

DSS

Serving Children and Families

V. SUSAN ALFORD
STATE DIRECTOR

NIKKI R. HALEY
GOVERNOR

January 22, 2015

VIA E-MAIL

Representative Nathan Ballentine
Legislative Oversight Committee
Post Office Box 11867
Columbia, SC 29211

RE: Request for Information Dated January 11, 2016

Dear Chairman Ballentine:

Thank you for the opportunity to respond to questions from the Subcommittee regarding the domestic violence training of staff at the South Carolina Department of Social Services (“DSS” or “Department.”) The information below is provided in response to your request for information dated January 11, 2016, and in response to Representative Mia McLeod’s question(s) regarding domestic violence training during the January 6, 2016, subcommittee hearing.

As a little background, however, we have attached an Information Memo dated January 24, 2005 wherein the Deputy State Director for Policy and Operations announced the formation of a partnership between DSS and the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCADVASA) for the purpose of improving services to victims of domestic violence and their children. The partnership between DSS and SCADVASA continues today. The memorandum is attached as **Attachment A** to this letter.

SCDSS remains committed to addressing issues of domestic violence as evidenced by the fact that Katie Morgan, Director of Child Support Enforcement, is the Chair of the Division of Victim and Offender Services on the Governor’s Domestic Violence Task Force and Steve Yarborough (Assistant Director, Child Support Enforcement) and Kimberly Feeney (Domestic Violence Program Coordinator) also serve the Task Force. The commitment of three senior staff to leadership roles on the Task Force underscores the commitment of this Department to addressing issues of domestic violence in our state.

1) What are the agency’s policies regarding handling of cases where one part is a victim of domestic violence?

The Department’s Human Services Policy and Procedures Manual for Child Protective Services contains numerous references to handling and assessing domestic violence. Importantly, however, in Section 718, entitled Family Court Proceedings, before making a case

decision, the caseworker or supervisor must have consulted with a domestic violence expert. In particular, the Manual states, in relevant part, “... in the case of domestic violence or serious mental health issues, you must include a DV specialist or mental health specialist in order to have sufficient and accurate information on which to base a decision. The staffing or consultation may be face-to-face or can be by telephone or through other means of communication.” A copy of this excerpt is enclosed as **Attachment B** to this letter.

Therefore, not only do DSS policies specifically and repeatedly take into account the effects of domestic violence, but before making a case decision, our Manual mandates that our staff consult with a subject matter expert.

2) What type of training does DSS provide employees regarding their approach to child protection cases, where one party is a victim of domestic violence? Is the training required of all staff that interact directly with families under investigation?

All child welfare caseworkers are required to complete Child Welfare Basic and be certified. Seven mandatory modules provide employees with information relevant to handling child protection cases where one party is a victim of domestic violence or is suspected to be a victim of domestic violence and one of the five modules is dedicated entirely to this topic.

Child Welfare staff are required to complete a Module entitled “**Preparing for Assessment: Domestic Violence**” in order to be certified. The module is 110 minutes in length and during the module, criminal domestic violence will be defined and employees will be educated about the strategies that perpetrators use to exert power and control over their victims. Additionally, the module learning objectives are as follows: “Explain some of the common barriers to victims leaving the situation. Learn to identify indicators of dangerousness in a family and protective strategies that victims and children use when experiencing family violence.”

In addition to this Module, six other required modules deal, in part, with domestic violence. Those six modules are as follows:

- **Engaging Families** Total Time: 70 minutes
Identify important keys to engaging families and what it means for families to be equal partners in decision. Identify reasons that clients may be hostile or resistant and learn to demonstrate strategies to respond to resistant clients.
- **What If...** Total Time: 145 minutes
Identify indicators of substance abuse, family violence, mental health problems, and sexual abuse in a case scenario. Learn how to use screening tools to identify substance abuse and assess the level of safety and risk in regards to family violence in a case scenario. Interview victim, child, and perpetrator in a case scenario and assess protective factors. Learn how to make a referral to a mental health center. Learn how to proceed with a case in which sexual abuse is involved and develop a plan to maintain

professionalism in these cases. Practice writing a safety plan that builds on the strengths of the immediate and extended family.

- **Family as Leaders** Total Time: 140 minutes
Explain the importance of crafting case plans that address safety, permanency, and well-being. Find ways to plan with the birth father, engage the biological mother, and demonstrate engaging the family during the case planning phase, so that the family is leading the way in the decision-making.
- **Removing Children** Total Time: 140 minutes
Learn the procedures involved in removing a child and placing them in Foster Care and identify strategies to minimize trauma to children and families when removing a child. Explain the requirements and best practice on notifying fathers and paternal relatives. Describe the potential impact of placement on children and families and identify the agency and community factors that create pressure to place children in substitute care. Identify placement resources, their benefits and limitation, and explain the importance of thorough assessment and identification of placement options sufficient for addressing children's needs. Explain the importance of family engaged, neighborhood-based placements to maintain children's connections to their neighborhoods, schools, cultures, and communities.
- **Impact on Children** Total Time: 105 minutes
Describe the potential negative impact of separation, out-of-home placement, and impermanence on attachment, child development, and family emotional stability. Describe the importance of maintaining environmental, social, cultural, and psychological stability and continuity for children in care, and of choosing permanent placements that minimize further change and loss. Demonstrate the ability to enter data into CAPSS pertinent to foster care.
- **Engaging the Family** Total Time: 175 minutes
Explain how to use family meetings, family group conferencing, and multidisciplinary staffing to engage family members and service providers in the development of service and placement decisions. Establish the difference between a treatment plan and a case plan and describe how the placement plan is used in legal and court processes and the implications for creating, following, and changing the plan. Identify strategies to engage the biological parents in a case plan after the child has been removed from the home and explain why it is important to include foster and kinship caregivers as collaborating members of the case planning and delivery team. Explain the purpose of the probable cause hearing and merits of removal hearing and the associated casework responsibilities

