

Children's Services

Domestic Violence Screening and Assessment Protocol for Preventive Services

Every family with Preventive Services involvement will be screened for domestic violence in accordance with Children's Services policies and standards.

Caretakers, adolescents and children should be screened by using the appropriate section of the accompanying Children's Services Domestic Violence Screening Tool or a comparable tool approved by ACS' Domestic Violence Policy and Planning Unit. If a family is referred with domestic violence identified, if a client responds affirmatively to any screening questions on the DV Screening Tool, or if the client denies abuse, coercion or intimidation but domestic violence is suspected, the case planner will complete a thorough assessment using the Second Level Assessment or a comparable tool approved by ACS' Domestic Violence Policy and Planning Unit. The provider is expected to have staff trained to adequately assess for immediate risk of harm. Staff should also possess the expertise to assess for domestic violence and assist survivor in creating appropriate safety plans for the survivor and children. Through a contract with ACS, free domestic violence training and education, case consultation and technical assistance is available through the Domestic Violence & Child Welfare Initiative (DVCWI) from Children's Aid Society's Family Wellness Program.

The Domestic Violence Screening and Assessment Tools have been adapted for Preventive Services in collaboration with DVCWI. It now includes the following:

- Part I: DV Screening Tool for Parents
- Part II: Assessment for Identified Survivor of DV
- Part III: Assessment for Identified Abusive Partner
- Part IV: Screening & Assessment for Child's Exposure to Domestic Violence
- Part V: Screening & Assessment for Teen's Exposure to DV & Teen Relationship Abuse
- Part VI: Overall Case Assessment and Action Steps
- Part VII: Safety Planning Guidelines

For consultation and technical assistance on domestic violence cases call the Children's Aid Society **Domestic Violence & Child Welfare** Initiative (DVCWI) at **212-503-6842**.

Referrals for emergency shelter, services and information are provided through the following hotlines:

NYC Domestic Violence 24-Hour Hotline (Safe Horizon)	(800) 621-HOPE (4673)
NYC Domestic Violence 24-Hour Hotline (Safe Horizon)	(800) 810-7444 (TDD for hearing impaired)
NYS Domestic Violence 24-Hour Hotline	(800) 942-6906 (English)
	(800) 942-6908 (Spanish)
NYC Gay and Lesbian Anti-Violence Project	(212) 714-1141 (24 hours)
Crime Survivors Hotline (Safe Horizon)	(212) 577-7777 (24 hours)
The Youthline	(800) 246-4000

If there are no vacancies in domestic violence shelters, families with children and pregnant women may be referred to the department of Homeless Services (DHS) Prevention Assistance for Temporary Housing (PATH) and/or Project NOVA (No Violence Again).

PATH/NOVA (24 HOURS): (917) 521-3900 / (917) 521-3960

151 East 151st Street (between Gerard and Walton Aves.) Bronx, NY 10454-1613

Part I

Domestic Violence Screening for Parents

Case Name: _____ **Date of Screening:** _____

Case Number: _____ **Completed By:** _____

Domestic violence screening is required for all families with Children’s Services involvement, regardless of allegations during the initial assessment. This tool is for use with both mothers and fathers or other caretakers. If the answer is yes to any of the questions below, move on to the second level assessment. Interview household members separately to ensure that the safety of the survivor and children is not compromised. Introduce the issue with a neutral statement, like, “I’d like to ask you a few questions about the relationships in your family. We ask these questions of all parents in order to understand how we can best serve the families in our program. Nothing you say will be shared with your partner or other family members.” Ask open-ended, non-judgmental questions to screen for domestic violence.

- 1. What do/did arguments or fights look like between you and your partner (or ex-partner)? (Explore any past relationships the child witnessed).

- 2. Sometimes in relationships one person is extremely jealous or controlling, for example: accusing the other person of cheating; keeping them from going to work, school, church or other places; cutting them off from friends or family; constantly calling/texting to check up on them, etc. Has anything like this happened in your relationship (current or past?) Yes No
If yes, please explain.

- 3. Sometimes one person in a relationship makes the other person feel afraid or scared, either by intimidating them, threatening to hurt them or someone they care about, or by their physical actions. Has your partner done anything like this to you? Have you done anything like this to your partner? Yes No
If yes, please explain.

