

Domestic Violence, Parenting Evaluations and Parenting Plans:

Practice Guide for Parenting Evaluators in Family Court Proceedings

Protocol for Routine Screening for Domestic Violence

*Protocol for Specialized DV Risk Assessment
of Risks to Children and Parenting*

*Specialized Domestic Violence Assessment,
Parenting Evaluations and Parenting Plans*

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On behalf of

The King County Coalition Against Domestic Violence
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In collaboration with

King County Coalition Against Domestic Violence
Family Law Work Group

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Practice Guide for Parenting Evaluators
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TABLE OF CONTENTS

Preface

Acknowledgements	iii
-------------------------------	------------

Terms Used In This Practice Guide	v
--	----------

Introduction	1
---------------------------	----------

Section One: Overview	9
------------------------------------	----------

- Domestic Violence, Impact on Children and Parenting,
- Use of Behavioral Definition of Domestic Violence,
- Routine Screening for Domestic Violence
- Specialized Domestic Violence Assessment of Risks to Children and Parenting
- DV Assessment-based Parenting Plan Recommendations
- Safety First: Safety Strategies for Conducting Parenting Evaluations

Section Two: Protocol for Routine Screening for Domestic Violence	27
--	-----------

- Purpose of Screening
- Interview Questions and Procedures
- Other Data: Review of Case Materials and Collateral Contacts
- Documentation and Report Format
- Templates for Routine Screening for Domestic Violence

Section Three: Protocol for Assessing and Responding to

Domestic Violence Imminent Danger	47
--	-----------

- Assessing Imminent Danger to Adult Victim, Child, Others, Perpetrator
- Crisis Response
- Documentation and Report Format
- Templates

Section Four: Protocol for Specialized Assessment of Domestic Violence Risk(s) to

Children and Parenting	59
-------------------------------------	-----------

- Domains of Specialized DV Assessment
- Interviewing Adult Victims, DV Perpetrator, Children
- Scenario and Directed Questions Interview Formats
- Other Sources of Data: Review of Case Materials and Collateral Contacts
- Documentation and Report Format
- Templates for Specialized Assessment of Domestic Violence Risk(s)

Section Five: Differential Parenting Plan Recommendations based on the

Specialized Assessment of Domestic Violence Risks to Children and Parenting	94
--	-----------

- Elements to Consider for Parenting Plans for DV Cases
- Recommendations for Parenting Plans for DV Cases
- Templates for types of DV, PPP Screening, and Parenting Plan Provisions

Section Six: Suggested Format for Domestic Violence in Parenting Evaluation Report	115
---	------------

- Writing the DV Section of the Parenting Evaluation report
- Template for the Format for the DV Section of the Parenting Evaluation Report

References	119
-------------------------	------------

Online Resources for Parenting Evaluators, Family Law Attorneys & Judicial Officers.....	121
---	------------

Appendix A: DV Perpetrators Tactics: Use of Children to Control Adult Victim.....	126
--	------------

Appendix B: Attorney/ Courts Checklists.....	127
---	------------

PREFACE

This practice guide was developed by Dr. Anne Ganley as part of a project coordinated by the King County Coalition against Domestic Violence (KCCADV), and funded by the City of Seattle.

The goal of the project is to assist parenting evaluators in King County to more effectively and consistently integrate an understanding of domestic violence into their practice. Project activities included:

- Reviewing recent literature related to parenting evaluations in family law cases involving domestic violence.
- Developing a practice guide for evaluators containing model guidelines, procedures and other materials detailing how to address domestic violence in parenting evaluation procedures and reports. .
- Developing a training program on the parenting evaluation guidelines.
- Presenting two trainings in 2008 on the model guidelines, one for parenting evaluators and one for family law attorneys.

This project grew out of work done by the KCCADV over the last several years. In 2005, the KCCADV conducted a qualitative research project to describe the experiences of battered women with the family law system in King County, WA. The report from that study, *I Just Wanted to Be Safe* (available at www.kccadv.org/reports), identified parenting evaluations (conducted by CASA volunteers, Guardians Ad Litem, and private evaluators) as one area where there were often problems. Both service providers and survivors felt that parenting evaluators often do not appear to understand domestic violence, or don't have the tools they need to effectively assess and address domestic violence in the context of their evaluations. As a result, both the safety and economic stability for survivors and their children are potentially compromised. In May 2007, a group of King County leaders attended a summit to discuss concerns about parenting evaluations in the context of domestic violence. Both the 2005 report and the 2007 Summit called for the development of model guidelines and training for those responsible for ordering, providing and using parenting evaluations in the context of domestic violence.

In response to these recommendations, City of Seattle leaders provided funding for a year-long project to address this issue. KCCADV was chosen to coordinate the project. The KCCADV Family Law Work Group provided input and guidance throughout the project and several students from local universities conducted portions of the literature search. Dr. Anne Ganley was hired to write the practice guide, and develop and implement the training programs.

This document can serve as a guide for professionals charged with conducting parenting evaluations in family law cases. It is a first step to improving the consistency and effectiveness of parenting evaluations in cases that involve domestic violence. Future activities of the project may include: additional training for evaluators, attorneys, judicial

officers, and victim advocates on the practice guidelines; evaluating the effectiveness of the practice guide and training models; advocating for policies that mandate the use of and/or training about the guidelines for professionals conducting parenting evaluations in cases that involve domestic violence; and delivering the practice guide and training throughout Washington State (and nationally). Additional funding would be needed to accomplish these tasks.

Ultimately, we hope this work will result in long term improvements in the family law system's ability to facilitate outcomes that effectively protect the safety and interests of adult domestic violence survivors and their children. In addition, we hope this work will allow for safe contact between the battering parent and the children, when and in a manner that is appropriate, and will promote safe and responsible parenting in the best interests of children.

Merril Cousin, Executive Director
King County Coalition against Domestic Violence
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TERMS USED IN THIS PRACTICE GUIDE

Child Maltreatment: physical abuse, sexual abuse or neglect of a child that constitutes a clear and present danger to a child's health, welfare or safety.

Caregiver: Legal parent, custodian, or person acting "in loco parentis".

Child(ren): Any person under the age of eighteen years of age. (RCW 26.44.020 (6))

Domestic Violence (DV) a.k.a. Intimate Partner Violence (IPV): the behavioral definition of domestic violence: "domestic violence 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" (**Domestic Violence Manual for Judges** 2006) DV perpetrators' abusive tactics include, but are not limited to, physical abuse, sexual abuse, terrorizing tactics (e.g. stalking, displaying weapons, use of or threats of violence against victim, children, others, and/or property), physically and/or psychologically isolating the victim, repeated attacks against the victim's competence, alternating use of indulgences, control of family funds and resources, and use of children to control the adult victim. The perpetrator's use of physical force against persons or property or the use of conduct that establishes credible threat of physical harm (i.e. terrorizing tactics) combined with other controlling tactics are key elements of the behavioral definition of domestic violence. Domestic violence tactics range from life-threatening to less severe; some are criminal, but many are not. The effect of the overall pattern of assaultive and coercive behavior is to increase the abuser's power and control in that relationship. Legal definitions of domestic violence vary somewhat from the behavioral definition depending on the court (criminal vs. civil) and the proceeding. See **Domestic Violence Manual for Judges** 2006, Chapter 2 for full discussion of behavioral definition and legal definitions of domestic violence.

Domestic Violence Victim: (a.k.a. Adult Victim, DV Survivor): the adult or adolescent who is the recipient of the DV perpetrator's pattern of coercive and controlling conduct (see list of behaviors and tactics in above definition of DV). The adult victim may or may not be the legal parent or the "in loco parentis" caregiver of the child and may or may not be the parent in the parenting plan proceeding. Sometimes the term "DV survivor" is used to highlight that the adult victim may have many strengths and positive parenting skills even while being victimized by the DV perpetrator.

Domestic Violence Victim Services: specialized services for victims of domestic violence and their children including shelter, transitional housing, support groups, legal and systems advocacy, child witness groups, parenting after domestic violence classes, and DV supervised visitation centers. Culturally specific DV service programs are available for faith communities,

ethnic or racial groups, refugee and immigrant groups, GLBT communities, survivors with disabilities, and others. The services may be for victims living in DV-specific housing or they may be for victims living in the community. There is a great deal of variety from community to community on which services are available for which specialized population. For a complete updated list of King County Services, please see <http://www.kccadv.org/counseling.html>.

Domestic Violence Advocate: a trained staff person who works in a program that provides services to domestic violence victims, including those services listed above. DV advocates include both **community-based advocates** who are based in non-profit domestic violence programs, and **system-based advocates** who are based in and employed by government systems, such as a prosecutor's office or police department.

Domestic Violence Perpetrator: (a.k.a. DV Abuser), a person in an intimate relationship who uses a pattern of assaultive and coercive behaviors to control their partner. The DV perpetrator uses a wide variety of tactics (see above definition of domestic violence), ranging from criminal and/or physically damaging acts to less overt, less physically severe tactics. The DV perpetrator may or may not be the legal parent or the "in loco parentis" caregiver of the child and may or may not be the parent in the parenting plan proceeding.

Domestic Violence Perpetrator Treatment Program (a.k.a.) Domestic Violence Batterer's Intervention or Treatment Program): an intervention program specifically designed to stop intimate partner violence. In Washington State, DV perpetrator treatment programs must be certified by DSHS and must comply with the minimum standards in the Washington Administrative Code 388-60. The standards outline program requirements regarding victim safety, contact with adult victim, clinical assessments of perpetrator, group work, use of non victim blaming strategies, completion criteria, staff education and experience, and coordination with other community systems. DV Perpetrator Intervention Programs are required to include information about the impact of domestic violence on children. Successful completion of the program is based on the successful completion of set objectives and is not merely time based. Minimum time accountability to a program is for one year, with minimum participation in weekly sessions for 6 months followed by minimum of once monthly sessions for an additional 6 months. For many participants, successful completion may involve attending weekly groups for the entire year. Successful completion is based on demonstrating behavioral changes as specified in the behavioral objectives of the program (e.g. "responsibility plan") and not on attendance alone. For a list of WA state certified programs and the WA standards see <http://www.dshs.wa.gov/ca/dvservices/perptreat.asp>. In addition to these DV perpetrator treatment programs, there are separate programs for parenting after domestic violence. See online resource list for King County programs on page 111.

Domestic Violence Relevant Legal Statutes: see 2006 Judges Manual for complete cites and details related to DV-specific orders such as D.V. limiting factors for parenting plans, Civil Protection Order, Criminal No Contact Order, Restraining Order in Dissolution Proceedings, Protection Order for Stalking, and Anti- Harassment Orders.

Domestic Violence Safety Plan: a process of thinking through with the adult victim how to increase safety for both the adult victim of domestic violence and their children. DV Safety planning addresses both immediate and long terms risks to both the adult victim and children, and is based on knowledge about the specific pattern of the DV perpetrator's tactics and the protective factors of the adult victim, children, community and DV perpetrator.

Domestic Violence Screening Protocol: a routine inquiry protocol used for all cases to identify whether or not DV is present as well as to identify the adult DV victim and DV perpetrator whenever domestic violence is present. It addresses the basic screening questions:

Is there DV, or not, in this case?

If DV is present, then who is the adult DV victim? And who is the DV perpetrator?

Domestic Violence Specialists: professionals who have DV expertise from working in DV victim service programs or DV perpetrator intervention programs or from conducting DV evaluations. They have expertise in assessing the dangerousness of DV, safety planning, interview skills with victims, children, or perpetrators, and the impact of domestic violence on adult victims, DV perpetrators, children, and parenting.

Intimate Partner Violence (IPV): (a.k.a. Domestic Violence, DV): a term sometimes used to focus on the most common form of domestic violence, which is between adult or adolescent intimate partners, rather than on the domestic violence between non-intimate adult household members (see legal definition of household members in 2006 Judges DV Manual, Chapter 2).

Specialized Assessment of DV Risks to Children/Parenting Posed

(a.k.a Specialized DV Assessment): a protocol for conducting the specialized assessment risks to children and parenting posed by the identified domestic violence . This specialized DV assessment process involves gathering information about and a consideration of the following:

- a detailed description of perpetrator's pattern of assaultive and coercive tactics against the adult victim, including but not limited to, physical assaults, sexual assaults, psychological attacks, economic coercion, and the use of children to control the adult victim
- the impact of domestic violence on the adult victim
- the impact of the domestic violence on the children
- an assessment of lethality (dangerousness) of the domestic violence
- an assessment of protective factors of the adult victim, children, DV perpetrator, and community that mitigate risk to the children from DV

Parenting Evaluator (Evaluator): Professionals who have specialized knowledge and skills for conducting parenting evaluations for family court proceedings. In King County parenting evaluations for family court may be done by Family Court Services social workers; private practice psychologists, psychiatrists, and social workers; Guardians Ad Litem evaluators or specially trained Family Law CASA evaluators.

Primary Aggressor DV: when both parties use physical force during the episode, the primary aggressor is determined by a consideration of the following factors: domestic violence history between the parties, relative size or physical strength of involved parties; comparative extent of injuries or serious threats creating fear of physical injury; did one act in self-defense?; who is afraid of whom? Primary does not necessarily mean who struck first.

Professionals contributing to parenting evaluations either to the court directly or to the parenting evaluator: DV evaluators, DV victim service providers, DV perpetrator intervention providers, treatment providers for either parent or children, school personnel, child welfare workers, GALs, CASA workers or specialized evaluators (substance abuse, sexual deviancy, etc). They may provide partial input either to the court or to a parenting evaluator regarding Domestic Violence issues, children and parenting.

INTRODUCTION

The purpose of these practice guidelines is to improve the quality of parenting evaluations in those family law cases that involve the very complex and challenging issues of domestic violence (DV). These guidelines integrate knowledge about domestic violence and its impact on children and parenting into the parenting evaluation process. This guide focuses on parenting evaluator practice: how to conduct interviews, how to evaluate the specific DV related information gathered, and how to apply the findings from a specialized DV assessment to recommendations for DV specific parenting plans.

This practice guide is a continuation of what has emerged from the domestic violence and parenting evaluation fields in the past 20 years. The *Family Court Review Journal*,¹ produced by the Association of Family and Conciliation Courts devoted its July 2008 issue to the topic of domestic violence and parenting plans in family court proceedings. The issue brought together leading US and Canadian expertise from the fields of domestic violence, parenting evaluations, and family courts. Those experts make a clear call for routine screening for domestic violence and for a more complex assessment of the domestic violence issues in order to use differentiated approaches in parenting plans for domestic violence cases (Jaffe, Johnston, Crooks, & Bala, 2008; Frederick, 2008). This call for domestic violence screening and specialized assessment is consistent with findings of the KCCADV report *I Just Wanted to Be Safe: Battered Women's Experiences with the Family Law System in King County (2005)*.²

Literature searches conducted as part of this 2008 project yielded published materials primarily from the past five years.³ The searches revealed certain gaps in resources available to parenting evaluators addressing domestic violence issues in their practice. The literature (both research and practice articles) currently covers three general topics: (1) domestic violence and its impact on children and parenting, (2) parenting evaluations in general, and (3) more recently, articles highlighting the overlapping issues of the two fields.⁴ However, there is little written specifically on how to address domestic violence within a parenting evaluation. The gaps are:

- A lack of specific guidance (protocols or tools) for routinely gathering information relevant (1) to determining whether or not there is DV, and (2) for determining who the

¹ See Journal Vol 46, No 3, and July 2008 for references to current research. The Association of Family and Conciliation Courts also co sponsored a conference on same topics held in May 2008 in British Columbia.

²available at www.kccadv.org/reports

³ See Acknowledgements for list of students compiling the literature search.

⁴ Ackerman, M.J., 2006 **Clinician's Guide to Child Custody Evaluations**, John Wiley & Sons, Inc, Hoboken, NJ. Ackerman devoted 9 pages to the topic in this third edition of book.

adult victim is and who the DV perpetrator is in cases where domestic violence is identified.

- A lack of specific practice guidance on how to assess the complexities of identified domestic violence in order to make recommendations for parenting plans in the best interests of children.
- A lack of guidance on how to apply the findings of a specialized DV assessment to differential parenting plans for families with domestic violence issues.

This practice guide is designed to address those gaps.

The guidelines and protocols draw heavily on domestic violence screening and assessment protocols used in health care, in child welfare, and in the domestic violence fields.⁵ Within those fields both routine screening and the specialized DV assessment protocols are widely accepted as standard practice to improve responses to families with domestic violence issues. There is some research on routine screening for DV in health care settings ⁶ and research on both routine screening⁷ and specialized assessment of DV risks to children in child welfare.⁸

The DV specific interview protocols to follow are designed to reduce defensiveness, minimization, and denial and to promote self disclosure from both parties. They focus on conduct. They are firmly grounded in the behavioral definition of domestic violence. In DV cases, self disclosure about one's own conduct can lead to less of the "he-said-she-said" dynamic that occurs too often with high conflict parenting evaluations. In DV cases, the reality is that both adult DV victims and perpetrators frequently talk about the abusive conduct and its impact on the family, but they do not always consider it domestic violence. And just as importantly we the evaluators often fail to recognize the reported conduct as domestic violence, and therefore, do not "hear" what the parties are revealing to us. The protocols described in this guide are designed to overcome those obstacles.