In addition to these mandatory trainings, the following trainings on the subject are available to SCDSS employees or have previously been offered to employees, but are not required:

- **Signs of Safety (SOS)**
 The SOS model equips leadership, supervisors, and frontline workers with tools to assess risk and manage safety. The SOS practice is a “*tool box*” with methods by which risk, safety, protective capacity, and vulnerability are identified and measured. The principles of SOS have shifted the focus to engagement of the family, child, and providers as intricate parts in identifying safety and developing the path toward it. During the implementation phase, monthly support calls with the Connected Families consultant and regional Quality and Assurance Team Leaders, Supervisors, and workers are ongoing in the regions.
- **The Annual Domestic Violence Conference- Prevention, Intervention and Collaboration: Effective Strategies to End Domestic Violence**
 This is an interdisciplinary conference addressing underserved communities, faith communities responding to domestic violence, trauma informed services, children and domestic violence and media/culture influence on domestic violence.
- **Engaging Men in the Conversation to End Domestic Violence**
 During the course of this training a number of sessions will address the issue: Engaging Men and Boys, in Our Work, Our Communities, and Our Organizations. REALMAD: Finding Purpose in My Pain, REAL TALK: Engaging Men in a New Conversation, Liza’s Lifeline: Honoring Life, Providing Hope, Bridging the Gap: From Information to Implementation.
- **Advocating for the Needs and Safety of Children**
 Attendees will learn how to advocate for the needs of children. Topics covered will be Domestic Violence, Recognizing Batterer Tactics, The Impact of Domestic Violence On Children, and Trauma-Informed Care.
- **Trauma-Informed Care for Children Who Have Experienced Domestic Violence**
 Define effective advocacy and outreach practices for children impacted by domestic violence trauma. Contextualize historical trauma. Learn to implement strategies provided resulting from detailed definitions relating to trauma in the context of intimate partner violence and child abuse, which will enhance the participant’s knowledge surrounding case work. Identify best practice regarding how to engage children and families in an evidence-based, trauma-informed approach.

Excerpts and examples of the curriculum related to domestic violence in the Child Welfare Basic curriculum is attached as **Attachment C** to this letter. The Department recognizes the need, however, to not only provide training on domestic violence in Child Welfare Basic, but on a continuing basis to ensure frontline caseworkers remain current on best practices for handling matters involving domestic violence. It is for this reason, in part, that the Department has requested funds in this Fiscal Year for training purposes and it is the intent of the Department to conduct ongoing, continuing education training on a variety of topics, including domestic violence, if the budget request is approved.

If you have any other questions, please give me a call.

Sincerely,

Signature Redacted

Enclosures

ATTACHMENT A

South Carolina Department of Social Services

INFORMATION MEMO

January 24, 2005

To: All Staff

From: Richelynn Douglas
Deputy State Director
Policy and Operations

Subject: Domestic Violence Liaisons

Our agency has contracted with South Carolina Coalition Against Domestic Violence and Sexual Assault to further our collaboration between our county offices and the domestic violence programs serving each county. They will communicate with the County Director or designee, Child Protective Services, Adult Protective Services Supervisors, and Family Independence Program Supervisor in each DSS office, to enhance our working-together relationship and to increase the understanding of domestic violence and the project goals. The purpose of this partnership is to increase and improve services to victims of domestic violence and their children and to reduce the number of serious injuries and deaths.

Attached are copies of names of the liaisons with their duties and assigned counties. Please share this information with the appropriate staff.

Please refer your questions and comments to Ann Weston with Domestic Violence Program. You can reach her at (803) 898 – 7559 or via Lotus Notes at aweston@dss.state.sc.

Attachment

ATTACHMENT B

staffing can be part of the MOA with the Children's Advocacy Center or other similar multidisciplinary abuse assessment center serving the county.

a. Includes, but does not limit the staffing to: the attending physician, pertinent hospital staff, law enforcement and/or military police, other professionals who have information on the case, the DSS caseworker and supervisor.

b. Holds staffing in face to face forum with all involved parties present. If necessary, involved persons listed may be included through telephone conference call.

c. Ensures the sharing of all available information on a child with severe injuries so that a thorough and complete assessment can be made.

d. Documents the outcome of multidisciplinary staffing on DSS Form 3062 with all participants signing document to indicate their agreement, and documents the staffing information fully in CAPSS.

29. Coordinates and reviews case information with involved law enforcement (to include, but not limited to, information contained on the Sex Offenders Registry, contacts with SLED, etc.) or other professionals (to include FI/FS staff - see DSS Form 1600) to ensure the sharing of information.

30. Consults with involved professionals outside the department to ensure communication and clarity of information.

31. If additional information is received during the initial investigation/assessment that alleges a new incident of abuse or neglect, follows procedures as outlined in Section 711, Recurrent Referrals to evaluate the information and determine if a new investigation is necessary.