- 4. In some relationships, one person tries to make the other feel bad about themselves or put them down a lot, for example: calling them names, constantly criticizing them; telling them they’re stupid. Has your partner done anything like this to you? Have you done anything like this to your partner? Yes No
If yes, please explain.

5. Has there ever been physical fighting – hitting, pushing, shoving, etc. – in any of your relationships? Yes No

If yes, please describe.

If yes, who hurt whom?

If both partners hurt each other, who has been hurt most?

Have there ever been marks, cuts, bruises or more serious injuries? Yes No

If yes, please describe.

Has anyone ever needed medical care as a result of the fighting? Yes No

If yes, please describe.

6. Have you ever had police involvement related to domestic violence or an Order of Protection against your or your partner/ex-partner? Yes No

If yes, please describe:

Staff observation or information from collateral sources (i.e. medical, community service providers, prior CPS investigations) that may suggest domestic violence is present:

If domestic violence is present or suspected, conduct the Assessment for Identified Survivor of DV and follow with safety planning and/or other action steps. Once this is completed, review the Assessment and safety plan with your Supervisor and/or DV Specialist and after determining that it is safe to do so, conduct the Assessment for Identified Abusive Partner.

If no domestic violence is indicated check here: _____

Part II

Assessment for Identified Survivors of Domestic Violence

Case Name: _____ **Date of Screening:** _____

Case Number: _____ **Completed By:** _____

This assessment must be administered following the DV Screening (Part I) when there is a “yes” response to any of the DV Screening questions, whenever the case is referred with allegations of domestic violence, whenever any case involving domestic violence is called in to the SCR and/or whenever the worker suspects the presence of domestic violence. Conduct interview privately and provide appropriate language translation or interpreter. Children should not be used as interpreters. Remember that the survivor and children may be afraid to disclose the abuse because of fear of the abusive partner and of removal of the children. Reassure the survivor that s/he is not alone, is not at fault, has a right not to be hurt and that the case planner will assist in safety planning and obtaining other needed services. The term “partner” is used throughout this document but may be changed to reflect the survivor’s language (i.e. “ex-boyfriend,” etc.)

A. Assessing Risk Factors, Types & Severity of Abuse

1. What is your relationship to the person who has been abusive to you? _____
2. Has your partner destroyed your possessions or things of value to you? Yes No
If yes, please explain

3. Has your partner controlled your money, monitored your activities or tracked your whereabouts? Yes No
If yes, please explain: _____

4. Has your partner ever: Hit you Punched you Kicked you Choked or strangled you
 Burned you Threatened you with a gun Attacked you with a weapon or object
 Forced or pressured you to have sex
 Other (describe): _____
5. Has the abuse become more frequent or more severe in recent weeks/months? Yes No
6. Does your partner use drugs and/or alcohol excessively? Yes No
7. Does your partner have a mental health problem? Yes No
8. Is your partner employed? Yes No
9. If you/your partner are pregnant, do YOU want to have the baby? Yes No
Does your partner want you to have the baby? Yes No
10. How many times have you/your partner been pregnant? _____

B. Assessment of Safety/Risk to the Child(ren)

1. Is your partner the father/mother of the child? Yes No
2. Have your child(ren) ever seen any of the violence/abuse? Heard it? Known about it after? Yes No
If yes, describe: _____
How did the child(ren) react to the fighting? _____

- How do you think your child(ren) have been affected by the fighting? _____

3. Has your partner threatened to hurt/ kill you or the child or remove them from the home? Yes No
4. Have your child(ren) ever been hurt, including accidentally, during a fight Yes No
If yes, describe: _____

5. Has your partner hit the child with belts, straps, hand or other objects leaving marks, bruises, welts, or other injuries? Yes No
6. Has your partner assaulted you while you were holding the child? Yes No
7. Has your partner touched the child in a way that made you or the child uncomfortable? Yes No
8. Has your child had physical/emotional/behavioral problems at home, school or daycare? Yes No
If yes, please describe: _____
9. Do you find you use physical punishment to get your child to behave? Yes No
If yes, please describe: _____
10. Is your child extremely anxious and fearful of leaving you? Yes No
11. Have you noticed other changes in your child's behavior?
(i.e. sleeping, eating, playing, phobias, withdrawal) Yes No
If yes, when did the changes begin? Please describe: _____

12. Has your child ever threatened or tried to hurt him/herself, pets, or destroy possessions? Yes No
If yes, please describe: _____

C. Survivor's Help-Seeking and Supportive Resources

1. What have you tried to do in the past to protect yourself and the child(ren)?

2. Have you ever left home to protect yourself and the child/ren? Yes No
If so, where did you go? Were you able to take the children? How did your partner react?