These practice guidelines are recommended for the professionals conducting parenting evaluations in a variety of family law proceedings.

⁵ Developed by this the author and other professionals over the past 20 years, see on line resource list for Family Violence Prevention Fund materials as examples.

⁶ See www.Endabuse.org for current research on routine screening for domestic violence in health settings.

⁷ See the Journal: **Family Court Review**, July 2008, vol 46, No 3 for further discussion of research and practice issues related to routine screening and specialized DV assessment in parenting evaluations.

⁸ Portions of this guide were drawn from the **Domestic Violence Practice Guide for Child Welfare Workers** (2009 in press), Children's Administration, Washington State Department of Social and Health Services, contributing authors: Anne Ganley, PhD and Margaret Hobart, PhD for Washington State Coalition Against Domestic Violence (WSCADV).

While parenting evaluations are typically used for the development of court ordered permanent parenting plans, these practice guidelines may also be used when professionals gather information relevant for temporary parenting plans, mediated parenting plans, or for modifications of existing parenting plans. They are recommended for use by the various parenting evaluators practicing in King County family law proceedings, such as:

- Family Court Services parenting evaluators
- Private practice parenting evaluators/specialists (Ph.D., MSW, MDs)
- GAL (attorneys or mental health specialists) evaluators
- Family Law CASA evaluators

The practice guidelines may also be used by other professionals called upon to give partial, but valuable input either to the court or to a parenting evaluator regarding domestic violence and/or parenting issues:

- Domestic violence evaluators
- DV victim service providers
- DV perpetrator intervention providers
- Treatment providers for either of the parties or for the children
- GAL and CASA workers

This domestic violence specific practice guide is supplementary.

It is beyond the scope of this project to produce a comprehensive practice guide for parenting evaluators. These guidelines focus exclusively on the topic of domestic violence within parenting evaluations, and consequently they are designed to be used as a supplement to already existing parenting evaluation materials⁹ and to be implemented within the context of ethical and professional guidelines and/or standards for parenting evaluations.¹⁰

⁹ For a comprehensive description of parenting evaluation process see Ackerman, 2006; and Gould, J.W. & Martindale, D. A. 2007, **The Art and Science of Child Custody Evaluations**, New York: Guilford. These two books were the first parenting evaluation books to provide specific chapters on domestic violence. Earlier editions of Ackerman and Gould's work did not address the unique impact of domestic violence in parenting evaluations and tended to view domestic violence as just one additional family issue that could be addressed by traditional parenting evaluation practices of the past 20 years. However, Gould and Martindale (2007a) recognized the need to make a shift to have more focus on domestic violence by specifically highlighting the need not only for routine screening but also for complex assessments to address domestic violence appropriately in parenting evaluations.

¹⁰ See parenting evaluation guidelines and standards of the American Psychological Association and of the Association of Family and Conciliation Court. For a discussion of professional standards, see Ackerman (2006), Chapter 4 "What Encompasses a Custody Evaluation." For WA State; psychologists see WAC 246-924-445. The protocols outlined in this guide are in accordance with those national and state standards.

These DV specific guidelines have been developed to be integrated into existing parenting evaluation protocols currently used in King County.¹¹ They are not meant to replace existing formats. However, implementation of the guidelines will require alterations in the current formats of evaluators, especially for those who use primarily an allegation based model for custody evaluations¹² or use surveys that focus on allegations of one parent about the other.¹³ The DV specific guidelines can easily be integrated into the parenting evaluation formats which gather all the information from all parties about the potential risks to and /or supports for parenting in the best interests of children.

DV advanced knowledge, skill, and experience are needed to conduct DV specific parenting evaluations.

Although this practice guide provides a brief overview of domestic violence and parenting issues, it is beyond the scope of the guide to summarize the detailed DV knowledge needed to implement the recommendations for practice. These domestic violence specific guidelines are written for parenting plan evaluators who work in Washington State courts.¹⁴ Therefore, evaluators should read and be very familiar with the materials found in two sources:

1. The Washington State Domestic Violence Manual For Judges 2006: 15

- Chapter 2, “Domestic Violence: The What, Why And Who, As Relevant To Criminal And Civil Court Domestic Violence Cases:”
- Appendix A, “Court Mandated Treatment for Domestic Violence Perpetrators.”
- Appendix B, “Assessment Of Risk Posed To Children By Domestic Violence,” (Chapter 2, appendix A and B written by this author); and
- Chapter 10 On Parenting Plans
- Chapter 14 Domestic Violence and Tribal Courts, Chapter 10 and 14 written by a team of Washington State and Tribal Court Judges

¹¹ This KCCADV Family Law Project reviewed a variety of parenting evaluators protocols (i.e. Family Court Services, GALS, & private practice parenting evaluators) used in King County family court proceedings.

¹² Allegation driven parenting evaluation model is described in Benjamin, G.A. & Golan, J.K., 2003, **Family Evaluation in Custody Litigation**, American Psychological Associations, Washington, D.C. It is the core model used by the Parenting Evaluation Training Program (PETP) taught by Dr. Benjamin and his colleagues. This allegation driven model does not use routine screening protocol for domestic violence or a protocol for a specialized assessment of domestic violence risks to children and parenting. See footnotes in sections 2 - 4 for Dr. Benjamin's suggestions for adjusting the allegation driven format to these DV specific guidelines.

¹³ Evaluators using instruments such as Parenting History Survey, Greenberg & Humphries 1998.

¹⁴ These guidelines can also be adapted for proceedings in Tribal Courts addressing family issues related to domestic violence.

¹⁵ **Washington State Domestic Violence Manual for Judges**, 2006. Washington State Gender and Justice Commission, available : <http://www.courts.wa.gov/index.cfm?fa=home.contentDisplay&location=manuals/domViol/index>

2. The article and literature referenced in Jaffe, PG, Johnston, J.R., Crooks, C.V., Bala, N. (2008) "Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans." ¹⁶

To implement the three DV specific protocols (sections two through four), parenting evaluators must specifically have, in addition to their expertise in conducting parenting evaluations,¹⁷ advanced knowledge and skills related to domestic violence, including but not limited to:

- the behavioral definition of domestic violence,
- tactics of assaultive and coercive control,
- DV perpetrators,
- adult victims,
- assessment of DV lethality/dangerousness,
- impact of domestic violence on the adult victim, children, and parenting,
- protective factors that may mitigate DV damage to children and parenting,
- domestic violence issues in diverse cultures,
- skills in interviewing domestic violence perpetrators and adult victims.

This practice guide includes both a reference list of key articles (p. 135) and a list of online resources (p. 137) with links to materials addressing the above topics.

Consultation:

Conducting parenting evaluations is a complex process. Just as traditional parenting evaluations demand advanced expertise from the practitioners, so does the integration of these DV specific protocols. For DV cases, it is very difficult to conduct a valid parenting evaluation for a family without fully knowing and understanding the specific domestic violence context. To become aware of that DV context, parenting evaluators must have skills and experience in interviewing and evaluating both adult victims and DV perpetrators as well as in using the DV screening and specialized DV assessment protocols outlined in this guide.

While this practice guide combined with the recommended readings is a good beginning, it is not a substitute for the knowledge gained from working with thousands of families who

¹⁶ *Family Court Review*, vol 46, No 3, July 2008, 500-522.

¹⁷ See Ackerman, 2006 for description of standards and professional education for parenting evaluators.

experience domestic violence within diverse cultures. Professionals often comment on how we continue to learn from each family, each a little different than the one before. This is particularly important as DV cases come from the diverse cultures of different faiths, sexual orientations, ethnicities, races, disabilities, and economic classes (see on line resource list for sites regarding specialized populations). Domestic violence cuts across all cultures, but often manifests in culturally specific ways requiring culturally specific responses.

Consultation significantly improves practice. Evaluators participating in ongoing consultation groups with specialists in domestic violence and cultural competence increase not only their competencies, but also increase safety in parenting evaluations. Given the lethal nature of domestic violence as well as its impact on children and on parenting, the safety of our families and our selves may depend on the quality of our consultations.

Use of this guide:

The guide is divided into five sections:

Section One: provides a brief overview and discussion of key topics: domestic violence, impact of DV on children and parenting, the behavioral definition of domestic violence, routine screening for domestic violence, specialized domestic violence assessment of DV risks to children and parenting, and DV assessment-based parenting plan recommendations. It concludes with an overview of safety strategies for conducting interviews in parenting evaluations.

Section Two: focuses on the protocol for routine screening for domestic violence through interviews with the parties, review of case materials and through designated collateral contacts. The DV routine screening protocol should be conducted in all parenting evaluation cases.

Section Three: focuses on the protocol for assessing and responding to imminent danger posed by identified domestic violence within a parenting evaluation. This protocol would be carried out only for those cases where domestic violence has been identified.

Section Four: focuses on the protocol for the Specialized Assessment of DV Risk(s) to Children and Parenting. This protocol would be conducted whenever domestic violence has been identified in a case.

Section Five: discusses the applications of findings from the Specialized Assessment of DV Risks to Children and Parenting to the parenting evaluation and to recommendations for differential parenting plans in DV cases.

Section Six: provides a suggested format for the domestic violence subsection of a parenting evaluation report.

The overview in Section One is designed to be read once and then used as a reference. This overview combined with key articles provides the foundation needed to implement each of the sections that follow. Sections Two through Four are designed as practice guides, which evaluators can review each time they prepare to do an evaluation. Each section contains text and templates for a different protocol. The templates can guide individual interviews or reviews of case material. The Reference and Online Reference lists and the Appendices conclude the guide and detail articles on specific topics related to the guide.

SECTION ONE

Overview: Domestic Violence¹⁸ and Parenting Evaluations¹⁹

Given

- the high incidence of domestic violence²⁰,
- the nature of domestic violence (both its lethality as well the destructive effects of the perpetrator's coercive control),
- its varied impact on children,
- its varied impact on parenting, and
- the legislative directives for courts to consider domestic violence in making decisions regarding the provisions found in parenting plans (e.g. custody, residential and parental access time, and parental decision making),

Family courts have increasingly looked to parenting evaluators to both identify and then address the complex issues of domestic violence, specifically within parenting evaluations. Too often family courts may be unaware of the existence of domestic violence in an individual case, unless the parenting evaluator screens for DV, and then addresses it in the report.

The primary purpose of a parenting evaluation is to assess the best interests of the children in light of the decisions required for the parenting plan. Ackerman summarizes "...the primary focus of the evaluation is to assess the adult's capacity to parent, the psychological and developmental needs of the child, the functional ability of each parent to meet those needs, and the interaction between the child and each adult." (Ackerman, 2006, pg. 91).

Domestic violence is not consistent with the best interests of the children. The primary focus of the domestic violence perpetrator is gaining and maintaining control over the adult victim, without thought of the children's physical, psychological or developmental needs. The risks to children and parenting may be due primarily to the perpetrators' violence, or to their excessive control, or to a combination of both. Domestic violence may be lethal to either child or adult.

¹⁸ It is beyond the scope of this practice guide to summarize the relevant information and literature needed to conduct the protocols described in sections two, three, and four. This overview simply highlights the key issues related to domestic violence and parenting evaluations. For full discussion of definitions of domestic violence, its etiology, characteristics of those involved either as the perpetrator or the victim, and impact on children, see Chapter 2, **Washington State Domestic Violence Manual for Judges**, 2006.

¹⁹ For updated research relevant to DV and parenting evaluations see Jaffe, et al 2008.

²⁰ Both in general population and in family law cases (Jaffe, et al ,2008)

It is often health shattering for children, the adult victim and sometimes even for the perpetrator. Domestic violence interferes with the DV perpetrators' capacities to parent and often DV perpetrators through their pattern of assaultive and coercive control compromise the ability of adult victims to parent.

Consequently in order to conduct a competent parenting evaluation, evaluators need to be able

- to routinely screen for domestic violence,
- and if DV is present, to identify who the DV perpetrator is and who the adult victim is, and then,
- if DV is present, to conduct a specialized assessment of DV risks to children and parenting.

For families with domestic violence issues, the specialized domestic violence assessment informs the evaluator's assessment of the parenting capacities of each parent and the children's needs. Domestic violence is not the only factor considered for a parenting plan, but when present in a family, it is a central issue that permeates all the other issues of the family.²¹ Consequently, it must be first identified and assessed, and then addressed specifically in both the evaluation process itself and in parenting plan recommendations for the best interests of the children.

Impact of Domestic Violence on Children and Parenting

CHILDREN

Domestic violence impacts children in a wide variety of ways:

- **Physically:** death, injuries (permanent or transitory), non-injury related health consequences such as stress-related or aggravated medical conditions (e.g. asthma, sleep disturbance, anxiety, obesity, Lupis, etc) or medical conditions directly resulting from the abuser's conduct (e.g. abuser not following medical protocol for child in order to control adult victim).
- **Psychologically:** children who experience intimate partner violence have a high risk for problems in child attachment patterns, cognitive development, identity of self, emotional well being, etc. Domestic violence has the potential to derail a child's normal progress through developmental stages.
- **Loss of access to resources:** safe child care, education, stable home environment, health care, positive parenting, and relationships with family, friends, and community. Loss of

²¹ For family law cases, WA state law also mandates that the court provisions related to DV be determined prior to undertaking a general "best interests of the child" analysis.

access to these resources, in turn have negative physical and psychological consequences to children.

The effects of DV on children vary greatly depending on the following factors:

- The specific tactics the DV perpetrator uses against the adult victim as well the intensity, severity, frequency, and chronicity of those tactics
- The age, developmental stage, gender of the children
- Protective factors in the child, adult victim, DV perpetrator, and the community.

Short term or long term harm to children comes not only from their experience of or exposure to the DV perpetrator's acts of violence against person or property, but also from exposure to the pattern of abusive control enforced through the perpetrator's non-violent tactics, such as intimidation, isolation, emotional abuse, control of resources, abduction, sabotaging the parenting of other parent, and /or perpetrators failing to parent in best interests of their children, etc.²² Consequently, assessing impact on children requires gathering information about and evaluating all the effects to the child due to the perpetrator's violent conduct as well as due to the abusive, controlling conduct.

Using the specialized DV assessment described in Section Four, evaluators consider not only what harm to the children has already occurred or continues to occur, but also what the future risks of harm are due to the ongoing domestic violence. For example, the child may be terrorized due to exposure to severe violence or highly anxious due to being forced to participate in the psychological abuse of the adult victim. This is harm that has been already been done and should be addressed in the parenting plan recommendations (e.g. a temporary cooling off period of no contact with DV perpetrator to allow a child to re-stabilize a sense of safety with the adult victim). Or the child may be in danger from exposure to risks of harm from ongoing domestic violence, such as risks of future physical or psychological injury. No harm has occurred yet but the assessment indicates high risk for future harm. A parenting evaluation of future risks would include specific recommendations for the parenting plan to mitigate those identified future risks. For example, parenting plan may recommend supervised parental access until the DV perpetrator has demonstrated both a change in stopping abusive conduct and an awareness of impact of past conduct on the child.

PARENTING

DV Adult Victims as Parents

As parents, domestic violence victims are not significantly different as a group from parents who are not domestic violence victims. Multiple studies (Jaffe, et al, 2008) have failed to

²² See online resources <http://www.mincava.umn.edu> for research on impact of domestic violence on children.

identify significant differences between groups of battered and non-battered women in terms of their parenting practices. One study of mothers and children in a battered women's shelter found that "the vast majority of mothers and children agreed that the mothers were available to their children, closely supervised their children, and enjoyed being parents". (Sullivan, 2007) However, the same study found that the domestic violence abuser's assaults and abuse of the victims did increase the adult victims' parenting stress, which then had a direct impact on children's behavior problems. DV victims' parenting improves once they are safe and free of the excessive control of the DV abuser.

In summary, DV perpetrators impact adult victims' parenting in variety of ways:

- Domestic violence victims' parenting is often directly undermined by DV perpetrators (e.g. repeated verbal attacks about the victim's parenting, demands that children do things in direct opposition to the adult victim's household rules, etc.)
- Sometimes adult victims' parenting may be temporarily compromised by injuries, stress, isolation, and economic vulnerability due to the abusive tactics.
- Some DV victims abuse substances as a way of coping with the physical and emotional pain of DV victimization or their mental health issues (depression, anxiety, etc) may be greatly aggravated by the perpetrator's conduct.
- Others may have substances abuse or mental health issues that predate the relationship. The domestic violence may have aggravated those preexisting conditions. For example, the DV perpetrator may have interfered with the adult victim getting effective treatment during the relationship and now claims the adult victim is unfit to parent.