Social Service Worker/Supervisor

32. Ensures that a case decision staffing is held so that a case decision is made within 45 days of receipt of the report.

a. Involves county attorney in the staffing for sexual abuse cases so that any decisions about the need for family court petitions can be made at the time of the case decision. Documents reason why attorney is not involved in staffing and what has been or will be done to ensure legal input and timely court actions.

b. If the sexual abuse case is indicated, provides legal staff with necessary documentation and reports so that legal staff can prepare and file a petition for a hearing on the Central Registry question within 60 days of the decision to indicate.

c. Involves county attorney in staffing of any case when it is believed at the time of the staffing that there is a likelihood that the case will go to family court.

d. Ensures that a multidisciplinary staffing or consultation with involved professionals is held before a case decision is made. For example, when the evidence gathered supports that parental/caretaker use or abuse of or dependence on alcohol and/or other drugs has led to endangering the safety and welfare of the child, the staffing or consultation must include, at a minimum, a drug abuse specialist in order to fully consider the impact of the alcohol or drug use/abuse/addiction on the allegations of abuse or neglect. Or in the case of domestic violence or

serious mental health issues, you must include a DV specialist or a mental health specialist in order to have sufficient and accurate information on which to base a decision. The staffing or consultation may be face-to-face or can be by telephone or through other means of communication.

NOTE: The definition of physical neglect consists of two parts – the failure of the parent to do something and that the failure has caused actual harm or has placed the child at substantial risk of physical or mental injury. It is not enough to find that circumstances suggest the parent might engage in conduct in the future that is a failure to supply food, clothing, shelter, etc. for us to indicate maltreatment. (Reference SC Code of Laws Ann., Section 63-7-20(4) (c) and (f)).

33. If necessary, submits justification to the County Director or designee for a one-time extension of 15 days if the decision cannot be made within the 45 days but is reasonably expected to be made within the 60 days. Documentation of a staffing of the case with the supervisor must be included with the justification. An extension may be granted at the discretion of the County Director or designee if:

a. the child or other relevant party who could not be located within the 45 days, despite the best efforts of the department, is expected to be located within the next 15 days; or

b. specific diagnostic information which was initiated or requested within the initial 45 days will not be available within the 45 days, but can reasonably be completed within the next 15 days; or

c. other compelling reasons as presented by staff on a case by case basis that there is a reasonable expectation that the investigation can be completed in an additional 15 days; and

d. the request has been made prior to the 45th day of the investigation. An extension shall not be granted by the County Director or designee if requested on or after the 45th day.

Note: Upon request, the State Director or state/regional designee may grant a one-time good cause extension (not to exceed 60 days from the date of the report) for a request not made prior to the 45th day of the investigative/assessment.

Director/Designee

34. Based upon the criteria listed above, makes a decision regarding the request for an extension of 15 days to the investigative/assessment period. The decision must be made by the 45th day of the investigative/assessment.

Social Service Worker

35. Documents extension of time line in the automated case record (CAPSS) within two working days of the decision by the Director/Designee to grant the 15 day extension.

36. In consultation with supervisor, makes an agency finding regarding the validity of the report as soon as all information necessary to make a decision is gathered. A finding must be made within 45 days from receipt of the report (unless an extension is granted).

Notifies the family and perpetrator of the indicated case decision in person within 5 working days of the decision and prior to the mailing of the notice letter. This must be done face to face in

ATTACHMENT C

DOMESTIC VIOLENCE

Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other. Partners may be married or not married; heterosexual, gay, or lesbian; living together, separated, or dating.

Forms of Domestic Violence:

- Physical Violence
- Sexual Violence
- Economic Control
- Psychological Abuse
- Emotional Abuse

Substantial Risk of Physical Abuse

IMPACT OF DOMESTIC VIOLENCE ON THE FAMILY

Adult Victim

- Produces thinking errors
- Changes affect and mood
- Changes self-view
- Changes world view
- Psychological/Physiologic consequences

Adult Victim/ Parenting

- Inattentive

Batterer Parenting

- Authoritarian
- Under-involved
- Undermines the victim's authority and parenting
- Use of children as weapons
- Limited sense of age-appropriateness
- Children seen as possessions

Child

- Risk of injuries and bodily harm
- Impaired brain functioning
- Distorted images of relationships, family, and gender roles
- Depression
- Antisocial behaviors
- Low self-esteem
- Behavior and attention problems in school
- Delinquent behavior in adolescence
- Violent behavior in adulthood
- Poor coping behaviors
- Aggressive behavior with peers
- Ambivalent relationships with caregivers

Bragg, H. L. (2003). *Child Protection in Families Experiencing Domestic Violence*. US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

EFFECTS OF DV BY AGE LEVELS

Prenatal	Infants	Toddlers & Preschoolers	School-Age	Teenagers
<p>Increased miscarriages due to increased beatings and/or mother's stress</p> <p>Poor health due to mother's stress and lack of proper nutrition</p>	<p>Crying and irritability</p> <p>Sleep Disturbances</p> <p>Digestive problems</p>	<p>More aggressive than other children</p> <p>More withdrawn than other children</p> <p>Impaired cognitive abilities</p> <p>Delays in verbal development</p> <p>Poor motor abilities</p> <p>General fearfulness</p> <p>Anxiety</p> <p>Stomach aches</p> <p>Nightmares</p> <p>Lack of bowel and bladder control in children over three years</p> <p>Lack of confidence to begin new tasks</p>	<p>Poor grades, or in special classes</p> <p>Failure of one or more grade levels</p> <p>Poor social skills</p> <p>Low self-esteem</p> <p>General aggressiveness</p> <p>Violence outbursts of anger</p> <p>Bullying or withdrawn, dependent</p> <p>Bed wetting</p> <p>Nightmares</p> <p>Digestive problems, ulcers</p> <p>Headaches</p>	<p>Poor grades, failure in school, quits school</p> <p>Low self-esteem</p> <p>Refuses to bring friends home</p> <p>Stays away from home or runs away</p> <p>Feels responsible to take care of home and mother</p> <p>Violent outbursts of anger, destroying property</p> <p>Poor judgment, irresponsible decision making</p> <p>Unable to communicate feelings</p> <p>Immaturity</p> <p>Withdrawn, few friends</p> <p>Nightmares</p> <p>Ulcers, digestive problems</p> <p>Bed wetting</p> <p>Headaches</p> <p>Severe acne</p> <p>Hits their girlfriend or boyfriend</p>