3. Have you ever asked or thought about asking the abusive partner to leave home? Yes No
If yes, what happened? _____
If no, what do you think would happen if you did? _____
4. Who have you asked for help? (Family, friends, police, social worker, court, clergy, other)

5. Have you taken other actions to try to cope with the abuse? (Counseling for yourself/children, pressed charges, Order of Protection, moved, shelter.) If so, please describe the actions and the results.

6. You know your situation best> Is there anything you think might be a workable plan for you and your child(ren)'s safety now? (Document in case notes and highlight as sensitive, do not disclose)
If yes, please describe: _____

7. Do you want assistance in seeking counseling services, an Order of Protection, emergency residence or other services for you and the child? Yes No
If yes, please describe/if no, please explain:

8. Are there economic concerns regarding leaving the abusive partner, staying with a friend or family member temporarily or seeking temporary shelter? Yes No
If yes, describe: _____

9. If your plan is to stay with a friend or family member, are there any safety concerns for that friend or family member that would need to be addressed? Yes No
If yes, please describe

SAFETY PLANNING: A Safety Plan is an immediate response to ensure safety for the survivor and children. The case planner can assist the survivor in developing a safety plan. Refer to Part VII for safety planning guidelines.

Part III

Assessment for Identified Abusive Partner

Case Name: _____ **Date of Screening:** _____

Case Number: _____ **Completed By:** _____

If domestic violence has been identified, conduct this assessment ONLY after a safety plan has been developed in collaboration with the survivor, and only when conducting the assessment will not increase the risk to the survivor and/or child(ren). If you are uncertain, consult supervisor and/or DV specialist for additional guidance.

- Do not share survivor’s responses with suspected abusive partner or other family members.
- If suspected abusive partner poses immediate danger to survivor or child(ren), delay interview and seek consultation.
- If suspected abusive partner is a potential danger to worker, consult supervisor and domestic violence specialist regarding worker safety prior to conducting the interview and arrange to interview at your agency’s office as appropriate.

1. How long have you and your partner been together? _____

2. Have you ever broken up? Yes No
 If so, how often and for what reason(s):

How do you reconcile or get back together?

3. Have you ever been told you have anger management issues or temper problems? Yes No
 If yes, please explain _____

4. Please try to remember how often YOU have used each of the following behaviors during the course of your relationship:

	Never	1-2 times in the relationship	1 or 2 times/month	Several times a week	Daily
A. Yell, scream insult or put down your partner	0	1	2	3	4
B. Threaten to (or actually) hurt the children or take them child(ren) away	0	1	2	3	4
C. Withhold money to punish or restrict your partner	0	1	2	3	4
D. Punch a wall, throw, kick or break things.	0	1	2	3	4
E. Push, grab, or shove your partner	0	1	2	3	4
F. Slap, hit, kick or punch your partner	0	1	2	3	4
G. Beat your partner unconscious or choke/strangle them	0	1	2	3	4

5. Are there any other examples of controlling, intimidating (i.e. using gestures or looks, threatening to harm pets or family members, scaring you by driving recklessly,) or violent behavior? (i.e. telling your partner where s/he can and cannot go, what s/he can and cannot wear; using intimidating looks or gestures, threatening to harm pets or family members.)

6. Have the police ever been called your home during an argument? Yes No
If yes, describe: _____

7. Has anyone ever sought an order of protection against you? (current or former partner) Yes No
Issuing court: _____ Effective date: ____/____/____ Expiration date: ____/____/____

8. Have you sought an order protection against anyone? Yes No
If yes, describe: _____

9. Have you been to jail, and are you currently on probation or parole? Yes No
If yes, explain: _____

10. Do you believe you have a problem with abusive behavior? Yes No

11. Are you willing to participate in services for intimate partner violence? Yes No

12. Are you currently working? Yes No

13. Do you have current or past involvement with a substance abuse program? Yes No
If yes, what program and when? _____

SAFETY PLANNING: A Safety Plan is an immediate response to ensure safety for the survivor and children. The case planner can assist the survivor in developing a safety plan. Refer to Part VII for safety planning guidelines.

