cooperation with court ordered mental health evaluations.

H. Considerations for Selecting Supervised Visitation Providers.

1. Extent of training and experience in the power and control dynamics of DV, the impact of DV on children, and battering tactics
2. Security policies and procedures, including steps taken to assure the safety of non-offending parent before, during, and after service is provided. Whether the provider has an in-depth intake process to determine types and level of risk, and whether there is a physical security protocol.
3. Criteria for case acceptance, rejection, or termination
4. Locations and context of services including whether services are provided on or off site, and whether supervision is one-on-one or provided to visiting parents as a group.
5. Language capacity and cultural competency.
6. It must be understood that battering tactics often include efforts to gain custody of children by alleging child abuse and neglect, substance abuse, and unfit parenting. If the non-residential parent is actually the survivor of DV, even if the allegations are founded, the service provider should consider the existence of DV and adjust policies and practices accordingly to provide safety before, during, and after the visit or exchange.
7. Most children are apprehensive about visitation and are torn. They may want to maintain contact with both parents; however, they feel powerless about visitation arrangements. Children's wishes about visitation should be considered. Children should not be forced to visit an abusive parent, and the children's desire to avoid visitation should not reflect negatively on a non-offending parent.

I. Questions for Interviewing Potential Supervised Visitation Providers.²⁶ In considering potential supervised visitation providers, it may be helpful to ask some of the following questions to assess the provider's understanding of and experience with DV.

1. **What training have you had on batterers as parents? What sorts of behaviors from a batterer in a supervised visitation setting might be detrimental to a child?** *These questions should allow you to ascertain whether or not a provider is aware of the manipulative behaviors that a batterer may use.*
2. **What is your policy on parents bringing gifts for children during visitation? How do you ensure that gifts, or other items (such as books to read), are appropriate, safe, and do not contain any possible hidden messages?** *Gift giving should be limited to specific occasions and pre-approved by the staff and non-offending parent.*
3. **How do you deal with parents who want to whisper or pass notes to their children? How do you ensure that all communication is monitored?** *Some batterers will utilize any opportunity, however brief, to make an inappropriate blaming or manipulative comment.*
4. **What steps do you take to ensure that a parent and child are never out of visual range and/or earshot?** *The best defense against the type of inappropriate communication described above is to not provide the opportunity for it to happen.*
5. **When you write visitation reports, what sort of information do you document?** *Reports to courts by supervised visitation centers should emphasize that a batterer's level of risk to children. Any possible lessening of that risk cannot be measured or evaluated during supervised visits. As such, centers should not involve themselves in making recommendations to the court regarding future contact.*
6. **Who is responsible for paying the cost of supervision?** *Supervised visitation centers should have a policy that the battering parent is to pay the full cost of supervision unless the court requires otherwise. This policy is important to avoid adding financial stress to the custodial home. This also sends clear messages to all parties that the abusive person has caused the need for supervision and has the responsibility to pay for it.*

²⁶ Bancroft, L. & Silverman, J. (2002). *The Batterer As Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications.

J. **Services NOT Appropriate in DV Cases.** In initial stages of case planning for children and their families, the following activities/services *are not recommended* until further risk assessment has been completed:

1. Couples or family counseling
2. Court or divorce mediation
3. Visitation arrangements that endanger the survivor and children or are in conflict with a restraining or custody order
4. Anger management classes.

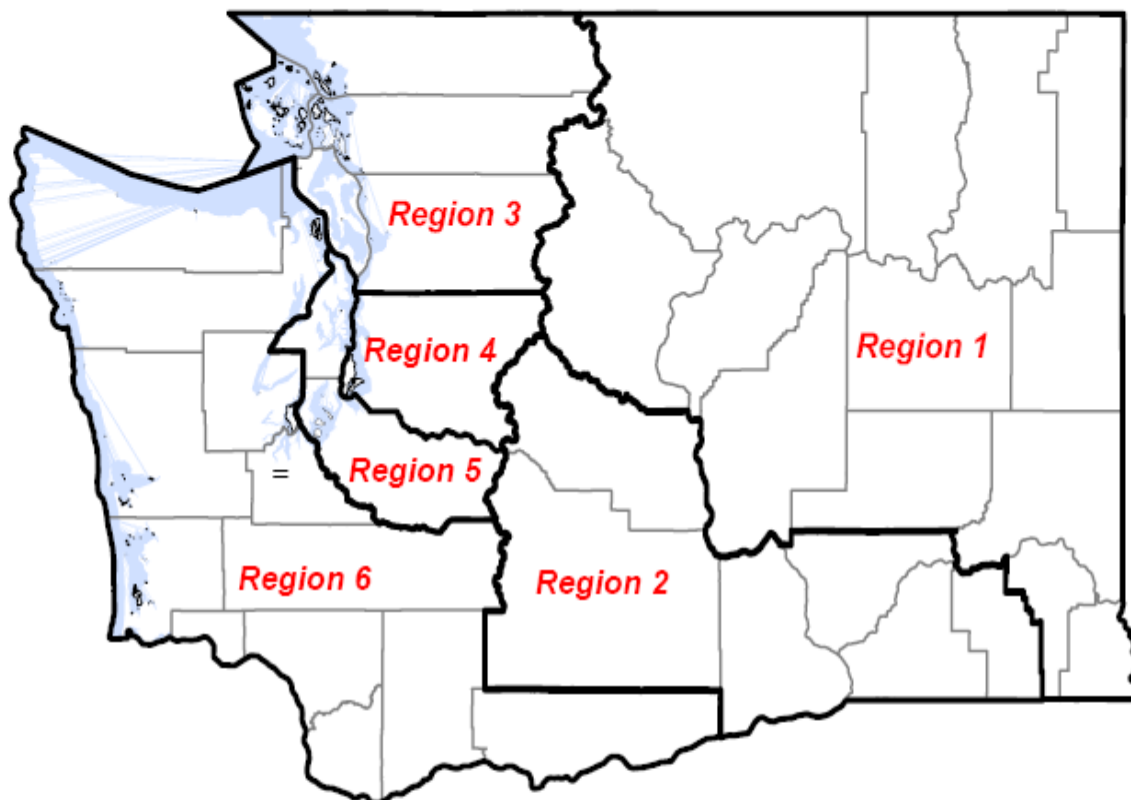
**King County Domestic Violence and Child Maltreatment
Coordinated Response Guideline**

Appendices

Appendix A

DSHS Regional Map

ESA provides services through its local Community Services Offices (CSOs) and local Division of Child Support Offices located in six regions. The counties within each DSHS region are as follows:



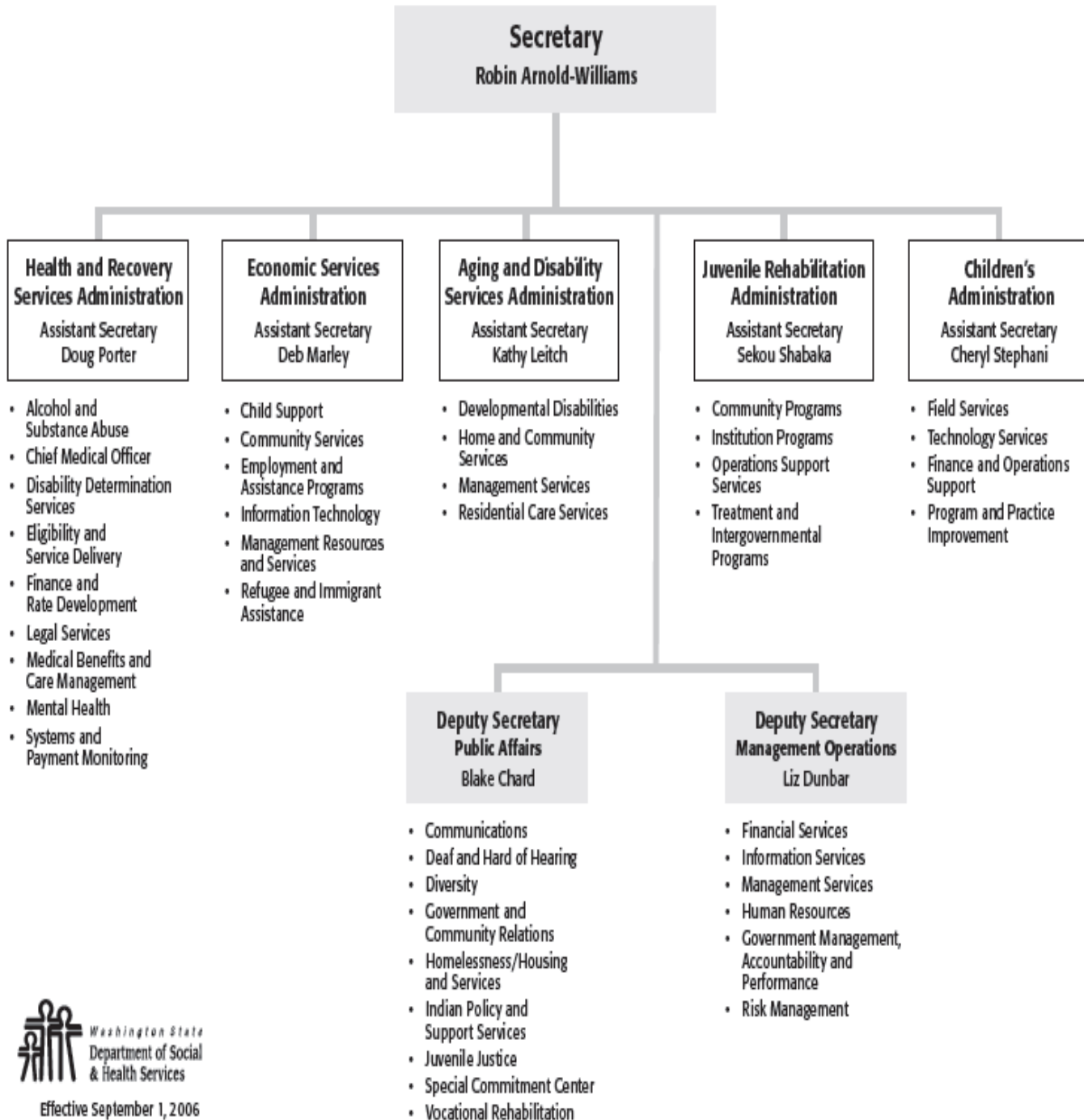
Counties in Each DSHS Region

Region 1	Adams, Asotin, Chelan, Douglas, Grant, Ferry, Garfield, Lincoln, Okanogan, Pend d'Oreille, Spokane, Stevens, and Whitman
Region 2	Benton, Columbia, Franklin, Kittitas, Walla Walla, and Yakima
Region 3	Island, Skagit, Snohomish, San Juan, and Whatcom
Region 4	King
Region 5	Pierce and Kitsap
Region 6	Clark, Clallam, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum

Appendix B

DSHS Organizational Chart

Department of Social and Health Services



Appendix C

Law Enforcement Guidelines for CPS Referral in DV Cases*

*This checklist was developed through the DV/CPS Collaboration Project and King County Sheriff's Office Officer Training Project. This checklist provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigation steps. The guidelines on this card will not always be applicable in their entirety because of differing circumstances.

King County Day Time CPS Intake Number (Monday through Friday, 8-5):

1-800-609-8764

King County Day Time CPS Intake FAX Number:

206-281-6329

Statewide After Hours CPS Intake Number (Evenings, Weekends, and Holidays):

1-800-562-5624

Telephone CPS Immediately to Triage Child/Youth's Safety Needs at the DV Scene When:

- The child is assaulted or injured during the DV incident
- Perpetrator violates child NCO and/or protection order
- Discharge of a firearm or use of a lethal weapon in the presence of child
- The child expresses fear that perpetrator will kill or injure someone in the home
- Perpetrator commits severe acts of violence and threatens to kill the child
- Perpetrator displays a pattern of lethality indicators (See section 5). The child remains at high risk of severe injury or death if perpetrator has access to the child.
- The child's parent/caretaker cannot safely care for child (due to injury, substance abuse, mental health disorder, etc.) and KCSO places child into protective custody

Law Enforcement Must Make CPS Referral When:

- The child/youth is at risk of substantial harm from the domestic violence. Examples may include:*
 - *Perpetrator interference with child/youth's attempts to report DV*
 - *Perpetrator throws object that could hit and injure the child (reckless endangerment)*
 - *Child in physical jeopardy during assault or destruction of property (child gets caught in DV cross-fire but not injured or child attempts to intervene in DV)*
 - *Perpetrator forces/coerces child to participate in the DV*
 - *Perpetrator displays firearm or lethal weapon in child's presence*
 - *DV patterns escalating in severity or frequency in last 90 days*
 - *Child/youth is witnessing or forced to participate with perpetrator in killing or torturing of a family pet*
 - *Child experiences changes in patterns from exposure to repeated DV incidents (such as sleep deprivation, increased aggressive behaviors, wetting the bed, chronic fear, anxiety or depression)*
 - *Perpetrator interferes with the provision of the child's minimal needs of food, shelter, health, or safety*

Law Enforcement Should Consider a CPS Referral When:

- Consider CPS referral when the child may be at risk of harm. When in doubt, contact your supervisor, call CPS Intake or FAX report to CPS.
- Examples may include:
 - *Perpetrator acts in a cruel, humiliating, and dehumanizing manner to child at a DV scene*
 - *Perpetrator blames child for the domestic violence*
 - *Perpetrator has a history of abuse to children*

Appendix D

Roles of Domestic Violence Advocates

System-Based Advocates:

- Employed by prosecution agencies, law enforcement agencies, Department of Corrections (referred to as “community victim liaisons”) or cities.
- Advocates provide support and case management to victims during criminal proceedings; assess and address survivors’ safety needs and other concerns related to prosecution; convey survivor input to detectives, prosecutors, judges, probation and other relevant system-based professionals; explain legal process, options and potential outcomes to survivors; provide DV education; accompany survivors to joint interviews, defense interviews and court hearings; consult closely with prosecutors on survivor and case issues; ensure that survivors’ rights are honored by the system; provide survivors with appropriate referrals to community resources; some assist with protection orders. Relationships with survivors are approached with a philosophy of survivor self-determination, but decisions about the criminal case are controlled by the police and/or the prosecutor.
- Typically, advocates initiate contact with survivors upon receipt of a DV incident report or criminal complaint.
- Advocates may only work with the person listed as “victim” in the criminal case; they cannot work directly with survivors who are arrested. The relationship with the victim is limited primarily to the life of the criminal case. Advocates may be able to directly effect change and awareness within the legal system on behalf of the survivors with whom they work.
- If children are witnesses or similarly involved in the criminal case, advocacy services for the children from an outside agency may be requested.
- Confidentiality Issues: System-based advocates information and records, or their work products and notes, are available to prosecutors and law enforcement per [Criminal Rule 4.7](#) outlining rules of discovery. The defense, if seeking access to such materials, must subpoena such information and records for an in-camera review by a judge, who makes the decision regarding disclosure. Advocates have access to records in the criminal justice system.