Consequently, parenting evaluators must assess the parenting issues of adult victims in context of the ongoing abuse and make recommendations that address that context as well as any negative parenting issues stemming from or predating the DV relationship.

Domestic Violence Perpetrators as Parents ²³

Unlike domestic violence victims, domestic violence perpetrators **do differ** from parents in general. A domestic violence abuser's violent and controlling behavior can harm children in variety of ways:

- Physical or sexual abuse of children: DV abusers are much more likely to physically abuse their children. ²⁴ They are also up to four times more likely than a non-batterer to be an incest perpetrator (McCloskey, Figueredo & Koss, 1995).

²³ Bancroft, L. & Silverman, J. (2002). *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage; and Edleson, J.L. and Williams, O.J. (2007). **Parenting by Men Who Batter: New Directions for Assessment and Intervention**. Oxford University Press.

²⁴ Straus, M. "Ordinary Violence, Child Abuse, and Wife-Beating: What Do They Have in Common?" In D. Finkelhor, R.J. Gelles, G.T. Hotaling, and M.A. Straus (Eds.) **The Dark Side of Families: Current Family Violence Research** Beverly Hills: Sage, 1983).

- Exposure to ongoing DV: DV perpetrators often expose children to ongoing violence against the other parent even after separation or divorce, and /or against a new partner. Sometimes perpetrators coerce children to participate in the physical or psychological abuse of the adult victims or other adult caretakers.
- Use of children to control adult victims: DV abusers may use the children as weapons against the DV victim by making false accusations to CPS, threatening custody fights, using visitation with the children to interrogate them about the victim's activities, or insisting on excessive control over the adult victim through the child (e.g. intrusive use of cell phone contact with the child, constantly changing visitation plans, etc) ²⁵

In addition to harm and danger that DV perpetrators create for children by battering their caregiver or abusing the children directly, DV perpetrators also impact children negatively by

- Emotionally abusing parent and/or child,
- Undermining parenting of adult victim, preventing or undermining the adult victim's caring for the children²⁶ or retaliating against the DV victim for efforts to protect the children, etc.
- Sowing divisions within the family (e.g. causing splits in sibling relationships, splitting children's relationships with extended family members, etc.)
- Undermining the ability of professionals, CPS, and other adults to intervene and protect children
- Creating chaos for the children by repeated family law motions and request for modifications, etc.
- Creating role models that perpetuate violence and abusive control in future generations

Domestic violence perpetrators exhibit a broad range of parenting capacities (Bancroft, et al, 2002).

- Some domestic violence perpetrators may see their children (and partners) as merely extensions of themselves or objects they own, as opposed to vulnerable, individual people deserving of care and dignity in their own right.
- Some have very rigid, authoritarian parenting styles which can be detrimental to the child, even post separation. The DV perpetrator may be severely controlling of children

²⁵ See Appendix A for list of tactics used by DV perpetrators to control adult victims through children both before and after separation.

²⁶ In child welfare setting this may be mistakenly identified as intentional neglect or failure to protect on the part of the adult victim. For example, the DV perpetrators may threaten adult victims with violence toward the child if they tell the child's health care provider about the DV. Child welfare may then assess the adult victim's behavior as failure to protect without knowing the violence context and the multiple informal protect strategies those adult victims engage in on behalf of the children.

and/or harsh in discipline. This can intimidate children, re-trigger traumatic memories of past exposure to violence, and impede children's recovery from prior trauma.

- Some endanger children through neglect. Some domestic violence perpetrators focus so much attention on controlling and abusing their intimate partners that they neglect the needs of children or neglect the child more identified with the adult victim. For example, they may not set appropriate limits regarding nutrition, sleep, schooling, exposure to sexually explicit materials in order to manipulate children's affection away from the adult victim.
- Other DV perpetrators may take their role as a parent seriously and wish to improve their ability to act as an appropriate parent. They may demonstrate skills in parenting that could greatly benefit the children if the perpetrators could redirect their focus to the needs of the children rather than on controlling the adult victim.
- Parenting evaluators must carefully assess DV perpetrators' parenting capacities, specifically in context of their patterns of assaultive and coercive behaviors. Perpetrating domestic violence against a child's caregiver, whether or not the children are also physically assaulted, reflects directly on an individual's ability to make appropriate parenting decisions and to place the needs of children before one's own needs. While some DV perpetrators can take responsibility for their actions and recognize the negative impact of their behavior choices on children, others do not. It is perpetrators who respond positively to accountability and engagement directed at changing their behavior who become safe and responsible parents. DV perpetrators who do not take responsibility for their abusive conduct and its impact on the children do not make changes and remain a risk to their children. The recommendations for the parenting plans would be very different for these two groups of DV perpetrators. See Section Five for discussion of differential parenting plans.

Importance of Using Behavioral Definition of Domestic Violence

“Domestic Violence 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”²⁷

The DV perpetrators' abusive tactics include, but are not limited to, physical abuse, sexual abuse, terrorizing tactics (e.g. stalking, use of or threats of violence against victim, children, others, or property), physically and/or psychologically isolating the victim, repeated attacks against the victim's competence alternating with use of indulgences, control of family funds and resources, and the use of children to control the adult victim (e.g. physical/sexual/emotional abuse of children, using children as hostages, conducting surveillance of victim through the children, rigid control of children's activities, sabotaging adult victim's parenting, etc.).

²⁷ 2006 **Judges Domestic Violence Manual**, pg.2-2.

The effect of this pattern of behaviors is to increase the abuser's power and control in that relationship, often at the expense of the best interests of the children, and at the expense of the parenting of either the adult victim or the perpetrator.

In conducting parenting evaluations it is important for evaluators to use the behavioral definition of domestic violence, paying attention to both the assaultive conduct and the coercive conduct as well as to the pattern of behavior, rather than just to isolated individual events of physical violence. It is both the assaultive and coercive conduct over time that has such a negative impact on children and on parenting.

Key elements of behavioral definition of domestic violence:

- perpetrators' use of physical force or the credible threat of physical harm
- **combined with** the use of non physical coercive tactics
- demonstration of a pattern of behavior, not isolated individual event; a pattern is established by one or more episodes of using physical force or credible threat of physical harm combined with non physical coercive tactics. So there may be a single episode of the use of physical force or of credible threat of physical harm followed, by multiple episodes of coercive tactics or there may be multiple episodes of physical force and non physical, coercive tactics.

Legal definitions of domestic violence vary greatly depending on the court (civil or criminal) and the specific court proceeding (e.g. civil DV protection order vs. anti-harassment/stalking orders vs. limiting factors for parenting plans, etc). See WA Judges Manual for comparison of behavioral and legal definitions. Parenting evaluators should not limit their evaluations to using the legal definitions of domestic violence. Doing so, evaluators are likely to miss details of the DV pattern that are critical to the complexities of a parenting evaluation.

The use of the behavioral definition of domestic violence allows the evaluator to gather the behavioral details needed for

- routine screening of DV;
- identification of the DV perpetrator and the adult victim;
- assessment of dangerousness, and imminent danger
- assessment of the DV risks to children and parenting.

While the behavioral definition overlaps with each of the legal definitions, it is more comprehensive. With the use of the behavioral definition, less risk exists for excluding parts of the pattern that may be very significant in understanding the safety or coercive control issues of a particular case. Just as a parenting evaluator would assess for possible substance abuse of

either parent without being limited to a “legal” definition of substance abuse, evaluators should use the behavioral definition of domestic violence for parenting evaluations. Family law lawyers and the courts then consider that information to make the relevant legal decisions regarding the case.²⁸

There is ongoing discussion (Jaffe, et al, 2008) and research (Kelly & Johnson, 2008), regarding different **sub** types of domestic violence, especially in light of the need for differential parenting plans for domestic violence cases. The behavioral definition is consistent with these sub types of domestic violence which will be discussed in more detail in Section Five.

Domestic violence is learned behavior, set in the context of learned attitudes and beliefs of the individual using the behavior. DV is a pattern in the perpetrator and is not caused by the victim’s behavior. While domestic violence is located in an intimate relationship, it is not caused by the relationship, but over time has a significant impact on the relationship. DV conduct is under the control of the abuser and not under the control of the adult victim or children.

Key Points: Adult Victims and DV Perpetrators

Adult victims

- **All groups:** Adult DV victims may be of any age, ethnicity, race, religion, educational level, economic class, sexual orientation, and employment status. Adult victims come from all personality types. No personality test will tell evaluators whether or not someone is an adult victim of domestic violence.
- **Minimization, denial and lying:** Domestic violence impacts adult victims in a variety of ways. They may present as very dependent, assertive, aggressive, articulate, calm, hysterical, angry, organized, scattered, etc. Sometimes in initial interviews they appear more dysfunctional than their abusive partners. Adult victims may minimize and deny the domestic violence as a way to protect themselves and their children from the abuser. Or they may accurately describe what their experiences have been. Often it is very difficult to know from initial interviews or from psychological tests, whether what is being expressed is due to the specific domestic violence context or to issues that predate the abuse or to a combination of issues that are aggravated by the domestic violence.
- **Perpetrators, not adult victims, are responsible for changing the DV conduct:** Being a domestic violence victim is the result of the conduct of another and each identified adult victim needs to be assessed in the context of the specific pattern of domestic violence

²⁸ For example, the parenting evaluator in describing the domestic violence pattern they identified in a particular case as including certain behaviors which the lawyers and court see as fitting a finding of domestic violence mandating certain provisions in the parenting plan, For another case that evaluator identifies a domestic violence pattern that for legal professional fits the finding of the abusive use of conflict with discretionary limits. Both cases had domestic violence that needed to be considered in the parenting plan. Parenting evaluators do not make legal distinctions, but rather use the behavioral definition of domestic violence to determine whether or not there is domestic violence. And if there is domestic violence, to assess that conduct in light of the considerations for a parenting plan.

they are experiencing. While adult victims can be protective parents, they cannot change their abusive partners.

Domestic Violence Perpetrators

- **All groups:** Domestic violence perpetrators represent all ages, ethnicities, religions, educational levels, economic classes, sexual orientations, and employment. DV perpetrators also come from all personality types. No personality test will tell evaluators whether or not someone is a DV perpetrator.
- **Minimization, denial and lying:** Domestic violence perpetrators may present as very dependent, assertive, aggressive, articulate, calm, hysterical, angry, organized, scattered, manipulative, controlling, charming, remorseful, etc. They may minimize, deny, and lie, sometimes to avoid the consequences (e.g., a poor parenting evaluation) and sometimes to avoid the personal discomfort or pain of recognizing the impact of their conduct on those they love (adult victim or children).
- **Positive qualities** of the DV perpetrator may include being a good worker, neighbor, conversationalist, etc. These positive qualities do not mean the domestic violence did not really happen or that the DV is no longer a risk factor. It may be confusing for evaluators assessing domestic violence perpetrators who exhibit positive qualities i.e. charming, well spoken, etc. Regardless of the parent's presentation, evaluators need to conduct the DV routine screening protocol and then specialized DV assessment for cases where DV is identified.
- **Perpetrators responsibility for the DV conduct:** Domestic violence perpetrators have control over their use of their abusive conduct. Their capacity to parent safely and responsibly has to be assessed in light of their willingness to take responsibility for the abusive conduct and to make changes.

Routine Screening for Domestic Violence in all Parenting Evaluations

Given the potentially lethal nature of domestic violence as well as the high incidence of domestic violence in family law cases, routine screening for domestic violence becomes a critical first step in improving both parenting evaluations and the parenting plans that flow from them (Jaffe, et al 2008). Some cases coming to the court's attention have domestic violence issues while others do not. Using a routine screening protocol allows that evaluator to sort those cases with domestic violence from those cases without domestic violence.

Purpose:

The purpose of routine screening for domestic violence is twofold:

- to routinely identify **whether or not** there is domestic violence and
- if present, to identify who the adult victim is, and who the DV perpetrator is.

The routine screening protocol for DV should be conducted by parenting evaluators in all cases, whether or not there is an allegation of domestic violence. Both perpetrators and adult victims have multiple reasons for minimizing, denying, or lying about domestic violence and therefore may not make any domestic violence allegations. For example, DV perpetrators may minimize, deny, or lie about domestic violence because they may genuinely believe that their conduct does not fit their definition of domestic violence. They may blame the victim for their engaging in the conduct. They may want to position themselves in the best light for gaining control over the children in order to maintain control over their victims. Adult victims may minimize, deny, or sometimes lie about domestic violence for various reasons: they genuinely may believe that their experience does not fit the definition of domestic violence, their lawyers may advise them not to bring up DV issues in order to have a more positive parenting evaluation and/ or to have mediation go smoother, or the victims fear they cannot protect the children or themselves if their DV perpetrators escalate as they discover that the DV has been revealed.

Even for those family law cases where allegations of domestic violence are made, the use of the routine DV screening protocol increases the likelihood of the parties self disclosing the information needed to determine whether or not DV is occurring. Research indicates that significant proportion of high conflict cases involve allegations of domestic violence, and research also indicates that the majority of those allegations of child abuse and or domestic violence are substantiated. (Jaffe, et al, 2008). An individual parenting evaluator considering an individual family's allegation of domestic violence needs a systematic way to weigh whether or not certain conduct is domestic violence.

The brief routine domestic violence screening protocol promotes early detection and alerts evaluators as to which cases need the specialized DV assessments (see Sections Three and Four), and which do not. Routine screening should be done early in the parenting evaluation process since domestic violence is ongoing and often continues during the parenting evaluation process and the family court proceedings. Domestic violence effects how adult victims or perpetrators function during the evaluation process. Undetected domestic violence can pose a threat not only to the family members being evaluated, but also to evaluators and other professionals involved in family court proceedings.

Furthermore, if the DV is not identified early in the evaluation process, the evaluator's ability to accurately assess the parents on other issues related to the parenting evaluation is greatly compromised. Domestic violence skews family member's presentation of the issues being evaluated. For example, without knowing the DV context of the parenting conduct, the evaluator may mistakenly identify an adult victim's protective strategies as undermining the DV perpetrator's desire to parent or even as "parental alienation syndrome"²⁹. Or without knowing the DV context, the evaluators may misinterpret the child's anxious attachment to the DV perpetrator as a child preference for parental access arrangements. Routine screening for

²⁹ See discussion of research on Parental Alienation Syndrome in Jaffe & Crooks, 2007).

DV in all cases is both an effective and efficient approach for identifying domestic violence, and it sets the stage where needed for the specialized assessment of DV risks to children and parenting.

In summary: routine domestic violence screening should be conducted

- whether or not there are allegations of domestic violence;
- in ways that promote safety for all;
- through interviews with both parties in the case,
- through reviews of the records and case materials, and
- when appropriate, through designated collateral contacts.

See Section Two for the Routine Screening Protocol.

Specialized Assessment of Identified Domestic Violence

Purpose:

The purpose of the specialized DV assessment is to assess the risks to children and parenting posed by the domestic violence that has been already identified through the DV screening protocol. It is done only when the domestic violence screen reveals that domestic violence is an issue for a particular case. Some of the inquiry associated with the specialized domestic violence assessment may be used as additional inquiry to clarify the routine screening questions (DV or not? Who is the adult victim?, Who is the DV perpetrator?). However, the purpose of the specialized assessments is both to assess the domestic violence risks to safety, and to assess threats to parenting posed by the abusive power and control issues found in DV cases. Evaluators need to know more about the domestic violence than whether or not it is present in order to produce a useful parenting evaluation. For DV cases, the evaluator needs to be able to make parenting plan recommendations (Jaffe, et al, 2008) in light of the evaluator's understanding of the specific risks of DV to children and parenting in an individual family.³⁰

Not all families where domestic violence is present are the same.

The specialized DV assessment assists evaluators in assessing and responding more effectively to families who have a variety of different domestic violence issues. Recommendations for parenting plan should be tailored to families:

³⁰ A review of parenting evaluation reports too often indicates that if the evaluator discusses DV at all, the focus is usually whether or not there is DV in the case, with very little attention to assessing the specific impacts of the identified domestic violence on children or on parenting in the case. Separating out the tasks of routine screening and of assessing identified DV as two separate steps may bring more clarity to DV issues in the parenting evaluation process.

- where DV perpetrators pose a direct safety risks to the child and adult victim (e.g. child and/or adult victim injured during domestic violence assault, child exposed to escalating violence, adult victim's and/ or child's health shattered by DV perpetrator's conduct, etc.),
- where the DV perpetrators pose risks of harm to the child and parenting through ongoing exposure to abusive conflict and control,
- where DV perpetrators pose risks to the child and parenting by undermining the parenting of the adult victims, and/or
- where DV perpetrators pose risks to the child and parenting by failing to parent (neglect) or by parenting in abusive and controlling ways.