Part IV

Screening & Assessment for Child's Exposure to Domestic Violence

(for children ages 4-12 - to be adapted to child's developmental level)

Child's Name: _____ **Date of Screening:** _____

Case Number: _____ **Completed By:** _____

Children should always be screened for domestic violence alone, without the presence of parents, other caregivers, or siblings. Following is a suggested script for introducing the screening, after developing a rapport with the child: *"I'd like to ask you some questions that we ask of all of the children here. It's important that you answer me as honestly as you can. I will try to keep whatever you tell me private, if you want me to. The only time I have to share what you tell me is if you or someone else is getting hurt and I have to tell someone who can help you."*

1. All families have arguments and fights sometimes. Do the grown-ups in your family ever argue or fight?
If yes, what happens?

2. Do the grownups in your family/house ever yell and scream or say mean things to each other?

If yes, can you tell me what kinds of things? Remember, it's OK to say anything here, even if its words you're not usually supposed to use.

If yes, does anyone ever threaten to (say they are going to) hurt someone? (Elicit explanation)

3. Do you ever feel scared when grown-ups argue? If 'yes,' what scares you?

4. Do the grown-ups ever hurt each other, like by pushing, shoving, hitting or throwing things? Or hurt in any other ways?

If yes, who hurts whom? _____

Have you seen this happen, or if not, heard it, or how did you know?

Can you describe exactly what happened?

If “no” to numbers 3 and 4, conclude screening;

IF “yes” to number 3 or 4, continue on to the Assessment questions below:

Assessment Questions for Children Exposed to Domestic Violence

5. When these things happened, what did (person being hurt/abused) do? Did s/he try to protect him/her self? If so, how?

6. What did you do? How did you feel?

7. Did (person being hurt/abused) ever get badly hurt? (If yes, describe how they were hurt. Did they go to the doctor or hospital?)

8. Did you ever get hurt, either by accident or on purpose, when the grown-ups were fighting? (If yes, describe)

9. What have the grown-ups done to try to keep you (and your brothers/sisters) safe from the fighting?

10. What do you think will happen if your parent(s) find out you told me about this? How will (name each parent/relevant adult) react? (Assess level of child’s fear of each adult.)

Additional Notes:

Based on the information provided by the child, a safety plan may be required. Refer to Part VII for safety planning guidelines.

Part V

Screening & Assessing Teens for Exposure to Domestic Violence & Teen Relationship Abuse

Teen's Name: _____

Date of Screening: _____

Case Number: _____

Completed By: _____

Teens should always be screened privately, without parents, caretakers, siblings or partners present. Introduce the screening with a neutral statement like *"I'd like to ask you a few questions about the relationships in your family, and about your own dating relationships. We ask these questions of **all** teens so that we can best serve the families in our program. I will try to keep whatever you tell me private, if you want me to. The only time I have to share what you tell me is if you or someone else is getting hurt and I have to tell someone who can help you."*

1. Are you in a relationship or seeing anyone? Yes No No response

If yes, what is the age of your partner? _____

If no, have you been in a relationship in the past? Yes No No response

(If no, skip to #4)

2. How are/were conflicts handled in your relationship?

3. What do/did arguments look like between you and your partner/ex-partner?

4. How are/were disagreements handled in your family (or foster family, if applicable)?

5. Sometimes in relationships, one person is extremely jealous or controlling, for example: accusing the other of cheating; telling them how to dress or where to go; cutting them off from friends; constantly calling or texting to check up on them, etc.

a. Have you or your partner acted like this (in current/past relationships)? Yes No No response

If yes, please explain (who was controlling/in what way):

b. Has this kind of thing ever happened in your family (birth or foster)? Yes No No response.

If yes, please explain:

6. In some relationships, one person tries to make the other person feel bad about him/herself or puts them down a lot, for example: calling them names; constantly criticizing them; calling them stupid.

a. Have you or your partner acted like this (in current or past relationships)?