Protection Order Advocates:

- Protection Order Advocates are employed by King County Prosecutor’s Office. King County has the only Protection Order Program staffed by system-based advocates who work exclusively with protection order petitioners. Many other system-based and community-based advocates assist petitioners seeking protection orders in addition to handling other responsibilities.
- Work with and support domestic violence survivors petitioning for orders for protection; provide information on the protection order process and possible outcomes; provide DV education; address safety concerns; assist with the completion of forms and paperwork; accompany the petitioner to court; coordinate with family court services, court clerk’s office, community DV survivor service agencies, law enforcement, and other criminal justice system entities as needed; refer to community and social service providers.
- If the domestic violence survivor so requests, the advocate will support a request that the protective order also protect the children.
- Confidentiality Issues: Protection Order Advocates do not provide case management or keep records. They do have access to civil court files and records in criminal justice system records.

Community-Based DV Advocates:

- Employed by community-based domestic violence survivor service agencies.
- Provide advocacy-based counseling to domestic violence survivors. DV survivors initiate contact. Advocacy-based counseling includes DV education, support and resource/referral information, safety planning. Offer support groups, 24-hour crisis line, often have specialized services for children and teens.
- Advocates work with any survivor who requests services, including survivors who are defendants in criminal cases.

- Assist survivors in accessing resources and services they need, such as housing, financial assistance, employment training, child care, counseling, legal assistance, etc.
- Provide community education, outreach and professional trainings on DV
- Collaborate with legal, medical, law enforcement and social service communities; participate in relevant community task forces and social change committees.
- Confidentiality Issues: Client records and communication with survivor are confidential, unless a release of information from survivor or a valid court order is issued. Many agency and advocate addresses are confidential.
- Community-based DV services are client-initiated and voluntary, and advocates do not play any kind of an evaluative or monitoring role. Most agencies keep minimal records regarding the families they serve. They have a strong belief in survivor self-determination, and tailor their services based on what the client identifies as her and her children's needs.

Community-Based Sexual Assault Advocates:

- A sexual assault advocate is an employee or volunteer from a rape crisis center, victim assistance unit, program, or association, that provides information, medical or legal advocacy, counseling, or support to survivors of sexual assault, who is designated by the survivor to accompany the survivor to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
- A sexual assault advocate may disclose a confidential communication without the consent of the survivor if failure to disclose is likely to result in a clear, imminent risk of serious physical injury or death of the survivor or another person. Any sexual assault advocate participating in good faith in the disclosing of records and communications under this section shall have immunity from any liability, civil, criminal, or otherwise, that might result from the action. In any proceeding, civil or criminal, arising out of a disclosure under this section, the good faith of the sexual assault advocate who disclosed the confidential communication shall be presumed.
- Confidentiality Issues: By statute, communications made by a survivor to a sexual assault advocate are absolutely privileged, and disclosure of records of such communications is limited to a case in which the advocate must disclose to avert an imminent risk of serious physical injury or death. [RCW 5.60.060\(7\)](#), provides: "A sexual assault advocate may not, without the consent of the survivor, be examined as to any communication made by the survivor to the sexual assault advocate."

Community-Based Domestic Violence Legal Advocates:

- Employed by community-based domestic violence survivor service agencies
- Same role as community-based advocate but have additional expertise in civil and criminal legal issues. Provide support, legal information and legal referrals, but not representation or advice. Often assist with protection orders. Accompany survivor to legal appointments and court hearings. Provide linkages to civil legal services.
- Organize legal information sessions for clients
- Coordinate and collaborate with various legal and criminal justice system entities, advocating on behalf of client
- Confidentiality Issues: Same as Community-based Advocate

Community-Based Children's Domestic Violence Advocates:

- Employed by survivor service agencies.
- Similar role as community-based advocates, but they focus on the needs of and advocacy for children and provide resources and support to their parent. They provide children's groups centered on safety, peaceful activities, education, identifying/sharing emotions and self-esteem. They also provide childcare, parenting resources, community resources for children and emotional support to parent and child.
- Coordinate and collaborate with schools, daycare resources and children's DV support groups and services affiliated with domestic violence agencies throughout King County.
- Confidentiality Issues: Same as community-based Advocate. Children's sharing is held in confidence by children's advocates unless it relates to the overall well-being of the child or if the child reveals a risk of being hurt, hurting others or self-injury.

Appendix E

Law Enforcement Investigation Guidelines*

Children & Domestic Violence Checklist

*This checklist was developed through the DV/CPS Collaboration Project and King County Sheriff's Office Officer Training Project. This checklist provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigation steps. The guidelines on this card will not always be applicable in their entirety because of differing circumstances.

1. Upon Arrival at Scene

- Locate children. Determine their whereabouts.
- Identify each child by name, sex, and age
- Determine child's proximity/involvement with incident

2. Check on Child's Well Being and Physical Condition

- Note child's demeanor and emotional state
- Note any evidence of injury

3. Provide Reassurance/Support to Child

- Identify yourself and explain your role
- Talk to each child in a safe place away from suspects, victim, and siblings
- Try to get the child to relax
- Tell them you are there for their safety
- Tell the child that the violence is not their fault

4. Talk to Child (Ask simple non-leading questions)

- Get down on your knees or sit to face the child
- Do not force the child to talk
- Ask "Why do you think I am here?"
- Ask "Tell me what happened?"
- Ask "What did you see or hear?"
- Ask "Has this ever happened before?"
- Ask the child if they were hurt during the incident
- If child or caregiver reports injury, call EMS for assessment

5. Assess for Risks of Imminent Harm to Children

- Determine if perpetrator has violated any court order in effect for the child
- Determine if domestic violence has been increasing in frequency and intensity
- Assess perpetrator for lethality indicators such as display/use lethal weapon(s) at the scene, threatening suicide or homicide, hostage taking or stalking, inflicting severe violence when using alcohol/drugs and/or with an untreated psychosis or mental health disorder
- Determine if child can remain safe at scene

6. Determine if Need for Protective Custody

- Consider protective custody when there is probable cause that the child would suffer further abuse/neglect if not taken into custody

7. Child and Family Resources

- Offer Children and DV booklet
- Give DV Protection Act Victim's Right Forms and available resources

8. Completing Incident Report/DV Supplemental Report

- Document child's name, age, location, level of fear, and risk of imminent harm on the DV supplemental report
- Indicate if child is a witness or a victim in the incident report
- Describe the nature of assaults or threats
- Describe child's involvement with the incident
- Document child's demeanor and emotional state
- Record what the child saw/heard at scene
- Document any assistance/referrals given, or CPS reports
- Document EMS assistance and names of EMS personnel

Appendix F Law Enforcement DV Supplemental Form

AGENCY LOGO HERE

DOMESTIC VIOLENCE SUPPLEMENTAL FORM

CASE #:

CR #:

SUSPECT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____ Sex: _____ Race: _____

Suspect Booked: Yes No Suspect Cited: Yes No If Yes, Citation #: _____

Suspect Demeanor: Angry Irrational Apologetic Threatening Calm Upset Controlling Violent Crying Distant Hysterical Nervous Other, describe: _____

Suspect Injured: Yes No If Yes, describe in narrative. _____ Abrasions Bruises Complaint of Pain Hair Pulled Out Lacerations Minor Cuts

Treatment: None/ Refused Bruises At Scene/Who provided on-scene treatment?

Photographs of Suspect Taken?: Yes No Unk Signed Medical Release?: Yes No Refused

Mental Health History: Yes No Unk If Yes, describe: _____ Suspect Suicidal? Yes No Unk

Suspect Under the Influence of Alcohol/Drugs? Yes No Unk If Yes, what drugs? _____

VICTIM INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____ Sex: _____ Race: _____

Address Verification: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact Name #1: _____ Phone Number: _____

Alternate Contact Name #2: _____ Phone Number: _____

Victim Demeanor: Apologetic Hysterical Calm Nervous Confused Upset Crying Distant Distraught Fearful Hesitant Other, describe: _____

Excited Utterances: Yes No: **If Yes, document in narrative as accurately as possible, using quotations.**

Victim Injured: Yes No If yes, describe in narrative and check all injuries that apply below:
 Abrasions Bruises Complaint of Pain Hair Pulled Out Lacerations Minor Cuts Other, describe: _____

Strangulation Involved: Yes No Symptoms (check all that apply):
 Neck Pain Neck Swelling Sore Throat Difficulty Swallowing Raspy Voice Red Marks Bruising
 Ears Ringing Scratches Nausea/Vomiting Fainting Light-Headedness Loss of Bodily Function

Tiny Red Spots mouth/eyes/behind ears/on face (Petechia)

Prior Incidents of Strangulation: Yes No If Yes, describe: _____

Treatment: None/Refused At Hospital At Scene/ Who provided on-scene treatment?
Signed Medical Release? Yes No Refused

STALKING: Yes No **If Yes, document in narrative**

Victim Under the Influence of Alcohol/Drugs? Yes No Unk If Yes, what drugs? _____

Is Victim Pregnant? Yes No Unk If Yes, how many months? ____ Does suspect know victim is pregnant? Yes No Unk

Photographs Taken of Victim?: Yes No Physical Evidence Recovered?: Yes No

RELATIONSHIP BETWEEN VICTIM AND SUSPECT/PRIOR HISTORY

Relationship: Spouse Estranged Spouse Former Spouse Dating/Engaged Former Dating Parent/Child
 Adults Residing Together Formerly Residing Together Child in Common Other (describe): _____

Length of Relationship: _____ If Relationship Ended, Approximately When? _____

Prior DV History Yes No Number of Prior Reported Incidents: _____ Number of Unreported Incidents: _____

Date of Last Incident: _____ List Other Police Agencies Involved in Past: _____

DOCUMENT PRIOR DV HISTORY IN DETAIL IN NARRATIVE

Prior Abuse of Children in Household? Yes No If Yes, describe: _____

Prior Abuse of/Threats to Pets in Household? Yes No If Yes, describe: _____

CASE #:
CR#:

CHILDREN

Child(ren) Present During Incident: Yes (Complete information below) No Unk N/A

Child(ren) Assaulted/Injured During Incident: Yes (Describe in detail in narrative) No Unk N/A

Statement(s) Taken from Child(ren): Yes No N/A

Child's Name (Last, First, Middle)	Sex	DOB	Child's Location During Incident	Officer's Observation of Child	Suspect's Relationship Child

Photos Taken of Child(ren)? Yes No

COURT ORDER INFORMATION

Current Court Order Exists: Yes No Unk Court Order #: _____ Court: _____ Expires: _____

Suspect Served?: Yes No Unk Date of Service: _____

Type of Order: No Contact Order Protection Order Restraining Order Anti-Harassment Order

FIREARMS/WEAPONS

1. Does the suspect possess, own, or have access to firearms? Yes (describe below) No Unk

2. Where are the firearms (residence/vehicle/with suspect)?

3. Has the suspect used, displayed or threatened to use firearms in the past against Victim or others? Yes No

If yes, describe:

4. If Yes to #3, and firearms are present and under Victim's control, does Victim want police to remove firearms now? Yes No

5. If firearms were used in current incident, where they recovered? Yes No Placed into evidence? Yes No

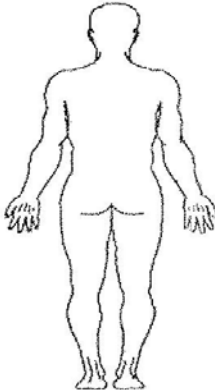
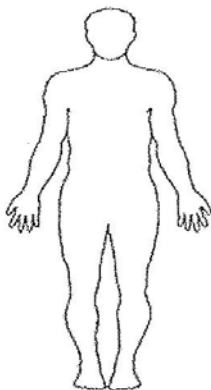
DESCRIPTION OF ANY FIREARMS OWNED/POSSESSED BY SUSPECT:

Description of Firearm:	Status:
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No

****If valid NCO/Served Protection Order exists or suspect has a prior domestic violence conviction, possession of firearms by suspect** may be prohibited under Federal or State law**

INJURIES DIAGRAM

Officer to mark the location of any injuries and describe:



Victim refuses written statement. Document all victim statements in incident report.