Questions to be answered by Specialized DV Assessment within a Parenting Evaluation

- Immediate safety risks to adult victim? child? Or others? (imminent danger/lethality assessment)
- What is the specific pattern of assaultive and coercive tactics used by this DV perpetrator?
- What are the specific impact/ risks to adult victim posed by this DV perpetrator?
- What are the specific impact/ risks to child posed by this DV perpetrator?
- What are the specific impact on/risks to the parenting of adult victim?
- What are the specific impact on/risks to parenting of DV perpetrator?
- What co occurring issues exist for either parent (e.g. substance abuse, mental illnesses, sexual deviancy, child maltreatment,)
- What cultural issues are interfacing with the domestic violence issues?
- What are the safety risks to either adult victim or child for future? (Danger/lethality assessment)
- Degree of control DV perpetrator is able to enforce? In what domains?
- What are protective factors specific to DV of the following:
 - Of the adult victim,
 - Of the child,
 - Of the DV perpetrator,
 - Of the community?

The specialized DV assessment does not replace the other elements of a comprehensive parenting evaluation (e.g. substance abuse issues, sexual abuse issues, children's positive attachments to each parent, parenting capacity issues, etc.) It is done in addition to assessments of those parenting issues and it informs both the evaluation process and the recommendations for the parenting plan. However, for domestic violence cases, completing this specialized assessment of DV risks, the parenting evaluator may abbreviate the inquiry on some of the more traditional sections of the

parenting evaluation because they will already have much of the needed information from the DV assessment. The findings from the specialized DV assessment allow evaluators to integrate DV-specific information into a comprehensive parenting evaluation and to tailor their recommendations for the parenting plans to the specific risks and strengths of a particular family.

In summary: specialized assessment of DV risks to children and parenting should be conducted

- whenever domestic violence has been identified in the case;
- in ways that promote safety for all;
- through interviews with both parties in the case;
- through reviews of the records and case materials; and
- where appropriate through designated collateral contacts.

Section Three focuses on the protocol for the Specialized Assessment of DV Risks to Children

DV Assessment-Based Differentiated Parenting Plan Recommendations

The foci of this practice guide are the procedures for the identification and assessment of domestic violence within parenting evaluations. Once the information has been gathered and integrated into the remaining elements of parenting evaluations, then recommendations for parenting plans in the best interests of the children becomes the final step. For domestic violence cases, these recommendations must be based on the specialized assessment of DV risks to children and parenting. Only then can there be differentiated approaches to parenting plans for DV cases. Jaffe, Johnston, Crooks and Bala (2008) offer a model for differentiated parenting plans based on the understanding of 4 different sub types of spousal assault, the level or risks, and the differential parenting capacities of DV perpetrators and adult victims.

Jaffe and his colleagues recommend a consideration of the potency, pattern, and perpetrator (see Template 5-2 for Table 1) ³¹ in a specific domestic violence case to guide the recommendations for the parenting plan. The information gathered in the Specialized Assessment of DV Risks can answer the questions asked by the Jaffe et al PPP screening. Jaffe and his colleagues offer a range of parenting arrangements for domestic violence cases represented in Table 2 (See Template 5-2 for the Table 2 of Jaffe et al, 2008 pgs. 511- 515). All parenting plans for domestic violence cases are structured to support a parallel parenting model “where each parent is involved in the lives of the children, but the relationship is structured to minimize contact between the parents and to protect the children from exposure to ongoing parental conflict.” (Jaffe et al, pg 516.). The intent of the Jaffe, et al model is not only to protect children from violence, but also from chaos and conflict that results from the abusive control of the DV perpetrator. The well being of children is primary to this model.

³¹ See Table 1 on pg 505 in Jaffe et al, 2008 article.

The specific recommendations for parental access and exchange of children between parents range from supervised exchanged to supervised access to suspended contact. The recommendations for legal custody range from joint custody to sole custody, and for decision making the range is from divided decision making to sole decision making. Section Five will discuss the options in further detail.

Safety First: Interviewing Strategies when Screening, Assessing, and Responding to Domestic Violence in Parenting Evaluations (see Template 1-2, p. 26)

Domestic violence is potentially very dangerous to children, adult victims, domestic violence perpetrators, community members, and even to evaluators. When a parenting evaluator enters a family, either by invitation or mandate, the evaluator may not know whether or not domestic violence is an issue for the family. For those families where there is domestic violence, contact with any system outside the family is often perceived by the domestic violence perpetrator as a loss of control over the family. This is true whether the family is intact or has already experienced separation. This loss of control is often met by domestic violence perpetrators increasing their assaultive and coercive behaviors as a way to regain control over adult victims.

During the parenting evaluation process and family law proceedings, the perpetrators' abusive and controlling tactics may be increasingly directed at the children and the adult victims (e.g. conflicts over residential time with children, exchange points, children's participation in scheduled activities, , etc.) or even at the professionals in the case (e.g. intimidating tactics against professionals during interviews, reports to ethics boards, multiple filings of motions against professional reports, etc.). The DV perpetrators focus is to regain control over the victims, but the abusive and controlling behaviors may be directed at others as a way to keep engaged with the adult victims. Consequently, evaluators should use interview approaches to screen, assess, and respond to domestic violence that increase safety for all.

Safety can be increased not only by the wording of questions or comments, but also by non-verbal communication. While the interview suggestions below may be consistent with good professional practice, they are particularly important safety strategies in interviewing victims or perpetrators of domestic violence.

1. The evaluator should remain calm, matter of fact, and respectful throughout the interviews.

In spite of what evaluators may be hearing or how the party may be acting toward the evaluator, the evaluator should not show anger, judgment, frustration or fear³² in the interviews. A calm, respectful interview style decreases defensiveness and elicits more self disclosure and engagement from the interviewee.

2. Present questions about domestic violence as being routine and as a part of any parenting evaluation with families.

Sometimes family members with domestic violence issues are very defensive about why they are being asked questions about intimate partner violence. Adult victims may be very protective of their children and fear being blamed by DV perpetrators for the evaluator's questions about this topic. DV perpetrators often blame the adult victims for the inquiry. However, avoidance of asking these questions does not keep adult victims and children safe. Presenting such inquiry as routine for everyone can increase safety for all. (See Sections 2 through 4 for lead in statements to communicate routine frame for both the DV screening protocol and the specialized DV assessment).

3. When gathering information about domestic violence, interview family members, as well as third parties, individually.

Schedule the interviews for each party on separate days, including those involving child interviews or observations. DV perpetrators often enforce secrecy about the abuse by monitoring what is said by the adult victims, the children, and other family or friends. They often use children and family members for surveillance of the adult victim or of each other when they cannot be present to enforce secrecy. If domestic violence is revealed with another family member present, note what is disclosed and then schedule separate interviews with the family members in order to assess the detail of the identified domestic violence.

4. For DV screening and assessments, ask questions that encourage parties to give behavioral descriptions of conduct rather than their evaluations of what or why something happened.

For example, ask "who did what to whom?" "Was physical force used against person or property or a pet during the fight?" "Any injuries to anyone?" rather than "were you abused, or did you abuse your spouse?" In DV screening and assessment interviews, evaluators should **avoid using terms like domestic violence, intimate partner abuse, battering, spouse abuse, etc** when talking with the parties. Using behavioral descriptions (e.g. "when you slapped your partner 4 times in the face..." rather than "when you abused your partner...") encourages self disclosure.

³² If the evaluator feels particularly threatened, simply terminate the interview with a statement that evaluator wants the process to go well for the party and reschedule for a later time. This allows the evaluator to get consultation and then to restart the interview. This should be addressed in the report.

5. If domestic violence, the adult victim, and DV perpetrator have been identified by the routine screening protocol or alleged in the case materials, plan in advance how to conduct all follow up interviews, keeping safety paramount.

Whenever possible, interview the adult victim first and gather input from the adult victim regarding any safety issues when conducting interviews with the DV perpetrators. Sequencing the domestic violence screen and specialized DV assessment early in the evaluation process is important. Rarely would DV be the first topic covered, and it should not be done at the end of the evaluation. Sequence the topics for the interviews, starting with standard topics such as the reason for contact. When basics are covered and connections made, only then conduct the DV specific protocols. Since the evaluator is interviewing parties separately, repeat the same sequence of topics for each party (for example if the evaluator has completed the basics and DV screen with one party, the evaluator would not start with the specialized DV assessment protocol or a safety check with other party). Using the same interview sequence with each party is not only important for the integrity of the evaluation process, it is also important for safety reasons. For example, jumping ahead to questions that assess imminent danger without having completed the routine screen may increase defensiveness of the DV perpetrator and may in advertently endanger the adult victim. Following standardized protocols increases safety.³³

6. Obtain On-Going Consultation from DV Specialists.

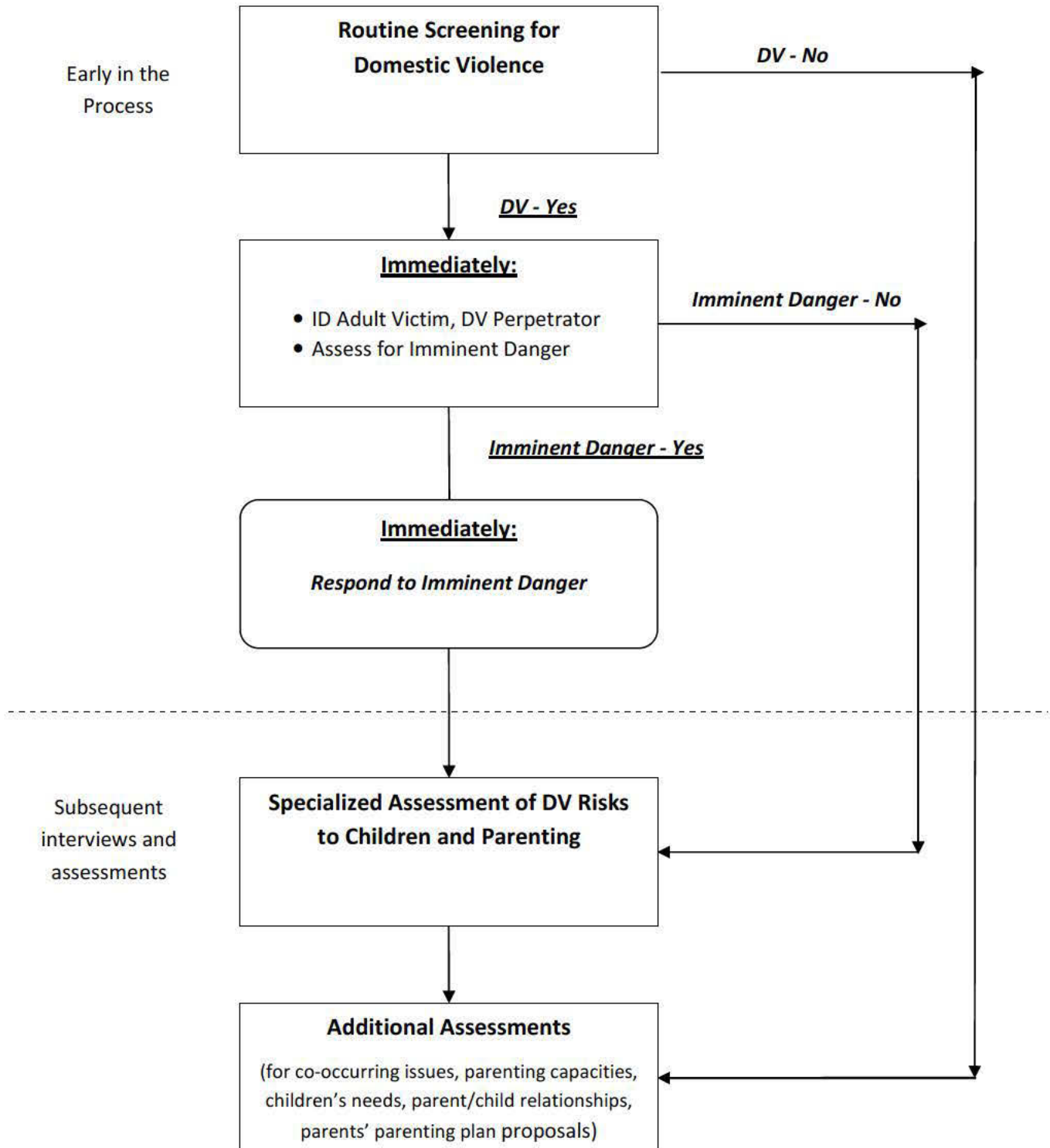
As noted in the introduction, consultation is a safety strategy. Implementing DV protocols and applying what we learn from them to recommendations requires advanced DV knowledge and skills. It is critical to consult with DV specialists throughout the process.

In addition to these general interview safety strategies above, there are specific safety suggestions tailored for each of protocols in Sections Two, Three, and Four.

³³ These approaches also improve reliability and validity of the interviews. Benjamin, 2008, reviewer comment: "Garb (2005) suggested that the unreliability of clinical judgments arise because of the following processes: 1) the lack of consistent definitions regarding the characteristics of the subjects under observation; 2) the differing contexts in which subjects were observed; 3) the differing perspectives of the individual assessors; and the 4) inherent errors within various measurements tools used by the clinicians. Clinical judgment is fallible (Dawes, Faust, Meehl, 1989) and alone, does not suffice to constitute a reliable approach for conducting parenting evaluations. Further, reliance on protocols derived from poorly established and narrow approaches for measuring parenting capacity will collude with the adversarial process of the parties. These assessment procedures for DV are sequenced and comprehensive. If incorporated into the parenting evaluations process in a fair and thorough manner, any findings are likely to be viewed as highly credible..."

Template 1-1

Domestic Violence Screening and Assessment Within Parenting Evaluation Evaluations



Template 1-2**Safety First: Interview Strategies when Screening/Assessing /Responding to Domestic Violence in Parenting Evaluations**

Domestic violence is potentially very dangerous to children, adult victims, domestic violence perpetrators, community members, and even to evaluators. Safety can be increased not only by the wording of questions or comments, but also by non-verbal communication. While the interview suggestions below may be consistent with good professional practice, they are particularly important safety strategies in interviewing victims or perpetrators of domestic violence.

- 1. The evaluator should remain calm, matter of fact, and respectful throughout the interviews.**
- 2. Present questions about domestic violence as being routine and as a part of any parenting evaluation with families.**
- 3. When gathering information about domestic violence, interview family members, as well as third parties, individually.**
- 4. For DV screening and assessments, ask questions that encourage parties to give behavioral descriptions of their conduct, rather than their evaluations of what or why something happened. Do not use DV terms: DV, battering, etc.**
- 5. When domestic violence, the adult victim, and DV perpetrator have been identified by the routine screening protocol or alleged in the case materials, plan in advance how to conduct all follow up interviews, keeping safety paramount.**
- 6. Obtain on going consultation from DV specialists.**

In addition to these general interview safety strategies above, there are specific safety suggestions tailored for each of protocols in Sections Two, Three, and Four.

SECTION TWO

Routine Screening for Domestic Violence in Parenting Evaluations

This section describes in detail the protocol for routine screening for domestic violence. It is designed to be administered in all cases, and not just where there have been allegations.

It is carried out early in the evaluation process and shapes future steps in parenting evaluations.^{34 35} Early identification of DV also allows evaluators to conduct parenting evaluations in ways that increase safety of parents, children, and evaluators during the process.

As part of this routine DV screening protocol, each parent is asked to describe their own behavior as well as the behavior of the other parent in a structured interview process. **It is the evaluator, not the parent, who determines whether or not the described conduct fits the behavioral definition of domestic violence.** The same screening questions are also posed as the evaluator gathers information from the review of all case materials and from designated collateral interviews. The focus in the routine DV screening protocol is screening for conduct that is particularly salient to parenting and parenting plans (e.g. domestic violence), rather than screening for allegations that one parent makes against another.³⁶

The screening procedures/techniques recommended below have been developed and refined in settings (e.g. health, mental health and child welfare) that use routine screening protocols

³⁴ For those evaluators who use an allegation driven format (Benjamin & Golan 2003), and /or survey instruments such as the Parenting History Survey, (Greenberg & Humphries, 1998) , the routine screening for DV and the specialized DV assessment protocols should be carried out prior to the other allegation based interviews and surveys. Dr. Benjamin recommends; “the screening questions of these guidelines can be incorporated into the first structured interviews of the parties so as to appear embedded among long list of routine questions about behaviors effecting parenting.” If allegations of domestic violence appear prior to the structured interviews, then the alleged adult victim would be interviewed first, but both parties would be interviewed using the routine screening format.