Bragg, H. L. (2003). *Child Protection in Families Experiencing Domestic Violence*. US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

CRIMINAL DOMESTIC VIOLENCE

Acts of domestic abuse under the Protection from Domestic Abuse (20-4-20) are defined as:

- (1) Physical harm, bodily injury, assault, or the threat of physical harm;
- (2) Sexual criminal offenses, as otherwise defined by statute, committed against a family or household member by a family or household member;

(b) "Household member" means:

- (i) a spouse;
- (ii) a former spouse;
- (iii) persons who have a child in common;
- (iv) a male and female who are cohabiting or formerly have cohabited.

South Carolina is ranked 2nd in national statistics regarding homicides due to CDV.

WHAT CAUSES DOMESTIC VIOLENCE?⁶

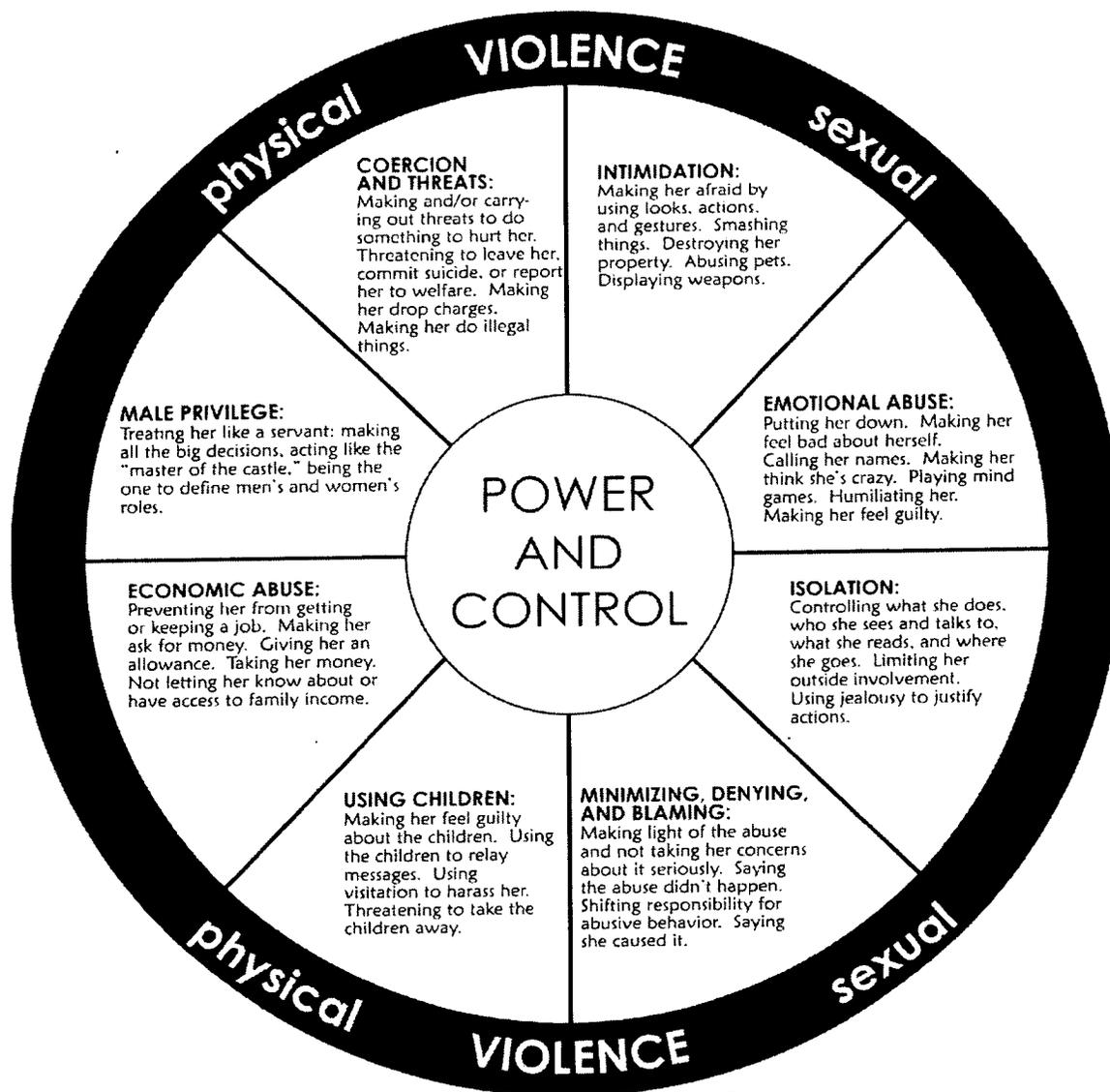
- A need to have power and control over an intimate partner
- An effective strategy for creating and maintaining power and control
- Embedded in our social customs and institutions
- Entitlement right to use physical or sexual violence
- A learned behavior
 - Observation
 - Experience and reinforcement
 - Culture
 - Family
 - Communities: schools, peer groups

Domestic Violence is a learned and culturally reinforced pattern of behavior that, without intervention, becomes more destructive over time.