See continuation page for written/signed statement.

Completed by _____

Date: _____

Appendix G

Services Provided by King County Superior Court, Family Court Services (FCS)

Superior Court of the State Of Washington for the County of King Family Court Services			
516 Third Avenue Room W-280 Seattle, Washington 98104-1604 (206) 296-9400		401 Fourth Avenue N. Room 1-D Kent, WA 98032-4429 (206)205-2521	
Service	Description	Time Frame	Cost
Parent Seminar	Four hour class required under Local Family Law Rule (LFLR) 13(d) for parents who have to develop a parenting plan for minor children in dissolution, parentage and third party custody actions. Videos and presentations on substantive, procedural and affective issues related to parenting plan development. Review of court process and parenting plan format. Discuss what helps and what hurts children during separation/ divorce.	Eight to ten classes are offered mornings, afternoons and evenings, at various locations (Seattle, Kent, and Bellevue).	\$40 per person; fee adjustments available Registration and payment is through Family Court Services in Kent and Seattle.
Mediation	Mediation is mandatory per LFLR 13(b) in parenting plan disputes and upon filing of Objection to Relocation unless waived for cause (typically RCW 26.09.191 restriction issues). FCS generally meets with the parties together, without attorneys, for 1-3 sessions, drafts parenting plan and provides it to parties and attorneys. FCS only mediates parenting plan issues. FCS sends a dismissal notice to court stating outcome. Parties can also initiate mediation upon sending a co-petition to FCS per the dispute resolution provision of an existing parenting plan. FCS does not mediate in cases of disputed parenting plans with alleged domestic violence, child maltreatment, or other significant parenting concerns	Assigned to mediator after parties attend Seminar and submit paperwork. Standard timeline to complete mediation is 60 days after assignment.	Fee is \$500 shared between the parties with sliding scale based on combined incomes. Fee is based on 5 hour average at \$100 per hour.
Evaluation	When mediation does not resolve parenting plan in pre-decree or modification cases or was waived, evaluator interviews the parties, observes parent-child interaction, may do home visits, contact collateral sources, and provides written report to court.	Assigned to evaluator after parties attend Seminar and submit paperwork. Standard timeline to complete is 120 days from assignment.	Fee is \$2,000 shared between the parties with sliding scale based on combined incomes. Fee is based on 20 hour average at \$100 per hour.
Domestic Violence Assessment	Abbreviated assessment in Protection Order cases. Focuses on temporary orders for residential schedule, protections for adult and child survivors, and appropriate interventions for all family members. Recommendations include temporary access plan for parents.	Typically ordered by FL commissioner; return hearing usually set at 45-60 days to review report. Reports are given to both parties on day of re-hearing for safety purposes.	No Charge.
CPS/ Information only	Order for CPS to provide records/ to Superior Court. FCS serves as liaison to assist in obtaining the needed written records from CPS. The FCS social worker may also talk with the assigned CPS case worker if there is an active CPS case.	Typically ordered by Ex Parte at time of temporary orders in Protection Order cases where CPS has been or is involved. Report gives only CPS generated information, and is used solely as a resource for the court.	No Charge.

Appendix H

Agencies Involved In Family Court

Family Court Services

Seattle - King County Superior Court (206-296-9400)

Kent- Regional Justice Center (206-205-2521)

Family Court Services provides Mediation, Evaluation, Domestic Violence Assessment, Conciliation Counseling and the Family Law Parent Seminar for families involved in Family Law matters. They serve as an adjunct to the Superior Court Judges and Commissioners and report to the court when so ordered. They do not monitor the family and are generally automatically dismissed from involvement after their report is done. They should be consulted if a current case has been referred to them or a prior report has been done.

Family Court Services also have workers who are designated to provide information to CPS about the general process and to discuss concerns and options, even if a worker has not been assigned to the case.

Family Law CASA of King County

The Family Law CASA program recruits, screens, trains, supervises and supports community volunteers who are appointed to investigate custody and visitation disputes in family law cases. The CASA program is a nonprofit private agency and to be appointed in a case an Order Appointing Family Law CASA must be signed by a King County Superior Court Judge or Commissioner. To get an Order signed, a party to a family law case (divorce, paternity, non-parental custody or modifications) must file a motion asking to have Family Law CASA appointed. Due to the limited nature of the resource, agreed orders cannot be submitted appointing CASA, instead the court must specifically order the appointment of CASA. The parents or parties are responsible for their fees.

Private Guardians Ad Litem

Private Guardians Ad Litem are sometimes appointed by the court to provide evaluation services in Family Law actions. The parents or parties are responsible for their fees.

Family Law Pro-Se Facilitators

Seattle- King County Superior Court (206-296-9092)

Kent- Regional Justice Center (206-205-2526)

Family Law Facilitators can assist clients who do not have an attorney with their family law court action. They cannot give legal advice. They can give information on forms, court rules, court procedure, attorney referral programs, and court and/or community resources. They are available during specified walk-in times and also for scheduled appointments. Clients without an attorney should contact the facilitators as soon as possible in their action. Clients with attorneys should consult their attorney, not seek Family Law Facilitator services.

Protection Order Advocacy Program

Seattle- King County Superior Court (206-296-9547)

Kent- Regional Justice Center (206-205-7406)

The Protection Order Advocates provide immediate and short term assistance to DV survivors who are accessing orders from protection. This assistance includes: working with the survivors of DV in-person to do preliminary screening, crisis intervention, assistance in completing the forms, general information dissemination and referrals to community agencies, accompaniment in court, and preparation for court hearings. The protection order advocate coordinates with community agencies and individuals (shelters, community agencies, attorneys) and other law, safety and justice agencies that may be involved with the petitioner or involved in the protection order process.

Community-Based DV Advocates (See Appendix N for a list of providers).

Appendix I

Information on Court Protection Orders:

Whether or not someone has a court order, if you are being harassed, threatened, or assaulted, call 9-1-1, or your local police!!

	Domestic Violence Order for Protection RCW 26.50
Who May Obtain?	Any person who is a victim of domestic violence or fears violence by a “family or household member.” (Persons who are married, have been married, or have a child in common, adult persons who are related or who reside(d) together and persons 16 years and older who have been/are dating.) Department of Social and Health Services (DSHS) may petition on behalf and with the consent of a vulnerable adult.
What Can an Order Do?	<ul style="list-style-type: none"> • Prohibit contact of any kind. • Remove abuser from shared residence and prohibit from entering. • Give temporary custody of children and set visitation schedule. • Order abuser into treatment/counseling. • Be tailored to individual needs.
How is an Order Obtained?	<p>An order can be obtained in district, municipal, or superior court. The person completes paperwork which the court reviews. The court will grant or deny a temporary emergency order effective for up to 14 days. The petitioner arranges for the other party to be served with the petition, notice of hearing and temporary order. A hearing is scheduled within 2 weeks at which time the court may deny the petition or grant a full order effective for up to one year or more. The hearing may be by telephone in special circumstances.</p> <p>Forms and instructions are provided by the Clerk’s Office.</p>
What is the Cost?	No Cost.
How is an Order Modified or Terminated?	<p>While the order is in effect, either party may file a motion to modify (change) or terminate (end) the protection order and arrange to serve the other party with the motion and the notice of hearing. At the hearing the court may modify or terminate the order for protection.</p> <p>An emergency order terminates after 14 days or the date of the hearing, whichever occurs earliest. The full order for protection terminates after the ending effective date listed on the order.</p> <p>If the petitioner does not want an order to terminate after the effective date on the order, the petitioner may file a petition for renewal of the order for protection and arrange to serve the other party with the motion and notice of hearing. At hearing, the court may grant the motion and enter a new protection order, or deny the motion.</p>
What Happens if the Order is Knowingly Violated?	Mandatory arrest if abuser violates “restraint” provisions or enters a residence where prohibited from entering. Possible criminal or contempt charges.

If you have a court order, it is important to remember:

- 1. Keep a certified copy of your order with you at all times.**
- 2. The order is enforceable throughout the state of Washington.**
- 3. If there is a violation of your court order, please call 9-1-1 or your local police. Tell them you have a court order and it is being violated.**

**Domestic Violence No-Contact Order
Criminal Order [RCW 10.99](#)**

A person who has reported to the police an incident involving domestic violence as defined in [RCW 10.99.020](#). Criminal charges must be pending or filed. May be a condition of sentencing.

Prohibit contact of any kind; prohibit the abuser from knowingly coming within or staying within a specific distance of a location. Protects the victim in an active case while waiting for trial and sentencing. The order can also be a condition of sentence and effective up to the statutory maximum sentence and/or until probation is concluded.

A crime must first be reported to the police. If the abuser has been arrested or issued a citation, the victim may ask the prosecutor to request a no-contact order. The prosecutor may ask the court for a protection order regardless of the victim's wishes. The order may be obtained in district, municipal or superior court. (In some jurisdictions, orders are issued via the police or jail.)

No cost.

The no-contact order terminates upon the expiration date listed in the order, or upon dismissal of the charges, or upon a not guilty verdict. The order may be modified or terminated by the court before the expiration date. The victim may contact the prosecuting attorney to ask the attorney to file the motion for modification or termination of the order. The defendant or his or her attorney may file the motion.

Mandatory arrest.

Antiharassment Order for Protection
[RCW 10.14](#)

Persons who are seriously alarmed, annoyed, or harassed by conduct which serves no legitimate or lawful purpose. Person may or may not have a relationship with the person harassing them. Parents may petition on behalf of a child against an adult or, in some circumstances, against a minor.

- Prohibit harassment and contact of any kind.
- Restrain party from coming within a specific distance from petitioner’s work place, school, residence, etc.

Can be obtained in district or superior court. Superior court only when respondent is under age 18. The person completes paperwork which the court reviews. The court may grant or deny a temporary emergency order effective for up to 14 days. The other party is served with the petition, notice of hearing and temporary order. A hearing is held within 14 days at which time the court may deny the petition or grant an order effective for up to one year. **Forms and instructions are provided by the clerk’s office.**

Filing fee is \$53.00. Additional costs can include copy, service and local surcharge fees. Fees may be waived. Petitioner may be required to pay minor respondent’s guardian ad litem fees.

While the order is in effect, either party may file a motion to modify (change) or terminate (end) the protection order. The other party is served with the motion and the notice of hearing. At the hearing the court may modify or terminate the order for protection.

An emergency order terminates after 14 days or on the date of the hearing. The full order for protection terminates after the expiration date listed on the order.

If the petitioner does not want an order to terminate after the effective date on the order, the petitioner may file a petition for renewal of the order for protection. The other party is served the motion and notice of hearing. At hearing, the court may grant the motion, and enter a new protection order, or deny the motion.

Violator may be arrested. Possible criminal or contempt charges.

Domestic Relations Restraining Order

[RCW 26.09](#), [26.10](#), [26.26](#)

Married persons filing for divorce, legal separation or declaration concerning validity, persons with a child in common who are filing to determine parentage, or persons seeking custody of a child. To qualify, a person does not need to have experienced assault or threats of violence.

Refrain from disturbing the peace, harming, molesting, assaulting or stalking; refrain from going onto the grounds of or entering a specified location; knowingly coming within or remaining within a specified distance from a specified location; may also order child support, order maintenance income, assign property to either party, establish permanent child custody, establish a residential schedule or use of family home.

Can be obtained in superior court as part of a family law action such as a divorce, legal separation, declaration concerning validity, paternity determination or third party custody. An emergency restraining order can be filed at the time of a civil petition and signed by the judge effective until the preliminary hearing when a temporary order may be entered. The court may enter a continuing restraining order with the decree. Many persons hire attorneys to represent them. The county prosecutor, when involved in paternity actions, may request a restraining order on behalf of the child.

Filing fee is \$200.00 (plus possible local surcharge) but may be waived. Additional costs can include copy, service and attorney fees.

Before the decree is entered, either party may file a motion for temporary order to modify or terminate a temporary restraining order. The other party is served with the motion and notice of hearing. At the hearing, the court will deny the motion, enter a modified temporary restraining order or terminate the order. After the continuing restraining order is entered with the decree, a party may file a petition for modification to ask the court to modify or terminate the continuing restraining order. A filing fee applies. The other party is served with the petition for modification and notice of hearing. At the hearing, the court will deny the petition or grant the petition and enter an order modifying or terminating the restraining order. **Forms are not available to petition for a modification of a continuing restraining order.** A temporary restraining order terminates when the final decree is entered. A continuing restraining order terminates upon the expiration date listed in the decree.

Mandatory arrest if abuser violates “restraint” provisions or enters a residence where prohibited from entering. Possible criminal or contempt charges.