³⁵ Routine, behaviorally based DV screening protocols have been shown to increase identification of both DV victimization and perpetration in a variety of settings (e.g. health, child welfare, mental health).

³⁶See Benjamin& Golan, 2003 for description of allegation driven format in parenting evaluations and for sample of allegation based inventory, Parenting History Survey, Greenberg & Humphries, 1998. Allegation- based inventories and interviews tend to first elicit one parent’s allegations about the other parent and /or their perceptions of what allegations the other parent may make about them. Much of parenting evaluation then is becomes focused on evaluating the competing allegations rather than on conduct of each parent. While the allegation driven model may seek behavioral descriptions of certain conduct of each party, it is done only if one party makes an allegation related to the conduct. In contrast to this approach used for possible DV, substance abuse is treated differently in the allegation- based format. For substance abuse, a semi -structured interview is used to ask each parent to answer questions about his/her own conduct regarding substance use as well as about the other parent’s substance use (Benjamin & Golan, 2003, pp. 197). These guidelines adopt that approach of each parent commenting on their own conduct for routine screening and assessing domestic violence.

rather than allegation driven procedures for variety of issues in addition to domestic violence, such as substance abuse, sexual abuse, a variety of health issues, etc.³⁷ The reliability of the approaches described in this section to gather valid information partly stems from having methods that are used with everyone and not just to evaluate allegations needing corroboration.³⁸

Domestic Violence Routine Screening Procedures/Protocol:

DV screening procedures are brief and focused. They are not meant to be exhaustive, but only to answer whether or not DV exists in the family. Not all marital conflicts are domestic violence and not all violence in families is domestic violence. (E.g. child abuse, sibling violence, elder abuse, illness based violence are not DV). The DV screen does not provide the additional information needed to address the multiple and complex parenting plan issues raised when DV is identified in a case. The reliability and validity of the protocol rests as much with the approaches and process used by the evaluator as with the structure of the inquiry.

Evaluator considerations when conducting the screening protocol

- Routine screening for domestic violence in parenting evaluations is conducted primarily through interviews with the parties of the case. While multiple sources of data are considered (see below) and some corroborating data may be part of the process, screening for DV is primarily carried out through the interviews with both parties. The evaluator considers both the information provided by each party and how the parent participates in the interviews. This DV specific protocol is carefully designed to promote self disclosure on the part of both parties.
- **DV evaluations conducted by other professionals.** Sometimes a separate DV evaluation has been done prior to the order for a parenting evaluation or it may be requested by the parenting evaluator. In either case, information from the Domestic Violence evaluation should be available to the parenting evaluator at the beginning of the process, rather than at the end when the final report is being written. For safety reasons in DV cases (see Section Three on assessing imminent danger), information from the specialized domestic violence assessment needs to inform the parenting evaluation process itself. The DV evaluation also assists evaluators in understanding of other

³⁷ Because of co-occurring issues and the power of undetected domestic violence to derail issues, routine screening for domestic violence has also been recommended for family law practice (ABA), in probation services, and in a wide variety of treatment settings.

³⁸ Dr. Benjamin review edit comment: “ the same screening questions are used are asked of both parties on separate occasions to reduce clinical judgment errors by engaging in a standardized interview process (Garb, 1989; 2005). The clinical judgment errors of over reliance on memory, confirmatory and hindsight bias and over reliance on unique data are further minimized by building the evaluation report on the day of the interview of each party so details and nuances of party behavior will be accurately recorded. An additional check for accuracy of the interview data is obtained by sending each party their own sections for review and additions.”

components of the parenting evaluations: parenting capacities of each parent, each parent's relationship to the child, etc. All DV specific evaluations should be integrated into the parenting evaluation and addressed in the final report. When the parenting evaluator conducts their own DV screen and specialized DV assessment, the evaluator would discuss both the original DV evaluation and the updated assessments in their report.

- **Other sources of data for DV screening purposes:** The evaluator considers all case materials available at the time of the DV screening, such as declarations from the parties, legal filings, reports by other professionals, employment records, police reports, court records, supportive declarations, etc. The evaluator may ask that certain written materials be submitted prior to interviews with parents. In certain cases the evaluator may also pose the routine DV screening questions to third parties in designated collateral interview (see suggested format below).³⁹
- **Psychological testing is NOT appropriate for DV screening purposes.** Domestic violence is a behavior problem and not a psychological problem. It is carried out by individuals with a wide variety of personality profiles. While such testing may be very relevant to other aspects of a parenting evaluation (e.g. mental health issues impact on parenting capacities, in weighing the amenability of an abusive parent to make needed changes, etc.), it is inappropriate to use psychological testing either to screen for domestic violence or to determine which party is the adult victim and which is the DV perpetrator in cases where DV has been identified. Also psychological testing has limited usefulness in assessing reliability of self reports during interviews. The reliability scales on most psychological tests simply inform the evaluator how reliable the party was in answering the test questions, but not about the party's reliability in other settings such as interviews.⁴⁰
- **Limitations of domestic violence risk assessments as DV screening tools.**⁴¹ There are a wide variety of domestic violence risk assessment tools that have emerged in the past 15 years. They have been developed for use in wide variety of settings (for criminal court, probation, treatment, and survey research) and for variety of purposes (e.g. to predict future incidents of criminal behavior, to measure historic behavior, to measure dangerousness). Some tools focus almost exclusively on physical violence, without defining it. Few measure the coercive controlling tactics. Some are instruments completed by the party. Some are completed by an outside evaluator (e.g. probation officer) screening a variety of factors in a case (e.g. criminal history, etc). Some are to

³⁹ "If the evaluator is using the Benjamin & Golan protocol, collateral materials are reviewed after both parties have been interviewed and parent/child observations have occurred on separate occasions. All data emerging for each step of the evaluation process are written as the process unfolds." Review edit comment G.A. Benjamin, 2008.

⁴⁰ American Psychological Association: (1998). *Potential problems for psychologists working in the area of interpersonal violence*. <http://www.apa.org/pi/potential>html>

⁴¹ See **Leadership Council of Child Abuse and Interpersonal Violence** <http://www.leadershipcouncil.org/1/pas/2.html> for review of DV assessment instruments.

assess for future risk once domestic violence has been identified, but do not screen for DV. Some have been researched for validity and reliability and most have not. Some suffer from the limitations of written self reports. Others are limited by their use of variables based on aggregate data from non matching samples. None have been specifically tested for the various parenting evaluation settings (dependency vs. family court). While they may be useful in confirming the identification of DV in a case where individuals already self report their DV conduct, absence of a finding of DV on such a tool does not confirm that DV has not occurred. Even in cases where both parties answer no DV conduct, the tools cannot confirm that there has been no DV conduct in the relationship, since both DV perpetrators and victims may deny DV conduct for wide variety of reasons.

- **Culturally competent interviewing and screening.** For both the DV screening protocol and the specialized DV assessment (see next section), use culturally appropriate interview strategies with the parties (for example: certain language for spouse, wife, husband, partner, boy friend, girl friend works for some cultural groups and not for others, etc). The words we use often effect the kind of answers we get. Avoid cultural stereotypes that the domestic violence is more acceptable in some cultures than others. Some DV perpetrators use cultural references to justify their behaviors by taking cultural values out of context and without referencing the cultural values that contradict their rationalizations. Also DV perpetrators often use the culture of the adult victim in their tactics to maintain power and control over them (e.g. threats to isolate them from cultural practices, threats to “out” them at work, threats to shame them before community elders, preventing them from being interviewed separately for religious reasons, etc.). Culture not only influences the tactics used by the perpetrator, but also the resources available to support change for the family.

Interview strategies

- **Safety First:** use techniques of Template 1-2 (p. 26).
- **Sequencing the DV screening protocol:** The DV screening protocol should be conducted during the stage of the interview when the evaluator is screening for other issues: substance abuse, child maltreatment, severe mental issues, significant health issues, etc. This approach reinforces the routine nature of the questions.⁴²
- **Schedule sufficient time:** Evaluators should not start a routine DV screen unless they have time to complete it in that one interview without being rushed. It is better to

⁴² Parenting evaluators who use the allegation based inventory/interview formats should plan carefully how to sequence the routine DV screening procedures within their structure. The DV screening protocol should be carried out prior to the parents completing inventories/interviews about allegations in order to avoid setting up the “he said, she said dynamic.” Once the domestic violence screening protocol (and if necessary, the follow up Specialized Domestic Violence Assessment, see next section) has been completed, then the allegation inventories and interviews can be completed with the parents in order to consider the other relevant parenting issues. Evaluator would then integrate what they learned from each format.

schedule the topic for an interview slot when there is time to both complete screen and respond to any imminent safety issues that may be raised (see next session).

- **Establish a connection with each party:** DV Screening questions are not presented as the first line of inquiry in a case, but follow initial contact (e.g. review of parenting evaluation process, role of the evaluator, limits to confidentiality, signing the respective documents, and gathering basic demographic material). Convey respect and compassion for all parties. Communicate clearly defined role of evaluators (as opposed to therapists) who base their findings and recommendations on all the information gathered, on their professional expertise, and in the best interests of the children.
- **Evaluator presents as a gatherer of information, not as an interrogator.** Remember this is just for screening purposes (DV or not? And if DV is identified, adult victim? And If DV, the DV perpetrator?). And the interview should not be conducted as an interrogation. Additional questions to assess any identified DV are described in the specialized DV assessment section three of the guide. Questions may vary depending on who is being interviewed and the style of the evaluator.
- **Do not use terms like “domestic violence”, “abuse”, and “battering” during the interviews⁴³:** Even if the party uses the terms, part of remaining objective in carrying out the protocol is to avoid using those evaluative terms. Also the parties (and others involved in the case) have varying definitions of the terms, which shape their responses to the evaluator’s questions. A party may genuinely say there is no DV when there is or that there is DV when there is none, based on their personal definitions of the term (e.g. “DV is when someone is beaten and requires medical attention” or “DV is when you are so beaten down that you cannot leave the relationship.”)
- **Routine Framework: Lead in and framing statements.** Before asking DV screening questions, use lead in statements that set the routine nature of asking about these issues in all evaluations.
- **State the time period being screened.** The time frame being considered for screening is from the outset of the relationship to the present and not just during the marriage or just prior to separation. DV screening questions pertain to the entire period of the relationship: initial phase, marriage, separations, to current date. The use of, or credible threat of physical force is key to the behavioral definition. Consequently screening questions focus inquiry about possible use of force or credible threat. Such conduct can vary greatly during the course of the relationship, and sometimes is missed because the reporter did not consider conduct throughout the entire time period of the relationship. The use or threat of physical force against the partner may have occurred early in the relationship and the perpetrator maintained the power and control through other non physical tactics. The use of (or the threat of) physical force may resurface at separation. The use of or threat of force may be episodic or continuous over time or only it re emerges in the last stages of the relationship or even post separation.

⁴³ The parent evaluator should use Domestic Violence terms in their report for the court and provide the behavioral definition of DV used in screening or assessment protocols. Not only do the parties have varying definitions of domestic violence so do evaluators, lawyers, the court, etc. (See format of report section).

- **When screening, ask parallel questions so both parties are reporting on what they did to the other and what was done to them.** Sometimes the evaluator may use a combination of interview questions for screening. Each interview should be prepared and scripted in advance. Note the answers and follow up questions as the interview progresses to keep interviews standardized.

DV Screening Protocol:

Sample lead in and framing comments and questions with the parties are:

Use lead-in, framing statements such as, “I have a few routine questions that I have to ask in all interviews. It may sound like I am jumping around, but they help us to get the big picture of what is happening for the family.” This can be followed by a general but focusing statement: “All couples (even non divorcing couples) have conflicts. I would like to understand how you and the other parent communicate when in conflict (fighting, arguing, etc.) with each other. So I have some questions about that.” This type of lead-in helps to set the routine and matter-of-fact frame for the questions.

Three DV screening interview approaches for routine screening: ⁴⁴

There are three different methods for routine screening. Evaluators can choose one based on their or their client’s style, specific circumstances, or comfort in the interview process. All are designed to increase self disclosure of conduct in the most efficient way possible.

1. Direct questions about key conduct:

- “Have you used or threatened to use physical force against person or property in argument (fight, conflict, etc) with the other parent?”
- “When fighting (arguing, etc.) with your partner, have you used physical force against person or property?”
- “When fighting (arguing) with you, has the other parent used physical force against person or property?”
- “Have you displayed weapons during arguments or followed the other parent?”
- Has the other parent displayed weapons during arguments or followed you? This is approach to screen for conduct that establishes credible threat of physical harm such as waving a knife during argument, stalking, etc.)

⁴⁴ In treatment settings, therapist doing routine screening often start with more general question such as “All couples have difficult times; I am wondering what happens when you or the other parent disagree or are having a hard time. How do you fight? How have you fought in the past? “Has your partner harmed/hurt you? Describe how ...“Have you harmed/hurt your partner? Describe how? This usually takes more time and is less appropriate for evaluator setting.

If the parent answers affirmatively to any of the above, ask for description of the event: when did this happened (date)? Time of day? Location? Anyone else present? Ask for brief description of who did what to whom? If there has been more than one such episode, ask for description of at least one additional event, the worse, if not previously described. Ask how often fights get physical?

2. Multiple choice questions with behaviorally descriptive options:

Sometimes giving multiple choice options: *have you ever slapped, pushed, hit, shoved, thrown your partner* allows the party to reflect on and acknowledge specifics behaviors. Giving only physical abuse options often allows abusers to acknowledge what they consider the least serious (and therefore not really domestic violence). For those not using physical force, they often just state they “do not do any of that stuff” and they go onto to describe the ways they act during arguments or conflict.

Sample multiple choice questions follow:

- “Have you shoved, grabbed, slapped, hit, or threatened to physically harm the other? Has the other parent shoved, grabbed, slapped, hit, or threatened to physically harm your?”
- “Have you been hit, hurt, or harmed by the other parent? Have you hit, hurt or harmed the other parent?”
- “Has your partner pushed, shoved, hit, or threatened you? Caused physical pain? Describe what happened. Tell me about that time.”
- “Have you pushed, shoved, hit, or threatened your partner? Describe what happened. Tell me about that time.”
- If the parent answers affirmatively, ask for behavioral description of the event. Cue the reporter by asking when did this happened (date)? Time of day? Location? Anyone else present? Where were the children? Then ask for description of the interaction: who did what to whom?

3. Ask for descriptions of specific events:

Without asking multiple choice questions, screen by asking directly about events where physical force has been used by either party.

- “All couples have fights; describe what happened in the worse one? “Or one where it got physical? Who did what to whom?”
- Cognitively cue them to describe actual episode rather than to talk in generalities: “when did this happened (date)? Time of day? Location? Anyone else present?” Ask for description: “who did what to whom?” Cognitive cueing helps individual to go back to descriptive memory storage and to avoid initially just providing their personal evaluations or the meaning of the events (“it was horrible” ...or “it was no big deal...”)

4. The interview process:

Regardless which of the above interview format used, the evaluator should be aware of the following:

- **Redirect interviewees to provide behavioral descriptions:** Often people want to go into great detail of why the fight happened, or why they did what they did, or about the consequences of the fight. Be aware of subtle shifts to tangential statements or questions which side track the interview. Respectfully redirect them to behaviorally describe the event as if you were together watching a video (DVD) of the event. “What would I see happening if we were watching the video of this right now? What did you do next? What did the other parent do next?” etc.
- **Minimization or denial:** When individuals describe their assessments of events, they may slip into minimization or denial for variety of reasons (e.g. they are embarrassed by what they did, they are afraid the other parent will find out that they told a family secret, their lawyer told them to only answer questions directly asked of them or not to say anything negative about the other parent, they are afraid they will lose access to the children, etc.). Supporting a focus on conduct reduces minimization or denial.
- **Gaps in sequence:** Listen for time gaps in the sequence of the description and return to those points and ask the person to fill in the gap (“tell me what happened between the back yard and your standing in the living room”). Sometimes time gaps may indicate minimization or denial about abusive conduct. Redirect the parent to describing the sequence of the conduct. Ask them to go back to telling of the event just as it happened. The evaluator may direct the person back to just before the gap in sequence occurred (“you are telling me about what happened in the kitchen and you skipped to some time later and now the fight is in the yard...lets go back the kitchen and talk me through each step”).

5. One or both parties report no use of physical force being used against person or property:

If the parties report that physical force was never used in the relationship, ask them to describe behaviorally the worse fight from start to finish. Guide the party to give the same level of detail (as previously discussed) about what behaviorally was done by each person during the conflict. Vague or global descriptions may indicate minimization or denial about what is actually happening and should trigger a note to do further inquiry either at the time or in a future interview.