⁶SCCADAVASA.(n.d.).*Defining Domestic Violence*. Retrieved January 31, 2011, from: <http://sccadvasa.org/domestic-violence-facts-and-stats/defining-domestic-violence.html>

POWER AND CONTROL

The Power & Control diagram is a helpful tool in understanding the overall pattern of abusive and violent behaviors used by a batterer to establish and maintain control over the victim. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



Developed by:
Domestic Abuse Intervention Project
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Duluth, MN 55802
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Produced and distributed by:



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Domestic Abuse Intervention Project.(n.d.)*Wheel Gallery*. Retrieved October 4, 2011, from <http://www.theduluthmodel.org/training/wheels.html>

BARRIERS TO LEAVING

Fear

Isolation

Financial Dependence

Guilt and Shame

Emotional and Physical Impairment

Individual Belief System

Hope, Community Services and Societal Values

Cultural Hurdles

Bragg, H. L. (2003). *Child Protection in Families Experiencing Domestic Violence*. US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

DANGEROUSNESS

- Threats or thoughts of homicide and suicide
- Possession or access to weapons
- Use of weapons in a threatening or intimidating manner
- Extreme jealousy or obsession with the victim
- Physical attacks, verbal threats, and stalking during a separation or divorce
- Kidnapping or hostage taking
- Sexual assault or rape
- Prior abusive incidents that resulted in serious injury
- History of violence with previous partners and children
- Psychopathology or substance abuse

Bragg, H. L. (2003). *Child Protection in Families Experiencing Domestic Violence*. US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.

MICHAEL'S STORY

Instructions: Read "Michael's Story". List the indicators and dynamics of abuse/neglect and the impact on Michael, Mom, and Dad, if applicable.

Michael's Story⁷

4:00 P.M.

Michael jumps down the bus steps clutching his creative writing paper in his hand. He can't wait to show his dad the A+ he got for his poem on hunting. He bounds up the back porch steps, racing into the kitchen and nearly knocking over his mom. Michael exclaims, "Look, Mom, wait 'til you see my English paper. An A+! What's for supper?"

"Wow, honey, that's great. Your dad will really be pleased. We're having spaghetti, tossed salad, and garlic bread for supper. And guess what? I baked your Halloween cookies for the school party tomorrow."

"I hope you didn't put raisins in them," Michael groans.

"No, Michael, I used chocolate chips instead."

"That's good. I don't want everyone to think I have a nerd for a mother." Michael hesitates, "You're not going to be sick again tomorrow, are you?"

"Michael, I know I haven't been party Mom for a while, but you know I couldn't help it. I'm really looking forward to going to the party tomorrow and helping Mrs. Jones."

"Well, she said to remind you not to forget this time."

7:30 P.M.

"Mom, I'm starving! Where's Dad? Do we have to wait for him to eat?"

Mom tenses and sighs. She hopes there wasn't a problem at the regional sales meeting. It's getting late, and she and Michael can't wait all night. He should have called if there was a delay. Bad sign. "Sure, honey, let's go ahead. Daddy can eat when he gets here."

Mom and Michael dig into dinner as they discuss tomorrow's Halloween party and what costume Mom should wear to serve her cookies and help Mrs. Jones.

⁷ The Pennsylvania Child Welfare Training Program. (n.d.). *Michael's Story*. Retrieved October 4, 2011, from: <http://www.pacwcbt.pitt.edu/Curriculum/310DomesticViolenceIssuesAnIntroductionforChildWelfareProfessionals/Handouts/HO8MichaelsStory.pdf>.

Just then, the front door bangs open.

"God damn it, Helen, how many times do I have to tell you to make the paper boy put the paper inside the front door, not on the lawn? Can't you even do one simple chore right?"

Ed throws his briefcase across the kitchen floor and continues: "It certainly was nice of you to wait for me for dinner. I don't know why I even bothered to come home."

"Gee, Ed, it's seven thirty. We were hungry. But sit down while I get yours.

"We just started, really," Michael adds. Ed glares at Michael and casts a disgusted look at Helen.

"Hey Dad, look at the A+ I got on my poem!"

"An A+ on a poem, Michael. Let's get serious. What are you, a wimp or something? Science and math are the subjects to get A's in. Real men don't write poetry!" he grunts.

Michael is about to protest that the poem was about their hunting trip together, but Helen interrupts, "Ed, please, not tonight. I worked for hours on dinner. Can't we have just one dinner in peace?"

"Well, didn't you have a tough day? Did your girlfriends come over for coffee this morning? Did you talk all afternoon on the phone to your sister?"

Helen says nothing, but glances at Michael, who is playing with his food.

Ed takes a bite of his spaghetti. "God, Helen, this is mushy. Can't you do anything right?" he screams.

Michael whispers under his breath, "It's your fault. You were late."

Ed slams his fist on the table, knocking over Michael's drink and spilling it all over his poem. "That's enough out of you, young man. Go to your room!"

Michael's eyes glaze over, but he blinks back the tears and swallows hard, and runs to his room. In his room, he turns on MTV. The music bounces and rocks to a beat that doesn't quite muffle the noises from the kitchen.

"Please, Ed, don't!" A jarring sound, wall pictures rattling, glass breaking, and muffled screams. "Stop! Stop!" his mother begs.

"Come back here, bitch. This is all your fault. Don't even think about running away from me!"