	Abused Child Restraining Order <u>RCW 26.44.063</u>
Who May Obtain?	In any judicial proceeding in which it is alleged a child has been subjected to sexual or physical abuse, the court may, on its own motion, or on the motion of the guardian ad litem or any party, enter a restraining order protecting the child.
What Can an Order Do?	Prohibit contact with the child without specific court approval; restrain from molesting or disturbing the peace of the child; restrain from entering the child's home without specific court approval; restrain from knowingly coming within or remaining within a specified distance of a specified location.
How is an Order Obtained?	In the Superior Court Juvenile Department, a party or the guardian ad litem makes a request to the court for issuance of an order, or the court may issue an order on its own. The order may be obtained regardless of the victim's wishes.
What is the Cost?	No cost. Order is usually requested by DSHS.
How is an Order Modified or Terminated?	The order may be modified or terminated by the court upon motion by any party or the guardian ad litem.
What Happens if the Order is Knowingly Violated?	Mandatory arrest if restraint and exclusion provisions are violated and legend is on order. Possible criminal or contempt charges.

APPENDIX J

Domestic Violence Assessment Tools

There are available standardized DV assessment tools to determine DV behaviors and risks. Some of the tools require fees in order to obtain them, and some may require specialized training in order to use them. The following available tools have been developed and have been evaluated for their effectiveness. Each tool has varying strengths and limitations with their usage. Some of these standardized DV assessment tools are:

- **Brief Spousal Assault Form (B-SAFER):** <http://www.justice.gc.ca/>
- **Domestic Violence Inventory (DVI):** <http://www.j-sad.com/docs/DVI>
- **Ontario Domestic Assault Risk Assessment (ODARA):**
<http://www.mhcop-research.com/odarasum.htm>
- **Spousal Assault Risk Assessment (SARA):** Kropp, P. & Hart, S. (2000). The spousal assault risk assessment (SARA) guide: Reliability and validity in adult male offenders. Law and Human Behavior, 24(1), 101-118.

ASSESSING PATTERNS OF DOMESTIC VIOLENCE

This following document was created by King County community and governmental agency providers. It summarizes patterns of behaviors that can manifest with DV. This, however, is not a standardized and evaluated assessment tool. It merely is a checklist that provides a framework to consider when asking about patterns of DV behaviors.

Physical Abuse:

- Grab Pull Push Throw Slap Kick Hit Punch
- Strangulation
- Physical inconsideration

Use of weapons: (this may include guns, knives, and other objects that can cause bodily injury)

- Perpetrator displays weapons to intimidate or threaten survivor
- Perpetrator display weapons in presence of children
- Perpetrator Inflicts bodily contact or injury with a weapon to survivor or children

Emotional Abuse:

- Putting the other person down or putting the kids down
- Make the other person feel bad about themselves
- Name calling Cursing Humiliation
- Accusing/making the survivor feel crazy
- "Guilt Trips"
- Labeling
- Perpetrator has unrealistic expectations of the survivor of the children and is making demeaning comments

Intimidation, Use of Fear, or Use of Threats:

- Making the other person feel afraid
- Using looks, actions or gestures to create fear
- Property damage
- Destroying specifically the other person's property
- Abuse of pets

- "If you do this, then....." (abuser threatens a consequence if survivor takes an action)
- Threats to leave, commit suicide, etc.
- Attempting to coerce the survivor into dropping charges or change their testimony
- Attempting to interfere with the investigation or prosecution through fear, force or manipulation
- Threat to report survivor to authorities (such as CPS, immigration, or law enforcement)
- Forcing or coercing them to do illegal things

Sexual Abuse:

- Forced sexual contact
- Coerces or demeans survivor into unwanted sexual activity
- Gender discrimination
- Sexually demeaning behavior and comments
- Sexual blackmail
- Inappropriate sexual behavior
- Inappropriate sexual comments around or in regards to the children

Economic Abuse:

- Controlling the money: Not allowing the other person to have access to financial information, hiding money, or taking the partner's money
- Not allowing the survivor to work
- Financial sabotage through financial irresponsibility or exploitation of family resources
- Forcing the other person to sign over theft rights, assets, or privileges

Gender privilege:

- Perpetrator feeling that they have special rights or privileges because of their gender
- Discriminating against the other person because of their gender
- Assuming that they have the right to assign gender roles
- Depreciating gender comments
- Treating the other person like a slave or servant

Using Children:

- Making the other person feel guilty about the children
- Criticizing or demeaning the non-abusing caregiver
- Using the children to relay messages
- Trying to lobby the children
- Threatening to take the children away
- Manipulating the non-abusive caregiver through the children
- Attempting to buy the children's favor
- Speaking negatively to the children about the other parent
- Doing abusive behaviors in the presence of the children or in such a way that they become aware of those actions
- Perpetrator forces/coerces child to participate in DV
- Child witnesses or is forced to participate in killing or torturing family pet or other animals
- Child develops physical, emotional, or developmental problems as a result of DV exposures
- Perpetrator interferes with the provision of the child's minimal needs of safety, supervision, food, shelter, or necessary health care

Perpetrator's Minimization, Denial and Blame for the Abuse:

- Saying it didn't happen
- Shirking responsibility for abusive behavior

- Blaming the other person for their own abusive behavior
- Minimizing or making light of the abuse
- Blames the child for the abusive behavior

Perpetrator Using Isolation and Social Abuse :

- Attempting to control the survivor's social contacts (determining when and who they can and can't socialize with)
- Sabotaging the other person's relationships
- Controlling the survivor's movements, travel, telephone calls, etc
- Using jealousy to justify their actions

Perpetrator's Abuse through the Legal System:

- Filing false, spurious or punitive legal actions against the other person
- Failure to comply with legal terms and conditions
- Failure to meet financial obligations set forth through the court
- Lying or misrepresenting facts in legal actions
- Exploiting legal system to inflict financial hardship on the survivor
- Attempts to interfere or obstruct assessment or legal process

Appendix K

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN

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The following Danger Assessment tool is provided with permission of the author. This tool has been standardized and evaluated. To effectively use and score this tool specialized training is required. See <http://www.dangerassessment.org/WebApplication1/> for training information for this tool.

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation. Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
 2. Punching, kicking; bruises, cuts, and/or continuing pain
 3. "Beating up"; severe contusions, burns, broken bones, miscarriage
 4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
 5. Use of weapon; wounds from weapon
- (If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following:

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. Has the physical violence increased in severity or frequency over the past year?
2. Does he own a gun?
3. Have you left him after living together during the past year?
- 3a. (If have *never* lived with him, check here ___)
4. Is he unemployed?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?
- 5a. (If yes, was the weapon a gun? ___)
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that is not his?
9. Has he ever forced you to have sex when you did not wish to do so?
10. Does he ever try to choke you?
11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
(If he tries, but you do not let him, check here: ___)
14. Is he violently and constantly jealous of you?
(For instance, does he say "If I can't have you, no one can.")
15. Have you ever been beaten by him while you were pregnant?
(If you have never been pregnant by him, check here: ___)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
20. Have you ever threatened or tried to commit suicide?

Appendix L

Safety Planning Tools for Adult DV Survivors

Safety Planning Tips for People in Abusive Relationships²⁷

The following are tips you might think about to increase your safety:

General Safety:

- Stay in touch with your friends, and make it a point to spend time with people other than your partner.
- Stay involved in activities that you enjoy. Don't stop doing things that you enjoy or things that make you feel good about yourself.
- Make new friends. Increase your support network.
- Take a self-defense class.
- Consider looking into resources in the community. Think about joining a support group or calling a crisis line.

Safety At Home:

- Put together a hidden safety kit: important documents, phone numbers, money, medications, etc. Grab the kit if you have to get out of the house quickly, or leave it at a safe friend's house
- Always keep cell phones charged in case you have to call 911. Domestic violence agencies and police departments have "911 cell phones" for free for survivors to hide and use when they're in danger.
- Identify a "safe room" with multiple exits; get a fire ladder if the safest room is on a top floor.
- Never let your partner get between you and an exit. Always have an escape plan in mind.

Safety With Your Partner:

- Try not to be alone with your partner, or to be alone in an isolated or deserted location. Go out to public places.
- Let other people know what your plans are and where you'll be.
- Use your judgment and intuition. If the situation is serious, consider giving your partner what he wants to try to calm him down.

Safety During an Abusive Incident:

- Curling into the fetal position protects your face, airways, vital organs and pregnant stomach.
- Use code words, escape routes, 911 cell phones etc. to get call help and/or get you and your children away from abuser
- Seek medical attention! You may have hidden injuries, and medical records are good documentation of the abuse.
- Trust your instincts. If you feel you are in danger, call the police. Get help immediately. Do not minimize your fears.

²⁷ This safety planning information can be used with DV survivors. This tool was provided by courtesy of a King County community-based DV advocacy program

Tips for Safety Planning with Adult DV Survivors²⁸

- Address identified child maltreatment concerns related to adult survivors' behavior with appropriate interventions, recognizing the effects of domestic violence on adult survivors' parenting.
- Refer adult survivors to domestic violence services, when appropriate and consistent with survivors' wishes, such as individual counseling, advocacy services and survivor support groups. Interventions should include education and support concerning the dynamics of domestic abuse. Interventions, such as couples counseling, and mediation that may victimize abused partners should not be offered.
- Help adult survivors make child visitation arrangements that ensure the safety of children and adult survivors.
- Help adult survivors' access agency or community resources to replace the loss of income, home, belongings, transportation, child care, and other basic needs and services if survivors separate from abusive partners.
- Thoroughly document all reports of abusive and controlling behavior.
- Manage information concerning adult survivors to prevent abusive partners from making unwanted contact or using information to continue the pattern of abuse and control.

Safety Plan Tool

Whenever possible a safety plan should be developed with the adult DV survivor. This safety plan may not be appropriate for all survivors to take home because it contains information that may increase risks to families if abusers become aware of the plan.

Safety Plan to Prepare to Leave

- Keep important phone numbers near the phone, and teach children when and how to use them.
- Tell neighbors about the violence and instruct them to contact the police if they see or hear anything suspicious.
- Make a list of safe places to go in case of emergency: families' or friend's homes, shelter or police department.
- Remember a list of important items (see Items to Remember) when leaving the house.
- Try to put money aside: for phone calls or to open a separate savings account (in a different bank if adult survivors and abusive partners have a joint account).
- Create a code word for children or friends so they can call for help.
- Keep copies of important documents or keys in a safe place outside the home.

²⁸ This tool is adapted from Massachusetts Department of Human Services (2005). Guidelines for responding to the co-occurrence of child maltreatment and domestic violence.

Items to Remember

- 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
- Minnesota Family Investment Program information and materials
- Passports(s), green cards, work permits
- Divorce papers
- 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
- Children's favorite toys and/or blankets.

Safety Planning When Leaving the Relationship

- Change locks and install security system or an outdoor lighting system. Install smoke detectors.
- Inform people that abusive partner no longer lives at residence and to notify adult survivors or police if abuser is seen in the area.
- Tell people who take care of children who have permission to pick them up. Supply them with copies of any court papers ordering the abuser to stay away.
- Avoid locations where abuser may be, including bank, stores and restaurants.
- Obtain a protective order from the court; keep it at all times; 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. Call a hotline and/or attend a support group if risking return to a potentially abusive situation.

Important Phone Numbers:

Police _____

Local Community-based DV advocacy program _____

Local child protection agency _____

Friends _____

STALKING BEHAVIOR CHECKLIST ²⁹

Tactics Used by DV Perpetrators to Locate DV Survivors

Stalker

- Following
- Mutual Friends
- Family of the Target
- Family of the Stalker
- Cruising
- Children
- Custody Battles
- Telephones

Third Parties

- Private Investigator
- Friends

Agencies

- Target's Employer
- Department of Motor Vehicles
- Post Office
- Social Services
- Telephone & Utility Companies
- Pizza Delivery

INFORMATION GATHERING WHEN STALKER KNOWS LOCATION OF DV SURVIVOR

- Following
- Going to where she will be
- Children
- Mutual friends
- Family of the target
- Family of the stalker
- Telephone interrogation
- Sitting outside of home
- Reading survivor's journals
- Reading survivor's check register
- Lawsuits – deposition
- Custody battles
- Peeping
- Eavesdropping
- Medical Records
- Checking Trash

CRIMES COMMITTED AGAINST DV SURVIVOR WITH SEPARATION

²⁹ Christiansen, Detective Rande, Seattle Police Department & Wiley, June, New Beginnings, (2003).Seattle. Adapted From:
© 1993 Michael Lindsey

- Violation of protection order, anti-harassment order, restraining order
- Harassment
- Burglary
- Criminal trespass
- Destruction of property
- Threats of death, physical harm, bombing
- Disturbing peace or disorderly conduct
- Assault or battery
- Arson
- Theft

TERRORIST ACTIVITIES OR PUNISHMENT TACTICS

- Leaving objects such as wood chips, feces, prizes, object tied to car; love notes, or hate mail
- Attempts to destroy reputation with letters, fliers, dissemination of private information distortion of truth or facts
- False or misleading reports to authorities
- Killing or stealing pets
- Watching or following
- Drive-bys
- Destruction of property
- Symbolic messages

BEHAVIORS SPECIFIC TO STALKERS WHILE IN A DV RELATIONSHIP

- Interrogation of survivor
- Interrogation of children
- Checking mileage
- Timing survivor's activities
- Peeping
- Eavesdropping
- Medical records
- Checking all drawers in home for evidence
- Checking trash
- Checking survivor's purse
- Reading survivor's journals
- Reading survivor's check register
- Installing surveillance equipment in her home to monitor activity

STALKER'S OBSESSION CHECKLIST

- Suicidal
- Homicidal
- Not eating
- Not sleeping
- Not working
- No activities
- Isolated
- In therapy, focuses on target
- In therapy, focuses on plans for reconciliation
- Intrusive thoughts: she is having sex with others
- Focuses on plans for reattachment, vindication, or revenge
- Reduced cognitive functions, i.e. problem solving
- Unable to acknowledge options – rigid
- Unable to break out of feelings of narcissistic injury
- Profound feelings of betrayal, abandonment or annihilation
- Short view time frame for future
- Depression
- Repeated attempts to contact survivor

SECURITY RECOMMENDATIONS FOR WHEN PERPETRATORS ARE STALKING DV SURVIVORS³⁰

No safety tip will work in all circumstances. Please use your instincts and knowledge of your relationship and partner to create a safety plan that will work for you.