Yes No No response

If yes, please explain:

b. Has this kind of thing ever happened in your family?

Yes No No response

If yes, please explain:

7. Sometimes one person in a relationship makes the other person feel scared, for example, intimidating them, or threatening to hurt them or someone they care about.

a. Have you or your partner acted like this (in current/past relationships)? Yes No No response

If yes, please explain:

b. Has this kind of thing ever happened in your family (birth or foster)?

Yes No No response

If yes, please explain:

8. Have you or your partner/ex-partner ever physically hurt or put your hands on each other – for example, hitting, pinching, slapping, biting, pushing, punching, pulling hair, choking, kicking, etc?

Yes (circle all that apply) No No response

If yes, please explain:

Has anything like thing ever happened in your family?

Yes No No response

If yes, please explain:

9. Sometimes one person in a relationship pressures, convinces or forces the other person to do something sexual that they do not want to do.

a. Have you or your partner acted like this (in current or past relationships)?

Yes No No response

If yes, please explain:

b. Has this kind of thing ever happened in your family?

Yes No No response

If yes, please explain:

10. Have you or your partner/ex-partner ever threatened to commit suicide or hurt yourself?

Yes No No response

11. Have you or your partner/ex-partner ever threatened to hurt or kill the other or anyone else?

Yes No No response

12. If you have seen abuse at home, have you:

Tried to stop a fight between adults?

Yes No No response

If so, what have you done to try to stop the fighting? _____

Have you ever gotten hurt doing this?

Yes No No response

What has the adult being hurt done to protect her/himself and you/your siblings? _____

13. Please tell me how you think this experience (being exposed to DV at home OR being in an unhealthy relationship) has affected you. Do you (check all that apply):

- Have trouble sleeping?
- Get into fights frequently?
- Feel very fearful that something bad is going to happen?
- Feel depressed or worried all the time?
- Use drugs or alcohol to deal with your feelings?
- Hurt other people – like your sibling(s), parent(s), peers or boyfriend/girlfriend?
- Miss a lot of school, or other activities like sports, clubs, hanging out with friends, etc.?
- Ever thought about hurting/killing yourself, the abuser, or anyone else?
- Other ways this has affected you? _____

Please explain any “yes” answers. Use extra paper if necessary.

Safety Planning: Based on the information provided by the teen, a safety plan may be required. Please refer to Part VII for safety planning guidelines.

Part VI

Overall Case Assessment and Action Steps

Using the information gathered through the family interviews, assess for presence of domestic violence and immediate danger to the children and adult survivor. Consider severity of violence, extreme imbalance of power, isolation, pattern of escalation, use of or access to weapons, nature of threats of harm to survivor and children, suicidality, substance abuse, mental health of batterer and obsessive control. Check one of the options below and follow action steps as indicated.

There is current domestic violence identified:

Action Steps:

1. Assess the risk of immediate harm. Please Note the following behaviors are indicators of higher levels of risk to survivor and children
 - Gun in the home or access to a gun
 - Past use of weapons or threats to use weapons
 - Choking/strangulation
 - Forced sex
 - Abuser is heavy drug or alcohol user
 - Abuser has threatened to kill partner, children or self
 - Survivor believes abuser is capable of killing
 - Extreme controlling behavior – abuser controls
 - Physical violence during pregnancy
 - Extreme jealousy
 - Violence directed at children
2. Consult with your supervisor and a domestic violence specialist (through the DVCWI or a domestic violence provider, see phone numbers on page 1.)
3. Assist the survivor in developing a safety plan (see Safety Planning Guidelines below.)
4. Consult with a supervisor to determine whether an SCR report is necessary and determine what other actions need to be taken.

There are concerns about past or present domestic violence but the survivor and children are not in immediate danger of physical injuries:

Action Steps:

1. Discuss your observations and assessment with the survivor and offer support, give hotline numbers and community resources for families impacted by domestic violence.
2. Offer to assist the survivor in developing a safety plan “just in case” the situation escalates; if the survivor is reluctant, reiterate your concern for her/his safety and the safety of the children and continue to inform parent about available options and services.
3. Consider the survivors’ cultural context, religious beliefs, and prior experiences with help-seeking in developing the service plan.