Michael pounds his fist into the bed and hides his head under the pillow, sobbing.

7:00 A.M.

Michael wakes up from a troubled sleep and remembers his parents' fighting.

He tentatively slips past their bedroom and into the kitchen.

His mother sits at the kitchen table, her head down over a cup of coffee. "I'm sorry, Michael, I'm too sick to be homeroom mother today." She raises her head. Michael sees that her eyes are swollen from crying. Her lip is cracked and bloody and there are marks around her neck.

"My stomach hurts. Can I stay home too?" Michael pleads.

At this point, Michael's father enters the room and says, "There's nothing wrong with you. Get dressed, you're going to school!" Ed looks at Helen sheepishly and stammers, "Honey, about last night. I'm really sorry. I promise, it will never happen again. You and Michael know how much I love you."

Michael has heard this before. He sighs heavily and trudges back into his room to get ready for school.

Indicators/ Dynamics

Impact

Child

Mom

Dad

GUIDELINES FOR INTERVIEWING FAMILIES

Routinely inquire about domestic violence

Interview adult victim alone

Never disclose victim's statements to perpetrator

Build stronger connection with adult victim

Develop safety plan:

(Refer client to a Domestic Violence Organization)

- Escape routes
- Places to go
- Survival kit
- Avoid arguments in dangerous areas
- Telephone numbers
- Review plan and make changes as necessary

DOCUMENTATION OF DOMESTIC VIOLENCE

Avoid language that blames victims for the violence

Hold perpetrators accountable for their behavior



Identify effects of domestic violence on the abused partner and children

Identify behavior that poses a threat to safety of children

Identify actions implemented to ensure and maintain safety

DIRECTIVE MEMO D09-32
DSS Liaison Project –Contact List

(Updated 10/15/12)

CASA/Family Systems

Counties served: Orangeburg, Calhoun, Bamberg

Executive Director: Labrena Aiken Furtick

Email address: lafurtick@bellsouth.net

DSS Liaison: Elaine McNeil

Email address: elainemc09@bellsouth.net

Telephone: 803.531.6211

Post Office Box 1568

Orangeburg, South Carolina 29116

Telephone: 803.534.2448

Facsimile: 803.534.2594

Citizens Opposed to Domestic Abuse

Counties served: Beaufort, Jasper, Colleton, Hampton

Executive Director: Kristen Dubrowski

Email address: executivedirector@codabft.com

DSS Liaison: Anna Zweede

Email address: victimsvcs@codabft.com

Post Office Box 1775

Beaufort, South Carolina 29901-1775

Telephone: 843.770.1074

Facsimile: 843.770.1084

Cumbee Center to Assist Abused Persons

Counties served: Aiken, Barnwell, Allendale

Executive Director: Kay Mixon

Email address: caap_ktm@bellsouth.net

DSS Liaison: Barbara Sanders

Email address: caap_dv@bellsouth.net

Post Office Box 1293

Aiken, South Carolina

Telephone: 803.649.0480

Facsimile: 803.641.4163

Laurens County Safe Home

Counties served: Laurens, Saluda, Abbeville

Executive Director: Dawn Ardelt

Email address: dawn.safehome@yahoo.com

Administrator: Martina Flynn

Email address: mtinaflynn@yahoo.com

DSS Liaison: Tiera Gannt

Email address: Tiera.safehome@yahoo.com

Post Office Box 744

Clinton, South Carolina 29325

Telephone: 864.682.7270

Facsimile: 864.683.3690

Meg's House Shelter for Abused Women and Children

Counties served: McCormick, Edgefield, Greenwood

Executive Director: Alice Hodges

Email address: ahodges@megshouse.org

DSS Liaison: Malinda Searles

Email address: searlesm.megshouse@gmail.com

Post Office Box 3410

Greenwood, South Carolina 29648

Telephone: 864.227.1890

Facsimile: 864.229.7663

My Sister's House

Counties served: Charleston, Berkley, Dorchester

Executive Director: Elmire Raven

Email address: eraven@mysistershouse.com

DSS Liaison: Megan Provost

Email address: megan@mysistershouse.com

P.O. Box 71171

North Charleston, South Carolina 29415

Telephone: 843.747.4069 (Elmire)

843.744.3242 (Suzanne)

Facsimile: 843.747.6592

Pee Dee Coalition Against Domestic & Sexual Assault

Counties served: Florence, Darlington, Marion, Chesterfield, Marlboro,

Dillon and Williamsburg

Executive Director: Ellen Hamilton

Email address: echamilton@peedeecoalition.org

DSS Liaison: Gloria Davis (lead liaison)

Email address: gdavis@peedeecoalition.org

Post Office Box 1351

Florence, South Carolina 29503

Telephone: 843.669.4694

Facsimile: 843.673.2005

Safe Harbor, Inc.

Counties served: Greenville, Oconee, Pickens, Anderson

Executive Director: Becky Callahan

Email address: becky.callahan@safeharborsc.org

DSS Liaison: Carrie Pettit (lead liaison)

Email address: carrie.pettit@safeharborsc.org

Post Office Box 174

Greenville, South Carolina 29602-0174

Telephone: 864.467.1177

Facsimile: 864.467.3638

SAFE Homes-Rape Crisis Coalition

Counties served: Spartanburg, Cherokee, Union

Executive Director: Lynn Hawkins

Email address: Lynnshrcc@aol.com

DSS Liaison: Marlene Evans (Spartanburg) (lead liaison)

Email address: Marlene.evans@shrcc.org

DSS Liaison: Debbie Sellars (Cherokee)

Email address: Deborah.Sellars@shrcc.org

DSS Liaison: Libby Whitaker (Union)

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236 Union Street

Spartanburg, South Carolina 29302

Telephone: 864.583.9803 or 1-800-273-5066

Facsimile: 864.583.9611

Safe Passage, Inc.