RESIDENTIAL SECURITY

1. Be alert for any suspicious persons.
2. Positively identify all callers before opening doors. Install a wide-angle viewer in all primary doors.
3. Install a porch light at a height which would discourage removal.
4. Install dead bolts on all outside doors. If you cannot account for all keys, change door locks. Secure spare keys. Place a dowel in sliding glass doors and all sliding windows.
5. Keep garage doors locked at all times. Use an electric garage door opener.
6. Install adequate outside lighting
7. Trim tall shrubbery. Install locks on fence gates.
8. Keep fuse box locked. Have flashlights in residence.
9. Get an unlisted phone number. Alert household members to unusual and wrong number calls. If such activity continues, notify your local law enforcement agency.
10. Any written or telephone threat should be treated as legitimate. Notify the appropriate law enforcement agency.
11. Be alert for any unusual packages, boxed, or devices on the premises.
12. Maintain all-purpose fire extinguishers in the residence and the garage. Install a smoke detector.
13. Pre-program phones to dial 911 with one button.
14. When away from the residence for an evening, place lights and radio on a timer.

³⁰ Christiansen, Detective Rande, Seattle Police Department & Wiley, June, New Beginnings, (2003).Seattle. Adapted from: Los Angeles Police Department, Threat Management Unit

15. Keep doors and windows locked.
16. Intruders will attempt to enter unlocked doors or windows without causing a disturbance.
17. Prepare an evacuation plan. Brief household members on plan procedures. Provide ladders or rope for two-story residences.
18. A dog is one of the least expensive, but most effective alarm systems.
19. Know the whereabouts of all family members at all times.
20. Children should be accompanied to school or bus stops.
21. Vary routes.
22. Require identification of all service and repairmen prior to permitting entry into residence.
23. Always park in a secured garage if available.
24. Inform trusted neighbors regarding situation. Provide neighbor with photos or description of suspect and any possible vehicles.
25. Inform trusted neighbors of any anticipated extended vacations, business trips, etc.
26. During vacations, etc., have neighbors pick up mail and newspapers, or suspend service during your time away.
27. If residing in an apartment with an on-site manager, provide the manager with a picture of the suspect. If in a secured condominium, provide information to the doormen or valet.

OFFICE SECURITY

1. Central reception should handle visitors and packages.
2. Office staff should be alert for suspicious people, parcels, and packages that do not belong in the area.
3. Establish key and lock control. If keys possessed by terminated employees are not retrieved, change the locks.
4. Park in secured area if at all possible.
5. Have your name removed from any reserved parking area or building directory.
6. If there is an on-site security director, make him/her aware of the situation. Provide him/her with suspect information.
7. Have co-worker screen calls, if necessary.
8. Have a co-worker screen all incoming personal mail.
9. Be alert to anyone possibly following you from work.
10. Do not accept any package unless you personally ordered an item.

PERSONAL SECURITY

1. Remove home address on personal checks and business cards.
2. Place real property in a trust, and list utilities under the name of the trust.
3. Utilize a private mailbox service to receive all personal mail.
4. File for confidential voter status or register to vote utilizing mailbox address.
5. Shred discarded mail.
6. Phone lines can be installed in a location other than the person's residence and call forwarded to the residence.
7. Place residence rental agreements in another person's name.
8. The person's name should not appear on service or delivery orders to the residence.
9. Do not obtain a mailbox with the United States Post Office.
10. Mailbox address now becomes the person's official address on all records and in all Rolodexes. It may be necessary or more convenient to list the mailbox as "Suite 123" or "Apartment 123" rather than "Box 123."
11. File a change of address card with the Post Office giving the mailbox address as the person's new address. Send postcards to friends, business, etc., giving the mailbox address and requesting that they remove the old address from their files and Rolodexes.
12. All current creditors should be given a change of address card to the mailbox address. Some credit reporting agencies will remove the past addresses from credit histories if a request is made. We recommend this be done.
13. File a change of address with the DMV to reflect the person's new mailbox address. Get a new driver's license with the new address on it.

VEHICLE SECURITY

1. Park vehicles in well-lit areas. Do not patronize parking lots where car doors must be left unlocked and keys surrendered; otherwise surrender only the ignition key. Allow items to be placed in or removed from the trunk only in your presence.
2. When parked in the residence garage, turn the garage light on and lock the vehicle and garage door.
3. Equip the gas tank with a locking gas cap. The hood-locking device must be controlled from the inside of the vehicle.
4. Visually check the front and rear passenger compartments before entering the vehicle.
5. Select a reliable service station for vehicle services.
6. Keep doors locked while vehicle is in use.
7. Be alert for vehicles that appear to be following you.
8. When traveling by vehicle, plan ahead. Know the locations of police stations, fire departments and busy shopping centers.

9. Use a different schedule and route of travel each day. If followed, drive to a police station, fire department, or busy shopping center. Sound the horn and attract attention.
10. Do not stop to assist stranded motorist. (Phone in.)

Technology Safety Planning with Survivors

*Tips to discuss if someone you know is in danger*³¹

Technology can be very helpful to survivors of domestic violence, sexual violence, and stalking, however it is important to also consider how technology might be misused.

1. **Trust your instincts.** If you suspect the abusive person knows too much, it is possible that your phone, computer, email, or other activities are being monitored. Abusers and stalkers can act in incredibly persistent and creative ways to maintain power and control.
2. **Plan for safety.** Navigating violence, abuse, and stalking is very difficult and dangerous. Advocates at the National Domestic Violence Hotline have been trained on technology issues, and can discuss options and help you in your safety planning. Local hotline advocates can also help you plan for safety. (*National DV Hotline: 1-800-799-7233 or TTY 800-787-3224*)
3. **Take precautions if you have a “techy” abuser.** If computers and technology are a profession or a hobby for the abuser/stalker, trust your instincts. If you think he/she may be monitoring or tracking you, talk to a hotline advocate or the police.
4. **Use a safer computer.** If anyone abusive has access to your computer, he/she might be monitoring your computer activities. Try to use a safer computer when you look for help, a new place to live, etc. It may be safest to use a computer at a public library, community center, or Internet café.
5. **Create a new email account.** If you suspect that anyone abusive can access your email, consider creating an additional email account on a safer computer. Do not create or check this new email from a computer your abuser could access, in case it is monitored. Use an anonymous name, and account: (example: bluecatcemail.com, not YourRealName@email.com) Look for free web-based email accounts, and do not provide detailed information about yourself.
6. **Check your cell phone settings.** If you are using a cell phone provided by the abusive person, consider turning it off when not in use. Also many phones let you to “lock” the keys so a phone won’t automatically answer or call if it is bumped. When on, check the phone settings; if your phone has an optional location service, you may want to switch the location feature off/on via phone settings or by turning your phone on and off.
7. **Change passwords & pin numbers.** Some abusers use survivor’s email and other accounts to impersonate and cause harm. If anyone abusive knows or could guess your passwords, change them quickly and frequently. Think about any password protected accounts - online banking, voicemail, etc.
8. **Minimize use of cordless phones or baby monitors.** If you don’t want others to overhear your conversations, turn baby monitors off when not in use and use a traditional corded phone for sensitive conversations.
9. **Use a donated or new cell phone.** When making or receiving private calls or arranging escape plans, try not to use a shared or family cell phone because cell phone billing records and phone logs might reveal your plans to an abuser. Contact your local hotline program to learn about donation programs that provide new cell phones and/or prepaid phone cards to survivors of abuse and stalking.
10. **Ask about your records and data.** Many court systems and government agencies are publishing records to the Internet. Ask agencies how they protect or publish your records and request that court, government, post office and others seal or restrict access to your files to protect your safety.

³¹ Created June 2003, Revised May 2004 by Safety Net: *the National Safe & Strategic Technology Project* at the National Network to End Domestic Violence <http://www.nneDV.org>

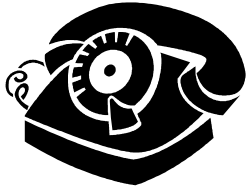
- 11.** Get a private mailbox and do not give out your real address. When asked by businesses, doctors, and others for your address, have a private mailbox address or a safer address to give them. Try to keep your true residential address out of national databases.
- 12.** Search for your name on the Internet. Major search engines such as "Google" or "Yahoo" may have links to your contact information. Search for your name in quotation marks: "Full Name". Check phone directory pages because unlisted numbers might be listed if you have given the number to anyone. *For more safety information, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or TTY 800-787-3224*

Appendix M

Safety Planning with Children ³²

- ✓ Unfortunately, children are often physically and emotionally endangered when domestic violence occurs. It is important to help them find ways to stay safe. Developing a safety plan with your kids can be complex. The goals for the safety plan are usually:

- For children to be physically safe
- For them to know where and how to get help



- ✓ When safety planning with kids, it is important to let them know that they are NOT responsible for the violence, and they CANNOT stop it. The first step in safety planning is talking to your kids about the violence. This can be difficult, but it is the first step in helping.

- ✓ Think of a situation where you child has been in danger from a violent incident. What would you have liked him or her to know and do? Some examples would be:

- Call my sister to get help
- Go to a safe place in the house
- Call 911

- ✓ When you make a safety plan with your children, think about what your child is actually able to do. A three-year-old can't walk two blocks to a friend's house. A five-year-old might have trouble staying in his room for three hours. The plan should be age-appropriate. Older children may need to be responsible for younger children

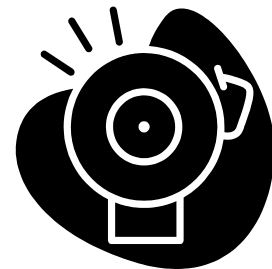
- ✓ Steps for safety planning with children when violence takes place at home:

- Think of a person or people who could help
- Give your children time to come up with their own solutions
- Focus on what your children think they could do to keep themselves safe
- Ask them who they think could help them and whether they would feel comfortable asking that person

- ✓ Children should know that

- The safety plan may not always work
- It's not their fault if it fails

- ✓ What are the warning signs (if any) that you have when your partner is about to become abusive? Talk with your child about these warning signs. They might include times when your partner is arguing, raising his voice, name-calling or threatening. In talking to your child about their abusive parent, always stay focused on behaviors. You could say something like, "Sometimes your dad acts in ways that are scary, and when he does, we need to do things to try to stay safe."



³² Adapted from: Crager, M. & Anderson, L. (December 2005). "Children Hurt Too: How You Can Help." Booklet available through King County Women's Program, DV/CPS Collaboration Project.

- ✓ Kids can do many things to stay safe. A few examples might be:
 - Go to their room or another room that is away from the abuse
 - Leave the house and go somewhere safe: a neighbor's house, a relative's house or outside
 - Stay out of the way; get as far away from the violence as possible
 - Dial 911 if there is a phone that's in a safe place
 - Don't every try to physically stop the violence

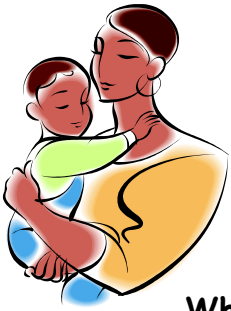
- ✓ Tell your child that he or she can't control the abusive person's behavior and that it is not their fault.

- ✓ Below are some simple ways to help kids when they have been in a home with domestic violence:
 - Acknowledge that the violence happened and that you know it was hard for them.
 - Listen to them
 - Talk about their feelings, if they want to
 - Let them know it's not your fault
 - Let them know you love them
 - Let them know the violence is not okay
 - Acknowledge it's hard/scary for them
 - Accept that they may not be willing or able to talk about it right away
 - Always act in a way that is non-threatening and non-violent with your kids
 - Take them to counseling if they need it
 - Set limits respectfully when your child is acting violent

- ✓ What happens when no one talks to children about the domestic violence?
 - Child learns that the violence is normal
 - Child is afraid to talk about the violence
 - Child is confused, doesn't understand
 - Blames her/himself
 - Learns to deny and not to talk about their own feelings
 - Learns that it's not okay to ask about the violence or discuss it
 - Child may think the violence is his/her fault, or the survivor's fault



It's a lot scarier for kids when no one ever talks to them about the domestic violence than it is to talk about it!



Safety Planning with Children ³³

This Safety Plan is for: _____

This page is for supportive caregivers to help their kids make a safety plan.

Who can I ask to help me be safe when there is violence in our home?

Name of Persons and their Phone Numbers (Neighbor, relative):

What plan should I make with that person? (Example: That person will call the police when I call to say there is a problem between my Mom and Dad, or they will let me come to their house)

Where is a safe place for me to go when someone is acting in scary ways? (Example: our neighbor's house, a relative's house, etc.) (List names of people)

If I can't leave, where is the safest place in my home to go? (Example: my bedroom, the basement, the bathroom)

When should I call 911? What should I say?