For those separating, stressed or high conflict couples where there is no domestic violence, it is their descriptions of how they do fight which gives the evaluator the information necessary to determine no domestic violence has occurred in the case. The DV screening protocol is designed to give evaluators descriptions of conduct so they have the data necessary to evaluate whether or not there is domestic violence.

DV Screening: Interviewing children

Child interviews typically occur late in a parenting evaluation. DV screening interviews should already have been completed with the adults and sufficient information provided to determine whether or not there is domestic violence. Depending on the evaluator's judgment of the child's developmental abilities to respond to inquiry, evaluators may not ask DV questions of every child they interview or observe. However, evaluators should be prepared to respond to children who volunteer the information about domestic violence and be prepared to talk with children once domestic violence is identified (see next section on specialized DV assessment). Children living with domestic violence sometimes look for a safe place to talk about this and sometimes disclose information to those outside the family even when not asked.

Sample Questions with Children:

“What happens when your parents fight? Does anyone yell? Cry? Scream? Does anyone throw things? Does anyone hit, shove or push the other? Has anyone been injured?”

DV Screening Protocol: Review of Case Materials

- In addition to the conducting the routine DV screening protocol in interviews with each party, the evaluator should review the case materials keeping in mind the routine DV screening questions: DV or no DV? If DV, who is the perpetrator and who is the adult victim?
- Sometimes in case materials there are police reports, court records, violations of DV protective orders, reports of direct observation of the conduct, and/or even self reports (e.g. emails, letters, descriptions to others, tapes of telephone calls, 911 tapes) from the DV perpetrator or adult victim about the behaviors that constitute domestic violence. Case materials may also indicate who used or threatened to use physical force against whom.

DV Screening Protocol: Interviews with Designated Collaterals

- **Typically not part** of DV screening protocol. Given time constraints, parenting evaluators typically would not be contacting designated collaterals for screening purposes, but may contact them in cases where domestic violence has already been identified and the risk to child/parenting is being assessed (see next section). However if the evaluator uses information from a collateral interview to determine whether or not there is DV, the evaluator should be sure to use the same previously described interview procedures with collaterals as used with the parties (e.g. ask about conduct, do not use the terms DV, etc).
- **Use same conduct focused questions except worded for third parties** (e.g. professional, others with observations of conduct, etc). “Are you aware of one partner shoving, hitting, harming or threatening the other? Are you aware of one partner using physical force or threatening the other? Please describe what you know? And state how you know that? Are you aware of one partner making threats, isolating family members? Examples? Are you aware of how the partner enforces that control? Has your patient been injured by the spouse? If so, please describe what was done to result in the injury,

the dates of if injuries?” Sometimes ask providers questions related to the excessive coercive control of one partner over the other (e.g. not allowing other parent to speak during appointments; attempts to control health records of other, etc.). While in isolation, such reports are not sufficient to determine that the pattern is domestic violence, these reports may be relevant to consider in those cases where the use of physical force has been identified in other interviews.

- **Collaterals may have independent** information that contributes to confirming to the identification of DV, the perpetrator, and adult victim (e.g. descriptions of DV conduct such as “patient reports husband pushed her backwards over couch with her sustaining broken arm” or “client reports that spouse slapped her previous evening; visible swelling on face” or “client reports that spouse threatened to kill children’s pet if spouse did not stop therapy”). These details may be in records for dates that preceded any separation of the parties. However, the absence of such details does not confirm there is no DV in the relationship.
- **Note of caution when gathering information from mental health or health care professionals:** In spite of standards of care for health and mental health professions shifting to conducting routine screening for DV victimization (and for DV perpetration), many practitioners do not conduct such routine screening for DV. Some assume that since the patient never raised the issue with them, there is no domestic violence. Marital counselors are particularly subject to this flawed logic in spite of all the research on clients’ avoidance of controversial topics in joint sessions. In addition, research on routine screening vs. indicator only based screening approaches in all health settings has shown increased reporting of domestic violence when routine screening protocols are implemented.

The DV screening protocol is repeated when:

- There has been a significant amount of time between the first DV screen and current contact with the case (three months or more). In some cases the parenting evaluation process is delayed or terminated because of mediation attempts, only to have the case returned to the evaluator with a request to complete report or for an updated report. In such cases the evaluator should repeat the DV screening protocol with the parties.
- Whenever either party starts a new relationship during the evaluation process.
- Whenever a new evaluator is assigned to the case, the DV screen should be repeated. Some families may go through two or three different parenting evaluators. Each should conduct their own DV screen in addition to considering the information from past evaluators.

Identifying domestic violence through routine screening:

Often by using these recommended DV screening interview approaches with each parent, the designated collaterals, and/or the case records, the evaluator will have sufficient information to initially determine whether or not there is DV and if there is DV, who the DV perpetrator is, and who the adult victim is. In other cases, it remains less clear and some additional inquiry using some of the specialized DV assessment questions (see next section) may be needed to complete the routine screening. The evaluator considers the information gathered in light of the behavioral definition of domestic violence. The key questions for identifying DV at this phase are:

- **Are there assaultive and coercive behaviors in this relationship?**
 - a) Has (or does) one intimate partner used physical force (such grabbing, shoving, pushing, spitting at, slapping, punching, kicking, strangulation, physically restricting partner's movement, burning, use of weapons, etc.) against the other?
 - b) Or has (or does) one intimate partner, through conduct, created credible threat of physical force or harm to the other (e.g. used physical force against persons, animals, or property, display of weapons, stalking, hostage taking, etc.)
 - c) **Combined with other controlling, abusive tactics** (such as psychological attacks, intimidation, isolation, use of children against other parent, economic coercion, emotional abuse, etc).
- **Is there a pattern of behaviors? A pattern is established by either by:**
 - a) More than one episode of the use of physical force against person/property property or of credible threat of physical harm (e.g. stalking, display of weapons, etc), or
 - b) One episode of the use of physical force against person, animals, or property combined with other coercive tactics (e.g. threats to harm, intimidation, isolation, economic coercion, use of children, etc).
- **If there is Domestic Violence present,**
 - **Who is the DV perpetrator?**
Which party uses the physical force against person, animals, or property to intimidate or to get their way?
 - **Who is the adult victim?**
Which party is the recipient of the DV conduct?

For cases where DV is detected, the evaluator would proceed to conduct a specialized DV assessment of risk to children/parenting (see next section).

Challenges for the DV Screening Protocol

1. Each party reports both have used physical force in fights with other:

Distinguishing between a *pattern of assaultive and coercive behaviors* and other violent acts can sometimes be challenging to evaluators and other professionals.⁴⁵ Not all physical assaults between partners should be determined to be “domestic violence”, as not all assaults are part of an ***ongoing pattern of behavior that results in gaining power and control over a partner***. (Refer to Judges DV Manual 2006 for full discussion of definitions). Some violent acts may be physical self defense. Some adult victims engage in the use of physical force in self defense, or in retaliation against DV perpetrator, without engaging in a pattern of assaultive and controlling behavior against the DV perpetrator. In rare cases an evaluator may have two individuals who both use physical force and coercive controlling tactics against the other, with neither being the primary aggressor. More frequently when both parties are using physical force, part of the screen is to determine who the primary aggressor of the DV is. The primary aggressor is not always the first to strike out in an individual incident. The primary aggressor is the one who has demonstrated a history of DV conduct and typically is the one in charge of the episodes. To avoid making errors, the parenting evaluator should use extra care in gathering sufficient information to sort out what may appear to be competing issues. Evaluators also need to remember just because both people are using physical force it does not mean that there is no domestic violence in the case

Evaluators should be aware that “mutual battering” and violence outside of patterns of coercion are rare and avoid labeling cases this way without sufficient data. Making a thoughtful determination regarding the primary aggressor of the DV is critical to ensuring good outcomes and increased safety for children, as errors in this arena can have serious consequences. If the situation is unclear, evaluators can seek consultation to reflect on the information gathered from both the DV screen and the specialized DV assessment in light of the behavioral definition of domestic violence. Consultation can come from DV specialists such as DV advocates, batterer intervention providers, etc.

When evaluators become aware that both parties use physical force, evaluator should ask each parent describe two or three episodes where physical force was used by each. Consider each parent’s conduct in light of the behavioral definition of domestic violence. Listen for who did what to whom physically. Ask additional questions about use of coercive tactics (see next section on specialized DV assessment). It is important to think about *coercive control*, and *ongoing patterns of coercion*, not just individual incidences of violence when identifying the primary aggressor/DV perpetrator. Who uses physical force with other tactics of control against the other? Pay particular attention to who is controlling through threats, isolation, control over resources, etc.

⁴⁵ There is current discussion of different types of violence found in families (Kelly & Johnson, 2008, and Jaffe, et al, 2008). These author’s descriptions are congruent with the behavioral definition used for this practice guide. They describe sub types of spousal assault: self defense and retaliatory use of force without a pattern or a one time assault with out pattern of coercive control that may occur during the stress of separation. See section five for discussion of differentiated parenting plans based on careful assessments of the domestic violence.

Looking at the pattern over time also assists the evaluator in identifying if there is a primary aggressor.⁴⁶ If both parties are using physical force, then the specialized DV assessment can be scheduled to sort out the complexities and the impact on the children.

When it appears both partners use physical force against each other, to determine the primary aggressor, reflect on:

- *Who does exactly what to whom?*
- *Whose use of violence creates fear in other members of the family?*
- *What is the intent of each person's violence? (i.e., self defense or intimidation or simply enforcing their will on the partner?)*
- *Who is exerting coercive control through other coercive tactics: finances, manipulation of children, sabotage of work, family relationships?*
- *Who suffers the most serious consequences as a result of being a target of violence in terms of injuries, impact on daily routines, isolation?*
- *Does one partner use the vulnerabilities (e.g. cultural status, language access) of the other parent to coercively control her or him?*

2. Parties contradict each other about who used physical force:

Further inquiry using some of the DV assessment questions may clarify which party used physical force. Ask both to describe their worst fight, most recent and first big fight using scenario method of interviewing (see Section Four). Compare descriptions for descriptive agreement and contradictions. Review records and conduct collateral interviews.

3. Conflicts between interview information and case materials:

Sometimes the case materials reveal behaviors that constitute domestic violence, whereas in the interviews both parties report no such behaviors (or vice versa). One cannot presume that one source of information is more accurate than the other. Sometimes the evaluator has to consider the context (time of input, how information was elicited, who provided it, etc) of each set of information to determine the reliability of each. Both may be accurate, honest answers to different questions or about different time periods. Additional inquiry may clarify the discrepancy.

⁴⁶ Law enforcement has standardized procedures to follow to determine primary aggressor when it appears both parties used physical force. They attempt to determine primary aggressor by considering the history of DV acts as well as who is more afraid or controlled by the other.

Outcomes of Domestic Violence Screen:

DV Identified. When the parties (and/or affirmative information appears in records) report use of physical force or threats of physical force against person or property (including but not limited to shoving, pushing, kicking, throwing, hitting, threats with or use of weapons, kicking, threats to kill) by an adult (intimate partner, husband, boyfriend, girlfriend, wife) against another adult in the home, the evaluator should document “domestic violence noted.” The evaluator would document the specific behaviors reported and who did what to whom. The evaluator would also document who provided the information. Sometimes conflicting information is provided by separate parties which should be noted in the file. The evaluator should use collateral sources and their clinical judgment to conclude domestic violence occurred.

If domestic violence is identified, the evaluator notes who the DV perpetrator is (i.e. the one using the force or threat against their intimate partner) and who the adult victim is (i.e. the adult who is the recipient of the force or threat).

Even when seemingly contradictory information is given, skilled evaluators often are able to discern who the perpetrator is and who the adult victim is by considering each person’s behavior separately in relation to the behavioral definition of domestic violence. If both parties are reported as using physical force, consider who the primary aggressor is. Sometime sorting through the issues of perpetrator vs. adult victim may be delayed for the specialized DV assessment of risk to the children (next section).

An evaluator’s understanding of who the victim is or perpetrator is may change as additional information is gathered during Specialized DV Assessment. When this happens, evaluator realigns who is noted as the adult victim, etc. based on the additional information. The DV screening merely notes the evaluator’s best possible understanding of who the DV victim and perpetrator are at the time of the DV Screening.

No DV: If the DV screening interviews with the parents indicate that no adult uses physical force against person or property, then the evaluator notes “no domestic violence.” Each party should be able to give same behavioral detail about how they and their partners express themselves in conflict.

DV Screening Protocol Incomplete: If DV screen is not done for any reason, document the specific reason for “DV screen Incomplete” during interviews (e.g. evaluation interrupted before DV screen completed, etc.).

Documentation in Report:

Evaluators should document the results of the DV screening protocol, the specific data and sources used to form that opinion, and the DV screening protocol used to gather that information in both the case file and in the final report.

Since information gathered for the screening protocol is insufficient to address the complex questions raised by domestic violence and parenting evaluations, the next step for those cases with domestic violence issues is the Specialized Assessment of DV Risk to Children and Parenting.

Template 2-1

Routine Screening for Domestic Violence: Considerations and Strategies

Evaluator Considerations for Conducting the Protocol for Routine Screening for Domestic Violence

- Routine screening for domestic violence in parenting evaluations is conducted primarily through interviews with the parties of the case.
- DV evaluations that are conducted by other professionals are done at the beginning and the results are fully integrated into parenting evaluation.
- Other sources of data for DV screening purposes
- Psychological testing is NOT appropriate for DV screening purposes.
- Limitations of DV risk assessments as DV screening tools.
- Culturally competent interviewing and screening

Routine Screening For Domestic Violence Interview Strategies

- Safety First: techniques previously described in Template 1-2 (p. 26)
- Sequencing the DV screening protocol:
- Schedule sufficient time
- Establish a connection with each party:
- Evaluator presents as a gatherer of information, not as an interrogator
- Do not use terms like “domestic violence”, “abuse”, and “battering” during the interviews.
- Routine Framework: Lead in and framing statements
- State the time period being screened.
- When screening, ask parallel questions so both parties are reporting on what they did to the other and what was done to them

Template 2-2

Routine Screening for Domestic Violence: DV Screening Protocol

Sample lead in and framing comments and questions with the parties are:

Use lead-in, framing statements such as, “I have a few routine questions that I have to ask in all interviews. It may sound like I am jumping around, but they help us to get the big picture of what is happening for the family.” This can be followed by a general but focusing statement: “All couples (even non divorcing couples) have conflicts. I would like to understand how you and the other parent communicate when in conflict (fighting, arguing, etc.) with each other. So I have some questions about that. “

Three interview approaches for DV routine screening

There are three different methods designed to increase self disclosure of conduct in the most efficient way possible.

1. Direct questions about key conduct:

- “Have you used or threatened to use physical force against person or property in argument (fight, conflict, etc) with the other parent?”
- “When fighting (arguing, etc.) with your partner, have you used physical force against person or property?”
- “When fighting (arguing) with you, has the other parent used physical force against person or property?”
- “Have you displayed weapons during arguments or followed the other parent?”
- Has the other parent displayed weapons during arguments or followed you? Since this is the initial screening for conduct that may establish credible threat of physical harm such as stalking, etc.)

2. Multiple choice questions with behaviorally descriptive options:

- “Have you shoved, grabbed, slapped, hit, or threatened to physically harm the other? Has the other parent shoved, grabbed, slapped, hit, or threatened to physically harm you?”
- “Have you been hit, hurt, or harmed by the other parent? Have you hit, hurt or harmed the other parent? “
- “Has your partner pushed, shoved, hit, or threatened you?” Cause physical pain? “Describe what happened. Tell me about that time.”
- “Have you pushed, shoved, hit, or threatened your partner?” “Describe what happened. Tell me about that time.”

- If the parent answers affirmatively, ask for behavioral description of the event. Cue the reporter by asking when did this happened (date)? Time of day? Location? Anyone else present? Where were the children? Then ask for description of the interaction: who did what to whom?

3. Ask for descriptions of specific events:

- "All couples have fights; describe what happened in the worse one?" "Or one where it got physical"? "Who did what to whom? "
- Cognitively cue them to describe actual episode rather than to talk in generalities: when did this happened (date)? Time of day? Location? Anyone else present? Ask for description: who did what to whom? Cognitive cueing helps individual to go back to descriptive memory storage and to avoid initially just providing their personal evaluations or the meaning of the events ("it was horrible"...or "it was no big deal...")

Additional strategies when interviewing:

- **Redirect interviewees to provide behavioral descriptions**
- **Focus on reports of conduct to reduce minimization or denial:**
- **Respond to gaps in time sequence**

Interview strategies when one or both parties report no use of physical force against person or property and no credible threat of physical harm:

If the parties report that physical force was never used in the relationship, ask them to describe behaviorally the worse fight from start to finish. Guide the party to give the same level of detail (as previously discussed) about what behaviorally was done by each person during the conflict. The DV screening protocol is designed to give evaluators descriptions of conduct so they have the data necessary to evaluate whether or not there is domestic violence.