Counties served: York, Chester, Lancaster

Interim Executive Director: Jane Alleva

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DSS Liaison: Puja Amin

Email address: pamin@safepassagesc.org

Post Office Box 11458

Rock Hill, South Carolina 29731

Telephone: 803.329.3336 / 803.329.3349

Facsimile: 803.329.3515

Sistercare

Counties served: Lexington, Richland, Kershaw, Fairfield, Newberry

Executive Director: Nancy Barton

nbarton@sistercare.com

Telephone: 803.926.0505

Liaison Supervisor: Deb Haney (Primary contact)

Email address: ghaney@sistercare.com

Telephone: 803.926.0505

DSS Liaison: Vivian Gore (Richland)

Email address: vgore@sistercare.com

Telephone: 803.926.0505 ext. 140

DSS Liaison: Chris Johnson (Lexington)

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Telephone: 803.926.0505 ext. 140

DSS Liaison: Cynthia Elders (Kershaw)

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Telephone: 803.713.0010

DSS Liaison: Chris Johnson (Fairfield)

Email address: cjohnson@sistercare.com

Telephone: 803.635.5430

DSS Liaison: Misty Cooper (Newberry)

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Telephone: 803.321.2155 ext. 191

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Columbia, South Carolina 29202

Telephone: 803.771.6190
Facsimile: 803.794.0098

YWCA of the Upper Lowlands, Inc.

Counties served: Sumter, Clarendon, Lee

Executive Director: Debra Wilson

Email address: ydwilson@ywcasumter.org

DSS Liaison: Nickie C Rogers, MHA, MA

Email address: ncrogers@ywcasumter.org

246 Church Street

Sumter, South Carolina 29150

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INTERVIEWING QUESTIONS

DOMESTIC VIOLENCE ASSESSMENT: VICTIM

Do not initiate an assessment with a series of rapid fire, personal questions, which can be intimidating and off-putting. The caseworker should talk with the victim about his or her situation, which helps engage the victim in the process. It is important to ask specific questions, however, to determine the level of domestic violence affecting the victim.

1. Types and patterns of abusive tactics

a. Controlling, coercive, and threatening tactics

- Does your partner prevent you from visiting friends and family?
- Does your partner prevent you from going to school or work?
- Does your partner tell you what to wear, what to do, where you can go, or whom you can talk to?
- Does your partner control the household income?
- Does your partner follow you to “check up” on you or check the mileage on your car?
- Does your partner telephone you constantly while you are at work or home?
- Does your partner give you threatening looks or stares when he does not agree with something you said or did?

b. Verbal, emotional, sexual, or physical abuse

- Does your partner call you degrading names, put you down, or humiliate you in public or in front of friends or family?
- Does your partner blame you or tell you that you are at “fault” for the abuse or any problems you’re having?
- Does your partner deny or minimize his abusive behaviors towards you?
- Has your partner ever destroyed your personal possessions?
Broken or destroyed household items?
- Has your partner ever pushed, kicked, slapped, punched, or choked you?
- Has your partner ever threatened to kill or harm himself, you, the children, or a pet?
- Has your partner ever threatened you with a weapon or gun? Does your partner have access to a dangerous weapon or gun?
- Has your partner ever been arrested for a violent crime or behaved violently in public?

- Has your partner ever forced you to commit illegal activities, use illegal drugs, or abuse alcohol?
- Has your partner ever forced you to engage in unwanted sexual activity or practices (e.g., pornography, multiple sexual partners, prostitution)?

2. Risks and impact on the adult victim

- a. How has your partner's abusive behavior affected you?
- b. Do you suffer from anxiety or depression?
- c. Do you have difficulty sleeping, eating, concentrating, etc.?
- d. Do you suffer from headaches, stomachaches, breathing difficulties, or other problems?
- e. Have you had to seek medical assistance for injuries or health problems resulting from your partner's violence?
- f. Have you been physically assaulted during pregnancy? Have you suffered prenatal problems or a miscarriage as a result of the abuse?
- g. Do you abuse alcohol or other substances?
- h. Have you ever been hospitalized for a mental illness? Do you have a mental health diagnosis? Are you taking psychotropic medication?
- i. Have you ever thought about hurting or tried to hurt yourself or someone else?

3. Risks and impact on the children

- a. Has your partner called your children degrading names or verbally threatened them?
- b. Has your partner ever threatened to make a report to CPS, take custody of the children, or kidnap the children?
- c. Does your partner physically discipline or touch the children in a manner that you don't agree with or that makes you uncomfortable?
- d. Has your partner ever asked the children to report your daily activities or to "spy" on you?
- e. Has your partner ever forced your children to watch or participate in his abuse of you?
- f. Has your partner physically hurt you in front of the children?
- g. Do your children exhibit problems at school or at home (e.g., sleeping and eating difficulties, difficulty concentrating in school, aggressive behavior)?
- h. Has a school or daycare center ever contacted you regarding behavioral problems of your children?

4. Help-seeking and protective strategies

- a. Have you told anyone about the abuse? What happened?