³³ Crager, M. & Anderson, L. (December 2005). "Children Hurt Too: How You Can Help." Booklet available through King County Women's Program, DV/CPS Collaboration Project.

Appendix N

King County Community-Based DV Agencies ³⁴

AGENCY	GENERAL SERVICES OFFERED
<p>Abused Deaf Women's Advocacy Services (ADWAS) 2627 Eastlake Avenue East Seattle, WA 98102-3213 Ph: (206) 726-0093 (TTY) F: (206) 726-0017 Crisis: (206) 236-3134 (TTY)</p>	<p>ADWAS provides direct services, advocacy and counseling/therapy to Deaf and Deaf & Blind survivors of DV and/or SA, and their families; we also offer information and training to legal and medical professionals, thus enhancing their cultural knowledge and enabling them to fulfill the needs of Deaf clients with skill and compassion. Operates transitional housing units, and operates the national domestic violence hotline for Deaf survivors.</p>
<p>Asian & Pacific Islander Women & Family Safety Center PO Box 14047 Seattle, WA 98114 Ph: (206) 467-9976 F: (206) 467-1072 Crisis: (206) 467-9976</p>	<p>Conducts community organizing; outreach; education; information and referrals to advocacy, legal services, and housing; multi-lingual/cultural advocacy and linkage with Natural Helper support services; and technical assistance/training in response to domestic violence and sexual assault in Asian & Pacific Islander communities.</p>
<p>Broadview Emergency Shelter & Transitional Housing Program PO Box 31209 Seattle, WA 98103 Phone: (206) 299-2500 F: (206) 299-2514</p>	<p>Broadview provides shelter and transitional housing in individual studio apartments. Services include shelter, one-on-one counseling, legal advocacy, children and youth services, health care access and referral and a toll-free help line. On-site support groups include domestic violence, chemical dependency, parenting, and age appropriate children and youth groups. Transitional housing for women with children is provided on a sliding fee scale.</p>
<p>Catherine Booth House PO Box 20128 Seattle, WA 98102 ph: 206-324-4943 fax: 206-329-8219 crisis: 206-324-4943 (Shelter)</p>	<p>Catherine Booth House has a 28-day shelter program for survivors of DV; provides advocacy for legal, community, children's, parents', and chemical dependency programs; provides referrals, support groups, and counseling services; provides specialized support for older women and women in jail.</p>
<p>Chaya PO Box 12917 Seattle, WA 98111-4917 Helpline - 206-325-0325 Toll free- 877-922-4292 Office - 206-568-7576</p>	<p>Chaya serves South Asian women in crisis, and mobilizes South Asians to address domestic violence issues in their communities. (South Asian refers to persons from Afghanistan, Bangladesh, Bhutan, India, Myanmar, Nepal, Pakistan, Sri Lanka, and Tibet). Chaya provides culturally-specific, multilingual advocacy services, information, referrals and peer support to women who call our 24-hour help line or who come to us through referrals. Chaya mobilizes within South Asian communities with the long-term goal of effecting systemic change through grassroots community building, outreach, and educational programs.</p>

³⁴ Adapted from the King County Coalition Against DV, Community DV Agencies Resource List, <http://www.kccadv.org/>

AGENCY	GENERAL SERVICES OFFERED
<p>Communities Against Rape and Abuse (CARA) 801 23rd Ave, S, Suite G1 Seattle, 98144 Ph: 206-322-4856 (also TTY line) Fax: 206-323-4113</p>	<p>CARA uses community organizing, popular education, community-level intervention, and support/dialogue groups to increase community support for survivors of rape and abuse and sustain grassroots action to build safer and more peaceful communities. CARA works with all communities with a specific focus on Black communities, disability communities, and young people.</p>
<p>Consejo Counseling and Referral Services 3808 S Angeline Seattle, WA 98118 Ph: (206) 461-4880 Fax: (206) 461-6989 Crisis: N/A</p>	<p>Consejo Counseling and Referral Services is a community mental health clinic that provides mental health services for children and adults, vocational rehabilitation services, substance abuse prevention, intervention and outpatient services for Hispanics living in the King County area. Consejo operates transitional housing programs for DV survivors and for homeless mentally ill clients.</p>
<p>Domestic Abuse Women's Network (DAWN) PO Box 88007 Tukwila, WA 98138 Ph: 425-656-4305 fax: 425-656-4309 crisis: 425-656-7867 shelter: 206-622-1881</p>	<p>DAWN offers a 24-hour crisis line, a 25-bed confidential shelter, multiple extended stay units, and a community advocacy program (CAP). The shelter offers culturally appropriate advocacy services, medical care, mental health counseling, play and family therapy, chemical dependency support groups, women's groups, HIV testing and counseling, education, emotional support, access to computers, emergency cash assistance, information and referral, and children's advocacy and programming. The CAP offers DV education, safety planning, emotional support, legal advocacy, referrals, emergency cash assistance, motel vouchers, support groups with child care, community education, professional trainings, and teen advocacy.</p>
<p>Eastside Domestic Violence Program PO Box 6398 Bellevue, WA 98008-0398 Business Phone: (425) 562-8840 Fax: (425) 649-0752 Crisis: (425) 746-1940 (800) 827-8840</p>	<p>EDVP services includes a 24-hour crisis line, community advocacy (individual intakes, shared case advocacy, systems advocacy, education, professional trainings, and outreach), legal advocacy, support groups for women, children's groups, parent education groups, advocacy at the Eastgate welfare office, confidential shelter for women and their children, hotel vouchers, emergency shelter option through apartments, and rental assistance program for survivors transitioning in place. EDVP also provides a transitional housing program for women dealing with dual issues of safety and sobriety.</p>
<p>Jewish Family Services 1601 16th Ave Seattle, WA 98122 ph: 206-461-3240 fax: 206-461-3696</p>	<p>Jewish Family Services' DV Program, Project DVORA, provides advocacy-based counseling, legal advocacy, support groups for Jewish women, and Jewish healing rituals. It offers DV training, education and consultation to rabbis, other Jewish communal professionals, and the Jewish community at large. Project DVORA also consults with secular agencies to make their services sensitive to the needs of Jewish families, and collaborates across programs within Seattle JFS, assisting in screening for DV, consulting with therapists and case managers around individuals & DV situations, and coordinating training programs.</p>
<p>New Beginnings PO Box 75125 Seattle, WA 98175-0125 Admin: 206-783-4520 Admin fax: 206-706-0291 24- hour crisis line: 206-522-9472</p>	<p>DV programs include a 21-bed emergency shelter, a 17-unit transitional apartment building, and a community advocacy program offering a weekly chemical dependency/domestic violence group, parenting classes and six weekly support groups in four neighborhoods. Each program offers advocacy-based counseling, safety planning, legal advocacy, and services for children. Social Change program includes community presentations, professional training, and a teen educator who works with youth in schools.</p>

AGENCY	GENERAL SERVICES OFFERED
<p>Northwest Family Life Learning and Counseling Center (NWFL) 1015 NE 113th Street Seattle, WA 98125 Ph: (206) 363-9601 F: (206) 363-9639 Crisis: N/A</p>	<p>NWFL provides survivor advocacy through women's support groups, children's play groups, and chemical dependency groups for women and teens. Survivor advocates provide safety planning and education and facilitate access to safe housing, medical care, childcare, legal and other services. A free legal clinic is offered on-site. NWFL is committed to community outreach and education aimed at raising awareness and reducing the incidence of violence. Work within the faith-based community (Christian women who have suffered abuse, clergy and congregations) is emphasized, but is not the exclusive focus of NWFL.</p>
<p>The Northwest Network of Bisexual, Trans, and Lesbian Survivors of Abuse (NW Network) PO Box 20398 Seattle, WA 98102 Ph: (206) 568-7777 F: (206) 325-2601 TTY msg: (206) 517-9670</p>	<p>The NW Network is a community-based, non-profit, social change organization. The NW Network provides safety planning, advocacy, counseling, support groups, basic legal advocacy and referrals to bisexual, trans, lesbian, and gay survivors of dating and domestic violence. The NW Network participates in community organizing efforts to end racism, homophobia, economic injustice, environmental injustice, and other conditions which perpetuate violence. The NW network provides community education, forums, and events, as well as training for social service providers and social change activists.</p>
<p>Refugee Women's Alliance (ReWA) 3004 South Alaska Seattle, WA 98108 Ph: 206-721-0243 Fax: 206-721-0282</p>	<p>REWA services include ESL classes, early childhood and parenting education, youth services, citizenship classes, services for people with developmental disabilities, and domestic violence program. The domestic violence program provides culturally appropriate multi-lingual advocacy in 14 languages to DV survivors, and operates a program for survivors of trafficking.</p>
<p>SeaTac Domestic Violence Prevention Program 17900 International Blvd. SeaTac, WA 98188-4236 Ph: 206-835-1361 Fax: 206-835-1304</p>	<p>Domestic violence survivor advocacy services including safety planning, DV education, resource referrals, community outreach and education. Also offers access to clothing bank, free toiletry program and a Christmas adopt-a-family program.</p>
<p>Seattle Indian Health Board 611-12th Ave. S PO Box 3364 Seattle, WA 98114 Ph: (206) 324-9360 Fax: (206) 324-8910</p>	<p>Seattle Indian Health Board's Domestic Violence Community Advocate Project seeks to raise the awareness of Native Americans, Canadian Natives, Alaska Natives, Aleuts and Eskimos living in the greater Seattle area to recognize the ill of DV. It also seeks to stop the violence by helping survivors find support services, free legal advocacy and renewed self-esteem. Privacy and confidentiality are honored at all times.</p>
<p>YWCA East Cherry 2820 E Cherry Street Seattle, WA Ph: (206) 568-7845 Fax: (206) 568-7851 Crisis: N/A</p>	<p>The goal of the E. Cherry YWCA DV program is to provide a safe, comfortable environment for women to address the abuse in their lives. The program offers support groups, individual counseling, public education, crisis intervention, and assistance through the legal system. The program offers services to all women who have experienced DV with specialized programs for African American women.</p>

AGENCY	GENERAL SERVICES OFFERED
<p>YWCA—South King County 1010 S 2nd Renton, WA 98055 Ph: (425) 226-1266 Fax: (425) 226-2995 Other housing programs 425 255-1201</p>	<p>The YWCA provides advocacy-based counseling, support groups, emergency resources and public education about domestic violence. Advocates meet survivors in a safe place anywhere in South King County. The YWCA’s Anita Vista Transitional Housing Program is for families who have experienced domestic violence.</p>

Appendix O

Other Services for Adult DV Survivors

24 Hour DV Hotlines:

- **Domestic Violence Statewide 24-Hour Hotline:**
1-800-562-6025 (Voice and TTY)
- **Domestic Violence Abuse Network: 425-656-7867**
- **East Side Domestic Violence Program: (425) 746-1940**
- **New Beginnings: 206-522-9472**
- **Deaf Domestic Violence hotline (operated by ADWAS): 1-800-799-SAFE or 1-800-787-3224 TTY.**
- **Domestic Violence Information Line:**
206-205-5555 (recorded information only)
- **King County Crisis Clinic: 206-461-3222 or 1-866-4-CRISIS**

Sexual Assault 24-Hour Hotlines:

- **King County Sexual Assault Resource Center:**
206-632-7273
- **Harborview Center for Sexual Assault & Traumatic Stress:**
206-521-1800
- **Abused Deaf Women's Advocacy Services (ADWAS):**
206-726-0093 (TTY only) or 206.236.3134 - TTY Hotline

24 Hour Alcohol and Drug Helpline:

206-722-3700: This helpline provides crisis intervention and emotional support for those affected by addiction. The helpline offers information and referral to community resources and support groups, and refers to in-patient and out-patient treatment programs.

Community Information Line:

For information about community services available throughout the county call **2-1-1** or **206-461-3200** or **206-461-3610 (TTY)**. This referral line connects people to local health and human service information, DV agencies, and referral providers.

Cultural and Language Assistance:

The Multi-lingual Access Project (MAP) is a collaborative of community agencies working together to assist women with little or no English to access domestic violence services that are linguistically and culturally specific. Funded by the City of Seattle Human Services Department, MAP seeks to reduce the number of, and tolerance to, DV incidents in multi-ethnic and immigrant communities, and to increase the responsiveness of mainstream communities to battered women and families. MAP accomplishes this through cultural and linguistically appropriate outreach, education collaboration and advocacy. A major focus is to expand the pool of language advocates by providing training for interpreters interested in DV. Through the Language Institute trainings, advocates are recruited to volunteer in the after-hours cell phone program implemented by Consejo and Refugee Women's Alliance (ReWA) and as language advocates at MAP member programs providing DV services. A recently launched MAP website provides DV information in 10 languages (Chinese, Korean, Amharic, Russian, Cambodian, Vietnamese, Tagalog, Somali, Hindi and Spanish). Emergency information cards containing basic information about safety planning, where to go for help, and where to access the Internet to view the MAP Website, are being developed. These cards, which are small enough for women to hide easily,

will be distributed in women’s restrooms, hair salons, doctor’s offices and clinics. For more information about the MAP project see <http://www.map-seattle.org/>. Participating MAP agencies include:

- **CHAYA:** <http://www.chayaseattle.org/>
- **Somali Women and Children,**
- **Refugee Women’s Alliance (REWA):** <http://www.rewa.org/>
- **Filipino Education Committee**
- **Chinese Information Service Center (CISC):** <http://www.cisc-seattle.org/>
- **Korean Community Counseling Center:**
<http://therapistunlimited.com/rehabs/US/WA/Seattle/Korean+Community+Counseling+Center>
- **International Center for Health Services (ICHS):** <http://www.ichs.com/>
- **Samoa Family Center, Asian Pacific Islander Women and Family Safety Center:**
<http://www.apialliance.org/idha/>
- **Consejo Counseling and Referral Service:** <http://www.consejo-wa.org/>
- **Asian Counseling & Referral Service (ACRS):** <http://www.acrs.org/>

Health Care Access:

The Community Health Access Program (CHAP) 206-284-0331 or 1-800-756-KIDS. CHAP provides health, mental health and dental referrals for low-income women and children. CHAP provides information on DSHS Medicaid and Washington Basic Health Plan insurance programs.