DV Screening: Interviewing children optional

Typically not done for DV screening purposes; however, DV information from children may be part of the specialized DV assessment for cases where DV has been identified.

Template 2-3

Routine Screening for Domestic Violence: Review of Case Materials and Designated Collateral Interviews

DV Screening Protocol: Review of Case Materials

- The evaluator should review the case materials keeping in mind the routine DV screening questions: DV or no DV? If DV, who is the perpetrator and who is the adult victim?
- Review case materials provided by the parties and their lawyers. These may include materials such as police reports, court records, violations of DV protective orders, reports of direct observation of the conduct, and/or even self reports (e.g. emails, letters, descriptions to others, tapes of telephone calls, 911 tapes, etc) from the DV perpetrator or adult victim about the behaviors that constitute domestic violence. Case materials may also indicate who used or threatened to use physical force against whom.

DV Screening Protocol: Interviews with Designated Collaterals

- Typically not part of DV screening protocol.
- Use same conduct focused questions except worded for third parties. Do not use terms like domestic violence.
- Collaterals may have independent information. However, the absence of such details does not confirm there is no DV in the relationship.

DV Screening Protocol Repeated when:

- Significant amount of time between the first DV screen and current contact with the case (three months or more)
- Whenever either party starts a new relationship during the evaluation process.
- Whenever a new evaluator is assigned to the case.

Template 2-4

Routine Screening for Domestic Violence: Use of Behavioral Definition of Domestic Violence:

The key elements for identifying domestic violence:

- **Are there assaultive and coercive behaviors in this relationship?**
 - a) Has (or does) one intimate partner used physical force (such grabbing, shoving, pushing, spitting at, slapping, punching, kicking, strangulation, physically restricting partner's movement, burning, use of weapons, etc.) against the other?
 - b) Or has (or does) one intimate partner through conduct created credible threat of physical force or harm to the other (e.g. used physical force against persons, animals, or property, display of weapons, stalking, hostage taking, etc)?
 - c) Combined with other controlling, abusive tactics (such as psychological attacks, intimidation, isolation, use of children against other parent, economic coercion, emotional abuse, etc).
- **Is there a pattern of behaviors? A pattern is established by either by:**
 - a) More than one episode of the use of physical force against person or property or of credible threat of physical harm (e.g. stalking, display of weapons, etc), or
 - b) One episode of the use of physical force against person, animals, or property or credible threat of physical harm, combined with other coercive tactics (e.g. threats to harm, intimidation, isolation, economic coercion, use of children, etc).

If there is domestic violence present,

- **Who is the DV perpetrator?**
Which party uses the physical force against person, animals, or property to intimidate or to get their way?
- **Who is the adult victim?**
Which party is the recipient of the DV conduct?

For cases where DV is detected, the evaluator would proceed to conduct a specialized DV assessment of risk to children/parenting (see next section). In other cases, it remains less clear and some additional inquiry using some of the assessment questions from the next section may be needed.

SECTION THREE

Assessing and Responding to Imminent Danger Posed by Domestic Violence

This section contains guidelines and the protocol both for 1) assessing imminent danger, and 2) if imminent danger is present, for addressing those emergency safety issues within the parenting evaluation. This protocol is carried out only for those cases where domestic violence is identified.

It is insufficient for parenting evaluations to simply identify whether or not DV is occurring. To complete a parenting evaluation, a great deal more information must be gathered about:

- the specifics of the pattern
- its impact on the adult victim and the children
- the safety risks posed to adult victim/children and parenting
- protective factors that may mitigate some DV risks (see Section Four for details of that protocol).

Domestic violence in any family is ongoing, even after separation of the parents. The DV tactics may escalate in frequency or severity during family court proceedings (which may take place over months or even years). Domestic violence may become lethal at any point. Consequently, parenting evaluators should conduct ongoing safety assessments of imminent danger ⁴⁷ whenever domestic violence has been identified. The basic safety issues for the case are:

- Are there risks of imminent harm/danger to adult victim or child? To others?
- If so, what emergency or temporary interventions are necessary?

Once the issues of immediate child and/or adult safety are addressed, the evaluator can then continue to conduct the specialized DV assessment (see Section Four) to address the other DV issues related to the parenting evaluations.

Safety First: Safety Procedures for Conducting DV Assessment Interviews

The procedures below apply to interviews conducted for the assessments described in Sections 3 and 4. For safety reasons, evaluators ideally should plan ahead for when, how and with whom to conduct these specialized DV assessments. This may not be possible for the assessment of imminent danger, since that protocol is usually implemented as soon as a

⁴⁷ See Domestic Violence Lethality Assessment, Template 4-8 p. 87.

disclosure of domestic violence is made. So that may occur in the same interview where the routine screen is conducted. If the DV perpetrator is the first to disclose the DV, the assessment for imminent danger would occur first with that party and then be followed up with the other party. It sometimes is helpful for the evaluator to take a 5 minute break post disclosure in order to refocus the interview to an assessment of imminent danger. However, the evaluator can plan for this in general and implement the following interview safety strategies at the appropriate time.

Since at this stage evaluators already know that there are domestic violence issues for the family as well as the identity of the adult victim and perpetrator, they would pay particular attention to using the interview safety strategies previously described in the overview and those listed below.

- **Interview each party separately:** As recommended in the screening protocol section, evaluators schedule the domestic violence assessment interviews with each party separately and preferably on separate days. If possible children, friends and other relatives should not accompany the parties to these assessment interviews due to the need to inquire about domestic violence in detail. At times this can be very stressful for either party. Knowing that children or others are waiting for them may decrease the self disclosure of either party. Do not give the appointment schedule of the adult victim to the DV perpetrator. If children are to be asked any questions related to DV assessment this should be done with each child separate from either parent (see section on interviewing children).
- **Sequence interviews with parties.**⁴⁸ Domestic violence assessments benefit from spacing the interviews over time, with each party being interviewed about the domestic violence at least twice with time between interviews.

Start first with

1. adult victim,
2. domestic violence perpetrator,
3. collateral interviews, and then
4. parent with child observations.

⁴⁸ Evaluators who use an allegation driven format (Benjamin & Golan, 2003) and /or survey instruments such as the Parenting History Survey, (Greenberg & Humphries, 1998) should sequence the specialized DV assessment protocol in the first interviews prior to conducting the allegation based interviews/testing/surveys, child parent observation, and before collateral interviews and final interviews are conducted. Benjamin states "By the end of the first interviews and the parent child observation phase of the evaluations, hypotheses (regarding parenting capacities) are developed with the data collected so far. The preliminary report focuses on consistency of the data across multiple collection points and emphasizes thorough documentation of information and sources. It notes discrepancies and any limitations of the data (e.g. problems with reliability or validity of psychometric testing, which is used sparingly). It provides descriptions of relevant history about the psychological, familial, and individual aspects of the parties The report outlines the parental strengths and weaknesses in enough detail to give sufficient evidence for court to rule on arrangements that would serve the best interests of the children.

With each adult party, follow the same sequence of topic:

1. DV screen,
2. inquiry to identify perpetrator and adult victim,
3. assessing for imminent danger,
4. full specialized DV assessment, etc.

Short circuiting the sequence with one party, may put the other party in danger (and compromise the reliability of the protocol). There are some situations where the evaluator may need to interview again to ask for clarification. One method for assessing reliability of a reporter is for the evaluator to consider how events are reported over time.

- **The evaluator has already established a connection with the parties**⁴⁹ Having a positive connection with each party increases both self disclosure as well as safety. Maintaining a positive connection with both parties gives the evaluator more options for defuse potentially dangerous situations.
- **Calmly maintain the routine nature of inquiry, whose ultimate purpose is the well being of the children and their families.** Even though the domestic violence has already been screened for and identified in this family, the assessment interviews may open with the routine screening questions (p. 44). If the topic has already been raised between the party and the evaluator, then in follow up interviews the evaluator can open with a comment, such as, "I would like to follow up and get a better picture of how you and the other parent fight", or "communicate during intense conflicts", or "...of what we were talking about before", etc.).
- **Continue to avoid using terms such as "domestic violence", "battering", or "violence".** If either party uses the terms, respectfully redirect to language to conduct, impact of conduct, using the client's words when behaviorally descriptive, etc. For example, "when you shoved (use partner's name) that day with children standing nearby, how did they respond?"
- **Continue to avoid using information provided by the adult victim when talking with the DV perpetrator.**
- **Safety planning with adult victim during assessment interviews.** While the objectivity of the evaluator is crucial to maintain throughout the process, evaluators also have to respond to safety issues raised in DV cases. Whenever domestic violence is revealed and when there is imminent danger (see below), the evaluator encourages adult victims to make a DV safety plan for themselves and their children and refers the person to a DV specialist for DV safety planning.⁵⁰

⁴⁹ See Section Four for interviewing perpetrators for engagement and accountability and for interviewing adult victims to promote safety.

⁵⁰ Referrals for safety planning: refer victims to DV victim services and/or therapists with DV expertise. Statewide Domestic Violence Hotline telephone number 1-800-562-6025 V/TTY which is a resource for victims as well as their friends, neighbors and family members. Statewide domestic violence website: www.wavawnet.org. Also www.kccadv.org for King County

- **Increasing safety in interviews with DV perpetrator:** With the identified DV perpetrator, the evaluator should acknowledge that this is a particularly stressful time and then briefly engage perpetrators in thinking about ways they can make the situation safer for their family as well as for themselves (sometimes referred to as Responsibility Planning by perpetrators intervention programs). If the domestic violence perpetrator reveals information that indicates imminent danger or harm to a known victim (for example, intent to kill self and/or partner and children), then the evaluator is in a duty-to-protect situation (see below). The adult victim and appropriate authorities must be notified. Evaluators should follow their agency/professions' policies, procedures, and the law⁵¹ for duty to protect/duty to warn when the danger is to adult victim or others (e.g. threats to lawyers, court personnel, etc.).

Evaluators should be aware that suicidal intent on the part of DV perpetrators also signals homicidal danger to that person's family. Thus, suicidal threats by the DV perpetrator indicates increased risk to children and/or the adult victim. Suicidal feelings of the DV perpetrator should trigger additional contact with the adult victim about safety planning and increased supervision of visitation and/or visitation exchange to protect the children (see below section on assessing imminent danger of domestic violence).

- **Increasing safety for the others, including the evaluator.** Remember this is a volatile situation with known violence that also can be directed outside the family. Evaluators should conduct parenting evaluations only when their offices are a secure environment. DV perpetrators primarily direct their violent and physically abusive behaviors toward the adult victim/children but also may direct it at the evaluator as a way to maintain control over the adult victim. At any point in the process the perpetrator may target the evaluator. Using these safety strategies can also increase the safety of the evaluator.⁵²
- **Focus on safety while continuing to maintain role of the evaluator:** It is important that the evaluator both address safety issues that emerge and also set clear boundaries with each parent. Evaluators may need to refer either party to domestic violence services or programs. Sometimes these interviews are the first time either party has talked about these issues in detail and it is easy for either parent to seek support from the evaluator. This is not necessarily self serving or manipulative on the part of either party. However, the evaluator should avoid becoming either an advocate or therapist for either parent, while promoting safety for all.⁵³

Community Resources for Victims or DV Perpetrators (e.g., domestic violence assistance and emergency shelter programs, emergency housing, child care, state certified batterers intervention programs).

⁵¹ RCW 71.05.120

⁵² If the evaluator feels unsafe at any point, this information should be considered part of the evaluation of the parties and put in the report for the court.

⁵³ Benjamin review comment: WAC 246-924-445 (7) prohibits psychologists who serve as parenting evaluators from providing therapeutic services to any party involved in the evaluations..

DV Assessment for Imminent Danger: Interview Protocol

Once domestic violence is identified by the screening protocol, the evaluator then gathers the information needed to assess the imminent risk, **if any**, that the DV perpetrator poses to the adult victim or to the children or others.⁵⁴ Gathering as much information from the parties⁵⁵ and existing records at this initial assessment, the evaluator considers certain factors of the specialized DV risk assessment, with a focus on those which indicate imminent danger. This check for imminent danger is an abbreviated form of the comprehensive lethality assessment (see Section Four). Evaluators should be well grounded in how to do the full DV lethality assessment before embarking in doing an assessment of imminent danger.

For the assessment for imminent danger, the questions to ask the adult victim (and in certain situations the DV perpetrators as well) are as follows:

1. "Do you think you? your partner? the children? are in imminent danger? If yes, how so? Who poses the imminent danger to whom? What gives you that impression? Do you think anyone else is in danger?"
2. What is the DV perpetrator's current access/contact with the adult victim? with the child? "what is your access with the other adult?" "what is each parent's current access to the child?"
3. Was anyone injured or harmed in any of the previous incidents? Who? How? When? Medical attention provided?
4. Was anyone in danger of physical harm, during the domestic violence incident(s) (e.g. DV perpetrator threatening with weapons or driving recklessly, the child being held when the domestic violence perpetrator attacks, or the child attempting to intervene in the assaults).
5. Inquire as to whether the DV perpetrator engaged in any of the following and if so when?
 - Suicidal threats or attempts?
 - Threats or attempts to kill/injure the adult, child or other?
 - Substance abuse?
 - Displays of, threats to use, or use of a firearm or other weapon?
 - Evidence of untreated psychosis or mental health disorder?

⁵⁴ Sometimes even in the course of parenting evaluations, DV perpetrators make either veiled or direct threats towards others (court personnel, victim advocates, evaluators, treatment providers, and evaluators) involved in the case. Evaluators should consult with the other professionals in the case about duty to warn/protect.

⁵⁵ Sometimes the evaluator has a positive screen for DV from just one parent interview and there would be a safety check first with that one parent. This would then be followed up with the standard screening protocol and assessment of imminent danger with the second parent.

- extremely obsessive and controlling toward the partner and/or children (such as constant surveillance of the victim, stalking, repeated and harassing telephone calls to the victim, or as evidenced by violations of protection orders or other court orders, etc).
6. Also assess if the adult victim has any issue that would significantly compromise capacity to carry out a safety plan (psychosis, substance abuse, etc).
 7. If the adult victim or perpetrator has answered affirmatively questions related to imminent danger for anyone, ask “What protective steps have you taken for yourself? For the children?” ‘Are you or anyone in danger now?’

Sample Interview Format for Imminent Danger Safety Check:

1. Frame this portion of the DV assessment:

With either adult victim or DV perpetrator: “We have been talking about you and your partner’s way of “fighting” when in conflict (use vocabulary of the client: “fights, conflicts, arguing”). You said how sometimes it gets physical. We are going to talk some more about that. For some families, this physical fighting gets dangerous. That may or may not have happened during this fighting. But before we go any further, I just want to check on your well being and the well being of the entire family.”

2. Direct Questions:

“Do you (adult victim? the perpetrator?) think you? your partner? and/ or the children are in imminent danger? If yes, how? Who poses imminent danger to whom? What is gives you that impression? Are you in danger now? “

3. DV Episode Description:

Another approach is to ask the parent to describe in detail the worse DV incident (i.e. time when an adult used or threatened to use physical force against person or property in fight (argument) with the partner. Listen for indicators of high risk situation. Ask question such as: “When did it happen? Describe what happened?” “Do you feel it is dangerous now?” “If so, what gives you that impression?”

4. Follow up inquiry to 2 or 3 above:

Either approach of items 2 or 3 can be followed up by brief, specific questions about use of weapons, threats of suicide, dangerous types of assaultive behavior, serious injuries, presence of children during the episode, stalking, the most recent episode, and worse episode. Another indicator of dangerousness is asking about the perpetrator’s history of violence against other/previous/new partners. Some perpetrators will escalate to and beyond the level of violence they used in another relationship. For example, they may not have used a weapon in this relationship; but used a weapon in a previous relationship. Often the current adult victim knows the information because the abusive partner makes references to it as a way to threaten the current partner (“you know what I am capable of...do as I say”).

5. Ask each party about their safety planning.

If the client has answered affirmatively to imminent danger, ask “What protective steps have you taken for yourself? For the children?”, “Are you in danger now?” Adult victims use a lot of informal protective strategies (e.g. having children stay with safe caregivers during particularly stressful times, etc) and these protective strategies are not always evident in questions about getting protection orders or calling the police or reporting to CPS (see appendix on questions about adult victim help seeking). Gathering information later about the use of informal protective strategies would be revisited in the specialized DV assessment because an understanding these becomes relevant to understanding which parent is able to be protective of the children and what specifics may be needed in the parenting plan recommendations.