4. If domestic violence occurred in a previous relationship, assess ongoing safety concerns (i.e. stalking) and/or the impact of continued exposure on child(ren) as a result of visitation or other contact.
5. Assess for and address any substance abuse or mental health difficulties the survivor may be experiencing (i.e. depression, severe anxiety).
6. Consult Supervisor, Domestic Violence Specialist, and appropriate Children's Services staff for appropriate resources and services planning. **If parent/caretaker refuses needed services for children: Request case conference with supervisor, Elevated Risk Conference, consultation with domestic violence specialist.**

It is unclear whether domestic violence poses a risk to the child(ren) because you believe the survivor and/or family members are denying or minimizing the abuse:

Action Steps:

1. Request immediate consultation with designated administrative staff (Supervisor, Director, Etc.), Children's Services staff, and DVCWI.

There is no indication of domestic violence.
No further actions required.

ACTIONS TAKEN: Based on your assessment, what actions have you taken? (Check off and date)

- Supervisory case conference _____
- Consulted Agency DV staff _____
- Consulted ACS Child Protective staff _____
- Referred to hotline for community based services and Alternatives to Shelter Programs (excluding PPRS) _____
- Provided assistance with family and/or criminal court order to remove the batterer _____
- Contacted police, parole, probation and/or district attorney's office _____
- Referred to DV Services (Shelter or Non-Residential Programs) _____
- Referred abusive partner to batterer's intervention program _____
- Consulted with DVCWI
- Developed Safety Plan
- Referred _____ for other services (specify):

Case Planner: _____ Date: _____

Supervisor: _____ Date: _____

Part VII

Safety Planning Guidelines

Below are guidelines for safety planning. Seek consultation with a supervisor, DV provider or staff from the DVCWI for assistance with safety planning and safety planning forms. Complete a written safety plan and *only give a copy to the client if safe to do so*. Case Planner should document in the case record that a safety plan was created, **however the safety plan itself should NOT be placed in the case record**. Instead of using names and locations, use “codes” that the survivor will easily identify.

1. Develop safety plan in collaboration with survivor, not FOR her/him. Remember that the survivor knows his/her situation and his/her partner or ex-partner best; it is also the survivor who has to put the safety plan into action, so it must be realistic for her/him.
2. If the survivor and children are in immediate danger from the batterer, ask, “Are you (and your children) safe tonight? Tomorrow? For the next week?” If the relationship has ended, inquire about threats or stalking behavior, remembering that the most dangerous time in an abusive relationship is after the relationship has ended. If necessary, brainstorm alternative safety arrangements with a friend or relative the abuser doesn’t know, call the DV hotline (1-800-621-4673), the emergency shelter system, and if no other safe alternative, try to access financial assistance for hotel stay.
3. Explore cues that precipitated past domestic violence incidents (alcohol, drugs, stress, arguments, weekends, nights, etc) in order to try to predict high risk situations in the future.
4. Discuss the safest way to contact the family for future visits
5. Discuss what s/he will say/do if the abusive partner suspects that the survivor may be leaving or getting help.
6. Identify who the survivor can call or go to for help in an emergency (number, address) **DO NOT WRITE IN RECORD**.
7. Discuss what can be done legally (Orders of Protection, calling police and/or parole/probation office, meeting with District Attorney if charges are pending)
8. If there is a current Order of Protection, make sure survivor ensures school, day care, neighbors, baby-sitters are aware/have a copy and know to call the police if abusive partner is seen.
9. Make sure survivor has access to important items for survivor and children (keys, birth certificates, social security, medication, money, etc)
10. Offer to help survivor obtain a cell-phone programmed to dial 911.
11. Discuss available services (Family Justice Centers, Alternatives to Shelter Programs, Non-Residential DV Programs, Community Shelters, etc.)
12. **If the parent/caretaker is not ready or unable to accept necessary services to protect the children or is responsible for abusing the children, or the offender’s behavior renders services insufficient to protect children from immediate danger: Consult with your supervisor and arrange for appropriate interventions to protect the children, including a report of suspected child abuse or maltreatment to the State Central Register (SCR). If it is necessary to make a report to SCR, recognize that this may increase the danger to the victim/child from the abuser; address the impact reporting will have on safety and safety plan *before* reporting. Be sure to assess protective behaviors and include them in the report. If possible, have parent involved in reporting.**