Legal Information and Resources:

Eastside Legal Assistance Program (East & Northeast King County)	425-747-7274
King County Neighborhood Legal Clinics (Countywide)	206-267-7070
King County Protection Order Advocacy Programs:	
Northeast District Court/Redmond Division:	206-205-7012
Regional Justice Center Kent Division:	206-205-7406
King County Courthouse Seattle:	206-296-9547
King County Bar Association Lawyer Referral: (Ask for Domestic Violence assistance). http://www.kcba.org/ScriptContent/KCBA/LRS/index.cfm	206-267-7010
King County Family Law Facilitators: (Help with legal forms & information on legal procedures for parenting plans, child support, & family law issues).	206-296-9092 (Seattle) 206-205-2526 (Kent)
Northwest Immigrant Rights Project (Help for refugees or immigrants with immigration issues)	206-587-4009
Northwest Justice Project: (Ask for Domestic Violence assistance) http://www.nwjustice.org/ (Online legal resource directory)	206-464-1519 x 295
Northwest Women’s Law Center: (Help with legal information & referral)	206-621-7691
Office of Support Enforcement: Child Support Resource Center	206-341-7000

Appendix P

DV Services for Teens

Crisis Intervention, Information and Referral:

- **Teen Link (1-866-TEEN-LINK)** offers a helpline operated by teen volunteers trained by Crisis Clinic from 6-10 p.m. daily. Teens calling this number when the helpline is closed will be transferred directly to Crisis Clinic for support from an adult.
- **Teen Line- Alcohol/Drug 24-hour Help Line (1-800-562-1240)**. This line is staffed by teens Mon-Fri 3-9 p.m. The services offered are not confined to chemical dependency issues.
- **The Teen Dating Violence Program 425-882-1405**. This service is provided by Youth Eastside Services can provide support directly to a teen usually within 24 hours.
- **Eastside Domestic Violence Program's (EDVP) 24-hour crisis line 425-746-1940 or 800-827-8840**. Provides teen resources and referral to Youth Eastside Services (YES) Dating Violence Program. YES is usually able to meet with a teen within 24 hours and will come to a school or teen center to make services more accessible. There are several general crisis lines available for youth but most of them are not 24 hour lines, and those that are often go directly to voice mail instead of connecting with a live person.

Counseling Services: As many as one in three teenagers have been sexually assaulted, with survivors often left struggling with emotional, behavioral and social difficulties in the aftermath. Counseling guides teens through the painful healing process, while therapy groups for teen survivors help them realize they are not alone. Youth Eastside Services provides counseling for teens who have been sexually abused or survivors of domestic violence. The Atlantic Street Center provides customized counseling services for youth to support them in coping with difficult issues like domestic violence. The Atlantic Street Center also supports two family centers: New Holly Youth and Family Center and Rainier Beach Family Center. *It is important to note here that for youth who are seen in juvenile court, family counseling is not recommended until further risk assessment has been completed.*

Peer Advocacy: Trained staff coordinates with teen peer advocates to assist adolescents to end or prevent dating violence, sexual assault, family violence and substance abuse and to access appropriate resources such as crime victim compensation benefits, counseling, teen support groups, etc. Services are provided in King County schools. Consejo Counseling and Referral Services, Youth Eastside Services, Asian Counseling and Referral Service, and Chaya provide peer advocacy services.

Outreach and Education: Educational presentations provided at local high schools and middle schools on dating violence, healthy dating relationships, creating boundaries, sexual assault prevention, substance abuse, DV in families, and resources/referral information. Trained professional staff and peer educators provide outreach and education services throughout King County.

Support Groups: Eastside Domestic Violence Program offers a weekly support group (called Voices) for youth ages 12-18 that have been exposed to domestic violence at any point. Young women and young men are encouraged to seek support from their peers and group leaders. Call EDVP at 425-562-8840 or 1-800-827-8840 Monday thru Friday 8 am to 5 pm to join.

Prostitution Prevention Network: This network works to reduce the prostitution and exploitation of youth and young adults through prevention, intervention and community education. Contact the Secure Crisis Residential Center at 206-587-0992.

Appendix Q

King County Certified Batterers Intervention Programs (BIP)

For a complete listing of Washington State certified batterer treatment providers see:
<http://www1.dshs.wa.gov/pdf/ca/perplist1.pdf>

King County Batterer's Intervention Programs June 2006 ³⁵								
Program Name	First Address	City	State	Zip	County	Phone	Certified From	Certified To
Valley Cities Counseling & Consultation (Auburn)	2704 "I" Street N.E.	Auburn	WA	98002	King	(253) 833-7444	06/01/2005	05/31/2007
Leadership Work - Auburn	4210 North Auburn Way	Auburn	WA	98002	King	(253) 813-2011	08/01/2005	07/31/2007
Valley Cities Counseling & Consultation (KCCF)	2704 "I" Street N.E.	Auburn	WA	98002	King	(253) 833-7444	06/01/2005	05/31/2007
Valley Cities Counseling & Consultation (RJC)	2704 "I" Street N.E.	Auburn	WA	98002	King	(253) 833-7444	06/01/2005	05/31/2007
Valley Cities Counseling & Consultation (Kent)	2704 "I" Street N.E.	Auburn	WA	98002	King	(253) 883-7444	06/01/2005	05/31/2007
Morgan Counseling	4204 Auburn W. N, #8	Auburn	WA	98002	King	(253) 939-2243	09/01/2005	08/31/2007
Valley Cities Counseling & Consultation (Fed. Way)	2704 "I" Street N.E.	Auburn	WA	98002	King	(253) 883-7444	06/01/2005	05/31/2007
Seattle Mental Health Behavioral Responsibility - Court Site	c/o 14216 Northeast 21st Street	Bellevue	WA	98007	King	(206) 714-7094	07/01/2005	06/30/2007
Vandegrift, David	14730 NE 8th Street, Suite 110	Bellevue	WA	98007	King	(206) 781-4463	01/01/2006	12/31/2007
Bartholomew and Associates	1603 116th Ave. NE #120	Bellevue	WA	98004	King	(425) 635-0188	06/01/2006	05/31/2008
Williamson and Associates	13606 NE 20th Street, Suite 104	Bellevue	WA	98005	King	(425) 643-2383	04/01/2006	03/31/2008
Seattle Mental Health Behavioral Responsibility-Eastside	14216 Northeast 21st Street	Bellevue	WA	98007	King	(425) 665-4920	06/01/2004	05/31/2006
Coastal Treatment Services - Resolve	14730 NE 8th Street	Bellevue	WA	98007	King	(425) 646-4406	03/01/2005	02/28/2007

³⁵ Washington State DSHS. Certified Batterer's Treatment Provider Lists. Complete list available through www1.dshs.wa.gov/pdf/ca/perplist1.pdf

King County Batterer's Treatment Programs June 2006

State	Zip	County	Phone	Certified From			Certified To	
Seattle Mental Health Behavioral Responsibility -Tukwila		c/o 14216 Northeast 21st Street	Bellevue	WA	98007	King	(425) 665-4920	06/01/2005 05/31/2007
Programa S.E.R.		445 1/2 S.W. 152nd Street	Burien	WA	98166	King	(206) 293-2957	09/01/2005 08/31/2007
Korean Women's Association		1711 South 312th Street, Suite 2	Federal Way	WA	98003	King	(253) 946-1995	05/01/2005 04/30/2007
Harmony Counseling		402 South 333rd Street	Federal Way	WA	98003	King	(253) 946-6828	09/01/2004 08/31/2006
It Takes a Village Family Services		1720 South 341st Place, Suite C2	Federal Way	WA	98903	King	(253) 838-3111	11/01/2004 10/31/2006
Aby and Associates		PO Box 711	Kent	WA	98035	King	(253) 850-9523	07/01/2006 06/30/2008
Asian American Chemical Dependency		24823 Pacific Hwy. S., Suite 108	Kent	WA	98032	King	(253) 941-2287	09/01/2004 08/31/2006
Counseling Services of Lana Matthew		841 North Central Avenue, Suite C-212	Kent	WA	98032	King	(253) 373-0044	05/01/2006 04/30/2008
Morgan Counseling - Renton		140 Rainier Ave S, Ste 103	Renton	WA	98055	King	(425) 430-9548	07/01/2005 06/30/2007
Anger Control Treatment & Therapies		PO Box 60211	Seattle	WA	98160	King	(206) 523-3933	03/01/2005 02/28/2007
Family Services - Bellevue		c/o 613 Second Avenue	Seattle	WA	98104	King	(206) 826-3044	06/01/2004 05/31/2006
Consejo Counseling and Referral Service		3808 S. Angeline	Seattle	WA	98118	King	(206) 461-4880	03/01/2005 02/28/2007
New Connections - MH Choices		411 W. Mercer	Seattle	WA	98117	King	(206) 706-4610	05/01/2005 04/30/2007
Zegree & Ellner		753 N. 35th, Suite 201	Seattle	WA	98103	King	(206) 632-1870	03/01/2006 02/29/2008
Highline West Seattle Mental Health Center		PO Box 69080	Seattle	WA	98168	King	(206) 439-2616	08/01/2004 07/31/2006
Ina Maka Family Services Program		1945 Yale Pl. E.	Seattle	WA	98102	King	(206) 325-0070	07/01/2004 06/30/2006
Asian Counseling and Referral Service		720 8th Avenue S.	Seattle	WA	98104	King	(206) 695-7600	07/01/2004 06/30/2006
Northwest Family Life		1015 NE 113th St.	Seattle	WA	98125	King	(206) 363-9601	08/01/2005 07/31/2007
Fisher, Sharon		PO Box 1872	Snoqualmie	WA	98065-1872	King	(425) 888-6422	12/01/2004 11/30/2006
Anger Control Treatment & Therapies - South		651 Strander Blvd., Suite 120	Tukwila	WA	98188	King	(206) 575-3935	07/01/2005 06/30/2007

Appendix R

Domestic Violence (DV) Resources for Children and Youth

This resource list describes some services and programs that are currently available for children and youth affected by DV. Please contact the agencies for further information about these programs.

Community Information Lines and Web Sites	
Crisis Clinic Hotline: 24 Hour Service. Provides immediate crisis support and referral for DV and other emotional concerns. http://www.crisisclinic.org/	206-461-3222 or 1-866-4-CRISIS
Childhaven’s Crisis Nursery: 24 Hour Service. Provides emergency respite care for children birth to six years of age. May help with siblings up to twelve for family crisis.	206-328-5437
Community Information Line: Provides referral for DV services, basic needs and other community supports.	211 or 206-461-3200
Community Health Access Program: Provides referral for mental health, dental, child development, and health care providers. Provides referral for medical insurance programs.	206-284-0331 or 1-800-756-5437
Family Help Line / Parent Trust: Provides information for parenting resources and family activities.	1-800-932-4673
King County Coalition Against DV: Provides information on DV services and parenting/support groups for DV survivors and children. Provides information on DV training, conferences, and other community activities in King County. http://www.kccadv.org/	206-568-5454
Teen Hotline: 24 Hour Service. Provides crisis counseling and referral for DV concerns, Drug/Alcohol and other emotional support for teens.	206-722-4222
Washington State Domestic Violence Hotline: 24 Hour Service. Provides referral to DV programs and shelter services.	1-800-562-6025
Counseling/Therapy, Groups, and other Community Support Services	
Broadview Emergency Shelter & Transitional Housing Program PO Box 31209 Seattle, WA 98103 206-299-2500	Broadview is a 24 hour facility providing emergency shelter (10 units), transitional housing (21 units), and support services to women, children and youth whose lives have been disrupted by family violence and other problems. Support services include on site crisis intervention, case management, advocacy-based counseling, legal advocacy, information, referral and long-term stabilization services. Provides parenting support groups and information on domestic violence effects on children and youth. Broadview’s Children’s Program is responsible for developing and implementing services and activities that respond to the unique needs of homeless children, youth and mothers residing at Broadview. The program serves children & youth ages birth to 22. <ul style="list-style-type: none"> • Provides family time, swimming and age appropriate groups for children • Provides childcare during adult groups and meetings. • Provides general advocacy (with school, CPS, camps, healthcare providers, etc.) • Assists with school enrollment, transportation, clothing bank, uniform assistance, and referrals to Family Support Workers