- b. Have you ever left home because of the abuse? Where did you go? What happened?
- c. Have you ever called the police or 911? What was their response?
- d. Have you ever filed a restraining order or criminal charges? What was your partner's response?
- e. Have you ever used a domestic violence shelter or services? Was it helpful?
- f. Have you fought back? What happened?
- g. How do you survive the abuse?
- h. What have you tried to keep you and your children safe from your partner?
- i. What has made it difficult to keep you and your children safe?
- j. How will your partner react if he finds out you talked to me?

Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg, L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

INTERVIEWING QUESTIONS

DOMESTIC VIOLENCE ASSESSMENT: CHILD

In order to obtain accurate and reliable information from a child regarding a domestic violence situation, it is critical that the language and questions are appropriate for the child's age and developmental stage. Training and experience in working with young children in particular may be necessary.

1. Types and frequency of exposure to domestic violence
 - a. What kinds of things do mom and dad (or boyfriend/girlfriend) fight about?
 - b. What happens when they argue?
 - c. Do they yell at each other or call each other bad names?
 - d. Does anyone break or smash things when they get angry? Who?
 - e. Do they hit one another? What do they hit with?
 - f. How does the hitting usually start?
 - g. How often do your mom and dad argue or hit?
 - h. Have the police ever come to your home? Why?
 - i. Have you ever seen your mom or dad get hurt? What happened?

2. Risks posed by the domestic violence
 - a. Have you ever been hit or hurt when mom and dad (or girlfriend/boyfriend) are fighting?
 - b. Has your brother or sister ever been hit or hurt during a fight?
 - c. What do you do when they start arguing or someone starts hitting?
 - d. Has your mom or dad ever hurt your pet?

3. Impact of exposure to domestic violence
 - a. Do you think about mom and dad (or girlfriend/boyfriend) fighting a lot?
 - b. Do you think about it when you're at school, while you're playing, when you're by yourself?
 - c. How does the fighting make you feel?
 - d. Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
 - e. Why do you think they fight so much?
 - f. What would you like them to do to make it better?
 - g. Are you afraid to be at home? To leave home?
 - h. What or who makes you afraid?

- i. Do you think it's okay to hit when you're angry? When is it okay to hit someone?
- j. How would you describe your mom? How would you describe your dad?

4. Protective factors

- a. What do you do when mom and dad are fighting?
- b. If the child has difficulty responding to open-ended questions, the worker can ask if the child has:
 - Stayed in the room
 - Left or hidden
 - Gotten help
 - Gone to an older sibling
 - Asked parents to stop
 - Tried to stop the fighting
- c. Have you ever called the police when your parents were fighting?
- d. Have you ever talked to anyone about your parents' fighting?
- e. Is there an adult you can talk to about what's happening at home?
- f. What makes you feel better when you think about your parents' fighting?

Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg, L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

INTERVIEWING QUESTIONS DOMESTIC VIOLENCE ASSESSMENT: ALLEGED PERPETRATOR

Increasingly, CPS develops service plans with perpetrators, as appropriate. These plans not only work toward holding the perpetrator accountable for the abuse, but also guide decisions about involvement and interaction with the children. It is as important to engage the perpetrator as it is the victim and children in order to obtain accurate and useful information.

1. Expectations of the abused partner and the relationship

- a. Describe your relationship with your partner. For example, how do you communicate with one another?
- b. What type of things do you expect from your partner?
- c. How would you describe your partner?
- d. What do you do when you and your partner disagree?
- e. What do you do when you become angry?

2. Types of abusive behaviors and tactics

- a. Have people told you that your temper is a problem? Who? And why did they tell you that?
- b. How do you feel about your partner visiting his or her friends and family?
- c. How do you and your partner manage your household duties and income?
- d. Do you ever yell at your partner? Call your partner degrading names? Put your partner down?
- e. Have you ever physically harmed or used force on anyone in your family? In what way? When?
- f. Has your partner made you so mad that you pushed, kicked, or slapped him or her? Held him or her down? Grabbed him or her by the neck?
- g. Have you ever threatened to harm or kill yourself, your partner, your children, or your pet?
- h. Have you ever threatened or used a weapon or gun against your partner? Do you have access to a weapon or gun?
- i. Have the police ever come to your home? How many times? Why? What happened?
- j. Have you ever been arrested, charged, or convicted of a domestic violence assault? If so, what happened?

3. Risks to the children

- a. How would you describe your children?
- b. What kinds of things do you expect from your children?
- c. How do you discipline your children?
- d. How do you think the children are affected when they see or hear you and your partner fighting?
- e. Have your children ever had to intervene during an argument with your partner? Why and what happened?

4. Risk factors that may increase levels of dangerousness

- a. Did you ever see either of your parents harmed by a spouse or significant other? If so, what did you do and how did it make you feel?
- b. Were you ever harmed as a child?
- c. When was the last time you drank or used an illegal substance? How much?
- d. Have you ever attended a substance abuse program or been arrested for DUI?
- e. Have you ever been treated for depression?
- f. Have you previously been violent with your partner? With others?
- g. Have you experienced pervasive thoughts of homicide or suicide? Attempts?

Mederos, F. (2000). *Child protection services, the judicial system and men who batter: Toward effective and safe intervention*. Unpublished practice paper. Massachusetts Department of Social Services, Jamaica Plains, MA; Ganley, A. L., & Schechter, S. (1996). *Domestic violence: A national curriculum for child protective services*. San Francisco, CA: Family Violence Prevention Fund; Massachusetts Department of Social Services' Domestic Violence Protocol. (1995). Unpublished practice protocol, Massachusetts Department of Social Services, Boston, MA; Bragg, L. (1998). *Domestic violence protocol for child protective services intervention*. Charlotte, NC: Mecklenburg County Department of Social Services.

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