<p>Consejo 3808 S Angeline St. Seattle WA 98118 206-461-4880</p>	<p>DV program assists the mother and the children obtaining the necessary resources to break the cycle of violence and/or leave the abusive situation.</p> <ul style="list-style-type: none"> • Offers parenting classes for DV survivors (provide tools to support recovery of the children) • Provides Spanish Parenting for Mothers, which is an ongoing parenting support group (clients can join the group any time) • Provides male and female teen support groups • All Consejo staff are bilingual in Spanish and English, and are bi-cultural • Services are provided in the Seattle Office. Therapy/case management services provided through satellite offices in Bothell, Bellevue and Federal Way. • Accepts Medical Coupon or Insurance. May provide some services to children at no cost.
<p>Domestic Abuse Women's Network (DAWN) PO Box 88007 Tukwila, WA 98035 425-656-4305 Ext. 249</p>	<p><u>Kids Club</u></p> <ul style="list-style-type: none"> • Free program • Serves children ages 6 – 10 years • Provides eight weekly support group sessions to help kids deal with past exposure to DV • Evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. • Non-abusing parents are involved and attend the sessions with their child(ren) • Groups held in a confidential South King County location <p><u>Children's Services through DAWN's House confidential shelter:</u></p> <ul style="list-style-type: none"> • This program serves children birth to 18 who are residing at the DAWN shelter • Provides children's groups with the focus on creating a peaceful environment where the children can share their experiences and engage in activities to learn about feelings, respectful behavior, self-esteem and anti-bullying behaviors through art, games and role playing • Enclosed Teen Room to provide space for teens ages 12 – 18 for private teen groups, individual privacy and support. New computers provided. • Newly remodeled Children's Annex, including a quiet library space stocked with books specifically reviewed for content appropriate to children who have experienced domestic violence • Tutoring, childcare, enrollment in schools and daycare • Parenting workshops with additional support throughout the week • Individualized resources and support • Field trips and planned family activities <p>DAWN is also working in collaboration with the University of Washington to provide the opportunity for children ages 6 – 18 to participate in a research study that is testing the efficacy of how four specific play therapy interventions facilitate sharing and identification of feelings around the abuse the child has experienced.</p>
<p>Eastside Domestic Violence Program PO Box 6398 Bellevue, WA 98008 425-746-1940</p>	<p><u>Kid's Club</u></p> <ul style="list-style-type: none"> • Serves children ages 6-12 years • Provides eight weekly support group sessions to help kids deal with past exposure to DV. • Evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. • Mothers are involved and attend some of the sessions with their child • Groups held in a confidential East King County location at no cost

<p>Eastside Domestic Violence Program Continued</p>	<p><u>Children's Support Group</u></p> <ul style="list-style-type: none"> • Serves ages 0-12 at no cost • Older children (ages 4 and up) focus on diverse activities with adult role models that cover topics of feelings, friendships, self-esteem and the violence they have witnessed at home. • Fun activities are used to engage children's attention, including art, circle time, puppets, relaxation techniques and snack time. • Group offers a safe and fun environment for children to connect with other children who have experienced some similar things at home. • Children's non-offending parent must be in women's support group at the same time as children's group.
<p>Family Services Community Violence Prevention Services 613 2nd Ave. Seattle, WA 98104 206.826.3044</p>	<p><u>"DV Dads":</u></p> <ul style="list-style-type: none"> • A five-month program for fathers who have completed the weekly portion of their domestic violence batterer's intervention program. • This class is designed to equip batterers in understanding the impact their violence against their intimate partner has had on their children. A similar class is available for Lesbian batterers. • The Program's "Respectful Parenting Skills" class is a 12-week program that utilizes a child development model to help parents (both men and women) be a teacher, a guide, and an emotional coach to their children. Participants learn non-violent tools to discipline and prepare their children for adulthood. • The intake assessment for this Program includes a screen for DV and other related issues to assist in the family's need for safety. • Both classes are ongoing. These groups are located in the Seattle office. Fees are based on a sliding scale. Medicaid and private insurance not accepted.
<p>Jewish Family Service 1601 16th Ave Seattle, WA 98122 206-461-3240</p>	<ul style="list-style-type: none"> • Project DVORA: Domestic Violence, Outreach, Response and Advocacy Program which provides advocacy based counseling to survivors, Jewish rituals in healing from DV, and outreach/education to Jewish community and secular program providers. • Provides Kids Club children's groups with co-current parenting group for families who have experienced DV. Kids Club is an evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. Serves children in two groups, ages 5-8 years and 9-12 years.
<p>Mental Health Referrals For referral to a local Medicaid provider: call the Community Health Access Project: 206-284-0331. For referrals for private insurance, call the health plan.</p>	<ul style="list-style-type: none"> • There are community mental health agencies located throughout King County that accept Medical coupons. Private insurance may also cover mental health services. • Children affected by DV who exhibit behavioral or emotional problems can receive mental health assessments, counseling and therapy • Ask to schedule an appointment with a clinician who has had training and experience in working with children exposed to DV • Community Mental Health providers accept Medicaid and Private Insurance
<p>New Beginnings P. O. Box 75125 Seattle, WA, 98175 206-522-9472</p>	<p><u>Kid's Club</u></p> <ul style="list-style-type: none"> • Serves children ages 5-12 years • Provides ten weekly support group sessions to help kids deal with past exposure to DV. • Evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, improve problem solving skills, and enhance social connectedness. • Non abusing parents are involved and attend three sessions with their child • Groups held in a confidential location in greater Seattle area at no cost <p><u>Parenting Classes for Women Who have Experienced DV:</u></p> <ul style="list-style-type: none"> • Provide weekly parenting support groups • Help mothers understand impact of DV on children

<p>New Beginnings Continued</p>	<ul style="list-style-type: none"> • Teach mothers how to talk and listen to their children about DV • Support mothers in strengthening relationships with their children • Free childcare is provided
<p>Safe Havens Visitation Center Mailing Address: 220 4th Avenue South, Kent, WA, 98032 Main Phone: 253-856-5140 Fax: 253-856-6140 Program Director: Tracee Parker, 253-856-5074</p>	<ul style="list-style-type: none"> • Provide a safe and accessible, culturally sensitive supervised visitation program for families affected by intimate partner abuse and violence. Safe Haven’s philosophy of service is to increase survivor and child safety while decreasing opportunities for further abuse, regardless of which parent has custody. • Provides ONE HOUR VISITS, up to ONE TIME PER WEEK. There are no child age restrictions, although visits may be shortened for very young infants. • Court order is not required, but all clients are expected to abide by the guidelines and service agreements. Safety precautions include separate parking and entrances, staggered arrival and departure, one-on-one supervision by highly trained monitors, and in-person, in-depth intake interviews with each parent. • Service by appointment only. Call 253-856-5140 Wednesday through Friday to schedule an appointment. Service hours are Wednesday through Friday, 2:00 PM – 7:00 PM and Saturdays, 10:00 AM – 6:00 PM. • Located near the downtown Kent area and generally serve South King County residents, but there are no specific geographic limitations. It is required that visitation is between the custodial and non-custodial parents and that DV, sexual assault, child abuse, or stalking have been identified as a safety concern. • Services provided on a sliding scale (\$2 - \$75 per visit) based on proof of income. We require the visiting parent to pay the visit fees (unless otherwise ordered by the court) but require a one-time, non-refundable intake fee of \$25 for each parent. Scholarships can be requested to help cover the cost of the intake fee as needed.
<p>South King County YWCA 1010 South 2nd Street Renton, WA 98055 Kellie Rogers (425) 226-1266 ext 1029 For Spanish speakers call Extension 1038 For brochures: (425) 226-1266</p>	<p><u>The Children’s Domestic Violence Program:</u></p> <ul style="list-style-type: none"> • Serves children ages 3-12 years who have witnessed DV • Provides in-home counseling services for children who have witnessed DV and are currently living in a safe environment. • Provides safety planning, conflict resolution, counseling, and parenting support • Serves children residing in south King County • No charge for services. Funding is provided from multiple sources • Provides education materials on Children and DV
<p>Youth Eastside Services 999 164th Ave. NE Bellevue, WA. 98008 (425) 747-4937</p>	<ul style="list-style-type: none"> • Serves children affected by DV ages 6 through 20. Provides individual and family counseling (not including the abuser), and case management services. • Serves children living in Kirkland, Redmond, Bellevue, and Sammamish areas for counseling or drug/alcohol services • Accepts Medical Coupons and Medical Insurance. Offers Sliding Fee Scale.
<p>Specialized DV Services For Teens</p>	
<p>Eastside Domestic Violence Program PO Box 6398 Bellevue, WA 98008 (425) 746-1940</p>	<p><u>Voices:</u></p> <ul style="list-style-type: none"> • Serves youth ages 12-18 • Voices is a weekly, no cost support group for youth who have been exposed to domestic violence. • Provides a safe and fun environment for youth to share their experiences with peers and to provide support for each other. • Empowers youth to take a lead role in what they would like to accomplish in group. • Youth are able to join even if their parents are not using other services provided by EDVP.
<p>Step-Up 1211 East Alder St. Seattle, WA 98122 (206) 296-7841</p>	<ul style="list-style-type: none"> • Provides Group counseling for teens who have been violent with parents and other family members. • Each group is divided into a session for both the parents and teens together, as well as a separate session for teens and parents • The focus for teens is on taking responsibility for their abusive behavior and

<p>Step-Up Continued</p>	<p>developing new skills for resolving conflict. The focus for parents is getting support from other parents and developing new parenting skills.</p> <ul style="list-style-type: none"> • Interested parties can be referred by any outside entity and can self refer. • Serves youth ages 13-17 living in King County. • There is no charge for the program.
<p>Youth Eastside Services 999 164th Ave. NE Bellevue, WA. 98008 (425) 747-4937 Teen Dating Violence Program: (425) 882-1405</p>	<ul style="list-style-type: none"> • Serves teens affected by DV through age 20. Provides individual and family counseling (not including the abuser), and case management services. Serves up to age 19 for drug/alcohol counseling • Serves any geographical location for Teen Dating Violence Services. No fee for Teen DV Services. • Provides Teen Dating Violence Services including crisis intervention, one-on-one counseling, group support, advocacy, peer outreach programs and case management services. • Accepts Medical Coupons and Medical Insurance. Offers Sliding Fee Scale.
<p>Trauma Services</p>	
<p>Children’s Response Center Services for Sexual Assault and Traumatic Stress 1120 112th Avenue NE, Suite 130 Bellevue, WA 98004 (425) 688-5130 TDD (425) 454-1589</p>	<ul style="list-style-type: none"> • Crisis support and intervention – available 24-hours including from Harborview Medical Center Emergency Department after regular business hours • Evaluation and assessment for post-trauma reactions including witness to violence and physical abuse • Trauma focused counseling / therapy for children experiencing emotional or behavioral symptoms • Legal advocacy in cases where child involved in criminal proceedings • Medical advocacy and referral to care as appropriate • Coordination of care and referral for services with other DV, mental health, and teen service providers or other community support services • Serves non-offending family members and children ages 3-17 residing in East and North King County outside Seattle city limits • Accepts Medicaid, Crime Victims Compensation (CVC), and private insurance. Harborview Charity Care program also available as appropriate
<p>Harborview Medical Center Center for Sexual Assault and Traumatic Stress 1401 E Jefferson Street 4th floor Seattle, WA 98122 (206) 521-1800 24 hour line: 1-888-99-VOICE</p>	<ul style="list-style-type: none"> • Crisis support and intervention – available 24-hours including from Harborview Medical Center Emergency Department after regular business hours • Has 24 hour crisis intervention availability by telephone • Provides evaluation for post-trauma reactions • Provides counseling and therapy for children experiencing emotional or behavioral trauma symptoms • Legal advocacy in cases where child involved in criminal proceedings • Medical advocacy and referral to care as appropriate • Coordinates care and refers for services with other DV, mental health, and teen service providers or other community support services • Serves children of all ages throughout King County • Services provided to survivors and their family members
<p>King County Sexual Assault Resource Center 304 Main Ave S. Suite 200 Renton, WA 98055 (425) 226-5062</p>	<ul style="list-style-type: none"> • Crisis support and intervention • Has 24 hour crisis intervention availability by telephone • Provides evaluation for post-trauma reactions • Provides counseling and therapy for children experiencing emotional or behavioral trauma symptoms • Legal advocacy in cases where child involved in criminal proceedings • Medical advocacy and referral to care as appropriate • Coordinates care and refers for services with other DV, mental health, and teen service providers or other community support services • Serves children of all ages throughout King County • Accepts Medicaid and Private Insurance • Services provided to survivors and their family members

Child Abuse or Neglect	
<p>To make a referral for Children/Youth with Abuse and Neglect Concerns call Washington State Child Protective Services (CPS) Intake:</p> <p>King County <u>Daytime</u> CPS Intake (Monday through Friday 8-5): 1-800-609-8764</p> <p>Statewide CPS Intake (Evening/Weekends/Holidays): 1-800-562-5624</p>	<ul style="list-style-type: none">• CPS investigates reports of child abuse and neglect.• Referrals that are accepted for investigation are assigned to a social worker who will interview the children and caregivers. The social worker completes a safety assessment and risk assessment for the family and makes findings for their investigation. The social worker can develop a safety plan with the caregiver and their children.• For families eligible for CPS case management services resources can be made available for daycare, basic needs, and other supports.