6. Listen, and when danger is indicated, respond with brief safety planning and referral.

At this stage of the specialized DV assessment it is helpful not to minimize when parties report danger. In domestic violence cases, the parties tend to minimize immediate danger rather than over report it, even in parenting evaluations. Be conservative and take reports of imminent danger seriously. Calmly focus parent on safety planning for that day, week (see section below) and make a referral to a specialist for on going safety planning. If one or both parents report danger then, the evaluator should again review their procedures to increase safety for all during the evaluation process. Further assessment will allow the evaluator to sort out how the issue of risk and danger fits into the comprehensive DV assessment, the parenting evaluation, and parenting plan.

Responding to Imminent Danger during Parenting Evaluation Interviews

First, the parenting evaluation interviews should be temporarily suspended to address immediate safety issues and not resumed until the evaluator in consultation determines that it is safe to do so.

The response of evaluator to imminent danger varies depending upon on several factors:

1. The nature of the risk:
 - Aggression/violence toward another (violence by dv perpetrator, adult victim or child toward another)
 - and /or aggression toward self (suicide potential of DV perpetrator, adult victim, or child)
2. Whether person in danger is a child or adult (dv victim, dv perpetrator, or third party)
3. Who is being interviewed at the time the imminent danger is identified
 - DV adult victim,
 - DV perpetrator,
 - Child

Imminent Risk to a Child: If the case involves DV with indications of possible child abuse and/or neglect, or if the child is in danger of imminent harm from the domestic violence, then the evaluator follows the appropriate procedures for mandatory reporting for possible child maltreatment. Reports to child welfare should be done in ways that maximizes safety of both the adult victim and child, preferably by involving the DV adult victim in the mandatory reporting process.⁵⁶

Note: If there is an indication of imminent danger to a child from the DV, then typically the adult victim is in danger as well. And when there is escalating danger to the adult victim, children should also be considered in danger, even if not previously targeted. Children, especially young children who are present (e.g. infants, toddlers) or intervening children (4years old to adolescents) can be un-intentionally harmed by the perpetrator during the attack on the adult victim. Or previously un-targeted children may become targeted by the perpetrator as a way to regain control over the adult victim. Therefore, the evaluator's response to imminent danger should always address the safety issues of both the adult and the child.

Imminent Risk to Adult: If the imminent risk is violence against an adult (either the adult victim or perpetrator or others), it may be a situation of making a report of danger to self or others by reason of mental illness, and/ or it may be a duty to protect situation.⁵⁷ Parenting evaluators would follow standard procedures to intervene and to make the appropriate reports to potential victims, law enforcement, and community mental health specialists. Sometimes the others being targeted may be lawyers, judicial officers, or other evaluators working on the case.

The evaluator's response to imminent danger requires that they also respond directly with the person being interviewed at the time.

- For the adult victim: immediate safety planning for self and children⁵⁸ as well as referral out to DV specialist for continuing safety planning.
- For DV perpetrator: crisis interventions to decrease danger to others through responsibility planning and referral to DV specialist

⁵⁶ It is beyond scope of this practice guide to provide detailed guidance on how to do this. If the evaluator is unfamiliar procedures for such CPS reporting, then the evaluator should obtain additional training and seek consultation from a domestic violence specialist on how to do this in the context of a domestic violence case.

⁵⁷ A. Benjamin, review edit comment: RCW 71.05.120 mandates mental health professional to communicate "an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to victim or victims and to law enforcement personnel." Mental health professionals should seek additional clarification on procedures for doing this based on their setting. In cases with need to notify law enforcement, adult victims should be told this is the procedure so they can take safety precautions for self and children."

⁵⁸ Safety planning available from online resources.

- For suicide interventions of DV perpetrator, adult victim, or child, follow standard mental health protocols.

Note: if the DV perpetrator is suicidal, then the emergency response has to address the co-occurring issues of homicide threat to the adult victim and/or to the child as well as the suicide threat.⁵⁹ A significant portion of DV homicides (against adult victims, children, or others) involved the suicide or suicide attempt of the DV perpetrator. In the Washington State Fatality Review Reports found that in these DV suicide/homicide cases, the perpetrator's suicidality was often known and responded to by professionals, but no attempt had been made to assess and address the DV perpetrator's concurrent dangerousness to others. See assessment of lethality, DV perpetrators being suicidal is high risk factor for dangerousness to adult victim, children and others.

Documenting assessment of imminent danger during evaluation interviews:

Document the information about imminent danger (or lack of it) as well as the evaluator's response to imminent danger in both the file and in the DV section of the parenting evaluation report. Note both the descriptions of DV conduct reported in this inquiry as well any risks to child and parenting identified at this stage of the interviews. If others were in danger note who and the evaluator's response. If imminent danger is not present, note that the initial safety assessment was conducted and the negative results, and proceed to the full specialized assessment. See Section 6 for report format.

⁵⁹ Washington State Fatality Review Reports for discussion of increased danger when Domestic Violence Perpetrator is suicidal. Available on line, see on line resource list for link to Washington State Domestic Violence Coalition.

Template 3-1

**Safety First - Assessing and Responding to Imminent Danger Posed by DV:
Safety Procedures for Conducting Interviews for the Assessment of Imminent
Danger and/or the Specialized Assessment of DV Risks**

- Interview each party separately.
- Sequence interviews with parties.
- The evaluator has established connection with the parties.
- Calmly maintain the routine nature of inquiry, whose ultimate purpose is the well being of the children and their families.
- Continue to avoid using terms such as “domestic violence”, “battering”, or “violence.
- Continue to avoid using information provided by the adult victim when talking with the DV perpetrator.
- Safety planning with adult victim during assessment interviews.
- Increasing safety in interviews with DV perpetrator.
- Increasing safety for the others, including the evaluator.
- Focus on safety while continuing to maintain role of the evaluator

Template 3-2

Safety First - Assessing and Responding to Imminent Danger Posed by DV: DV Assessment for Imminent Danger Interview Protocol

For the assessment for imminent danger, the questions to ask the adult victim (and in certain situations the DV perpetrators as well) are as follows:

Sample Interview Format for Imminent Danger Safety Check:

1. Frame this portion of the DV assessment:

With either adult victim or DV perpetrator: “We have been talking about you and your partner’s way of “fighting” when in conflict (use vocabulary of the client: “fights, conflicts, arguing”). You said how sometimes it gets physical. We are going to talk some more about that. For some families, this physical fighting gets dangerous. That may or may not have happened during this fighting. But before we go any further, I just want to check on your well being and the well being of the entire family.”

2. Direct Questions:

“Do you (adult victim? the perpetrator?) think you? your partner? and/ or the children are in imminent danger? If yes, how? Who poses imminent danger to whom? What is gives you that impression? Are you in danger now? “

3. DV Episode Description:

Another approach is to ask the parent to describe in detail the worse DV incident (i.e. time when an adult used or threatened to use physical force against person or property in fight (argument) with the partner. Listen for indicators of high risk situation. Ask question such as: “When did it happen? Describe what happened?” “Do you feel it is dangerous now?” “If so, what gives you that impression?

4. Follow up inquiry for number 2 or 3 above:

Either approach of items 2 or 3 can be followed up by brief, specific questions about use of weapons, threats of suicide, dangerous types of assaultive behavior, serious injuries, presence of children during the episode, stalking, the most recent episode, and worse episode. Another indicator of dangerousness is asking about the perpetrator’s history of violence against other/previous/new partners. Some perpetrators will escalate to and beyond the level of violence they used in another relationship. For example they may not have used a weapon in this relationship; but used a weapon in a previous relationship. Often the current adult victim knows the information because the abusive partner makes references to it as a way to threaten the current partner (“you know what I am capable of...do as I say”).

5. Ask each party about their safety planning.

6. Listen, and when imminent danger is indicated, respond with brief safety planning and referral.

Template 3-3

Safety First - Assessing and Responding to Imminent Danger Posed by DV: Responding to Imminent Danger During Interviews

The response of evaluator to imminent danger varies depending upon on several factors:

1. The nature of the risk:

- aggression/violence toward another (violence by dv perpetrator, adult victim or child)
- and /or aggression toward self (suicide potential of DV perpetrator, adult victim, or child)

2. Whether person in danger is a child or adult (dv victim, dv perpetrator, or third party)

3. Who is being interviewed at the time the imminent danger is identified

- DV adult victim,
- DV perpetrator,
- Child

Imminent Risk to a Child:

- Follow mandatory reporting procedures (and involve adult victim in any reports)
- Provide feedback to adult victim about imminent danger
- Engage adult victim in safety planning for child and for self
- If interviewing the person who poses the threat, engage person in reducing threat

Imminent Risk to Adults

- For risk to other adults, follow duty to warn/protect procedures for contact with at risk victims and law enforcement.
- For suicide interventions of DV perpetrator, adult victim, or child, follow standard mental health protocols,
- Engage in safety planning for the adult victim and children as well and refer
- If interviewing the person who poses the threat, engage person in reducing the threat and refer.

Documenting assessment of imminent danger during evaluation interviews:

Document the information about imminent danger (or lack of it) as well as the evaluator's response to imminent danger in both the file and in the DV section of the parenting evaluation report. Note both the descriptions of DV conduct reported in this inquiry as well any risks to child and parenting identified at this stage of the interviews. If others were in danger note who and the evaluator's response. If imminent danger is not present, note that the initial safety assessment was conducted and the negative results, and proceed to the full specialized assessment. See Template 6-1.

SECTION FOUR

Specialized Assessment of DV Risks to Children and Parenting Protocol:

This section details the protocol for the Specialized DV Assessment of Risk to Children and Parenting and provides guidance for safely conducting the assessment interviews. The protocol is only conducted for those cases where DV has been identified. It concludes with templates for this protocol. To assess the DV risks to children and parenting, data is needed about each of the six domains listed below.

Domains of the Specialized DV Risks to Children and Parenting Assessment:

- 1. A detailed description of the DV perpetrator's pattern of assaultive and coercive tactics against the adult victim, including, but not limited to:**
 - physical assaults,
 - sexual assaults,
 - psychological assaults (e.g. intimidation, isolation, emotional abuse, etc.)
 - economic coercion, and
 - use of children to control the adult victim.
- 2. Impact of domestic violence tactics on the adult victim**

such as: injuries, health consequences, housing, employment, access to resources (health care, transportation, child care, etc), family and community relationships, parenting by the adult victim, self determination, etc.
- 3. Impact of the domestic violence on child**

such as: injuries, negative consequences to health, cognitive development, education, housing, parenting by the adult victim and/or DV perpetrator, family and community relationships, etc.
- 4. Assessment of the lethality of the domestic violence:**

How dangerous is the domestic violence to the adult victim, the children, the DV perpetrator, and the community?
- 5. Protective factors that mitigate risks to child or parenting posed by DV:**
 - child,
 - adult victim,
 - DV perpetrator, and

- community

6. Co-occurring issues as they relate to DV and parenting capacities:

- child maltreatment (physical or sexual abuse, neglect)
- substance abuse
- mental illness

The detailed DV assessment provides evaluators not only with data needed to assess DV risks, but with the DV context that influences how adult victims, children and perpetrators participate in the evaluation process itself. . Knowing the specific DV details allows evaluators to assess more accurately other issues that are revealed in the evaluation (e.g. parental depression or anxiety, safety concerns for the children, multiple moves of the parties, requests for more or less contact between parent and child, etc). The specialized DV assessment also contextualizes the assessments of co-occurring issues: child maltreatment, substance abuse, mental health issues, parent/child relationships, and parenting capacities. For DV cases, the specialized DV assessment captures the DV details so critical to the parenting evaluation process, the evaluators' findings, and the parenting plan recommendations.

Specialized DV Assessment Interviews:

At this assessment stage the evaluator is no longer trying to determine whether or not there is DV, but is now doing a focused assessment of the DV identified. Routine screening for DV and the consequent assessment of imminent danger occurred in previous interviews with each party. The role of the evaluator has already been clarified, and if necessary, appropriate referrals for the adult victim and DV perpetrator have been made. When starting this phase for the specialized DV assessment, the evaluator knows who the adult victim is and who is the DV perpetrator, and schedules these assessment interviews accordingly.

While remaining objective, evaluators in conducting the specialized DV assessments are no longer restricted to asking only parallel questions of both parties as was done for the routine screening protocol. The specialized DV assessment is primarily focused on the DV perpetrator's conduct, although information is sought about the protective factors of both parties. Both parties are asked to provide input about each of the domains, but questions may vary depending on whether the evaluator is interviewing the adult victim or the DV perpetrator. One party may have more knowledge about certain domains. Examples, adult victims may be more aware of and provide more detail about the impact of the DV on themselves or on the children or the DV perpetrator may acknowledge only some of their abusive conduct and have incomplete information needed for the lethality assessment. The evaluator would adjust their questions accordingly.

Specialized DV Assessment Interviews with Adult Victims

Adult victims often are very stressed about revealing DV information. At the outset of the specialized assessment interviews with adult victims, they should be encouraged to maintain safety and use DV specialists to assist with this.

- **Confidentiality and safety:** At the outset of this phase of the DV assessment, remind adult victims about their confidentiality rights as well as the limits to those rights in the parenting evaluation process. Adult victims seeking full confidentiality to discuss DV issues should be directed to DV victim services. In DV cases confidentiality for adult victims is often less about privacy rights and is more about physical or emotional safety for themselves and their children. Sometimes the only safety strategy adult victims have available is to keep certain information strictly confidential.
- **Victim minimization or denial.** Some adult victims may minimize and/or deny the DV as a way to survive the abuse. Their reluctance to talk about the specifics of DV is often not because they are in denial or are trying to protect the DV perpetrator, but because withholding information may still be their best strategy for protecting their children and themselves. Adult victims may be reluctant to describe the DV due reasonable fears of losing their children and/or of being punished by DV perpetrators. Perpetrators with children frequently threaten their adult victims with getting custody of the children, making false CPS filings, or reporting them to immigration. Those adult victims fear the perpetrator having control over the children and their not being present to protect them from the abuse. Sometimes even adult victims' attorneys direct them not to bring up domestic violence issues and /or to make sure that they bring up only the positive points about the other parent to parenting evaluators in hopes of having a more positive outcome in mediation or in the parenting evaluation.
- However, if the reverse happens and adult victims offer DV specific information freely, it does not mean that they are not concerned about their safety or that they are not "real victims." It also does not mean they were "coached" by victim services to falsely report domestic violence. Contact with victim services may mean that some have participated in safety planning and are confident that they can disclose without putting themselves or their children in danger. Other adult victims are more self disclosing of the DV because they are more confident in their ability to protect the children without having contact with victim services.
- **Compassionate and non judgmental.** Evaluators increase the quality of the information from adult victims (and also from DV perpetrators) by being compassionate and non judgmental, informing parents that no one deserves abuse or that violence is never an answer to family life and conflicts, informing adult victims of the risks of imminent danger when the evaluator assesses, and telling adult victims that evaluators support abused parents protecting themselves and their children. None of these approaches compromise the objective role of the parenting evaluator to consider all information from all sources and to respond to both parties objectively.
- **Inform victims about DV assessment interview process with DV perpetrators:** Inform adult victims how and when you will conduct an interview with the DV perpetrator as well as how you as the evaluator will handle the DV information in

interviews with the DV perpetrators. Ask adult victims if they will feel specifically endangered by evaluator interviews with the DV perpetrators. Ask the victims about possible consequences to them and the children of such interviews with the perpetrator. Explain to adult victims that only the information about DV received from collateral sources (e.g. police, CPS, other reports) or the DV perpetrator (i.e. self reports of the perpetrator from previous interviews) will be shared with the DV perpetrator during the assessment interviews. If it appears that an interview with the DV perpetrator will endanger adult victims or the children, delay the interview until their safety is secured.

- **During assessment interviews, avoid revealing specifics presented only by adult victims.** Evaluators should tell adult victims that they will not use phrases in interviews with abusers, such as “your spouse says you did...”⁶⁰ DV perpetrators can be very manipulative and will tell victims they heard certain things from the evaluator (when they did not) in order to find out what the victim actually did or did not say in the interview. Some adult victims want the evaluator to talk directly with the perpetrator and would give permission to reveal what they said (e.g. “he knows I am talking about this...you do not have to dance around and he would get more suspicious if you dance around). However, the best practice is not to reveal victim provided information during the assessment process.
- **Adult victim: final interviews with the parties.** Tell adult victims in advance how information about the findings regarding DV and the recommendations for the parenting plan will be provided to both parties. Obviously in the full report and in the files, DV specific information from all sources is included. Victim provided information cannot be left out of the report or file. Adult victims should know when the information is likely to be revealed to lawyers and to the parties in order to implement a safety plan if the DV perpetrator attempts to retaliate against the adult victim or children (or against a collateral source or even the evaluators themselves). Many evaluators have a process of providing direct feedback by a final review meeting with parties (separately) and their lawyers. For the focus to remain on the parenting recommendations for the best interests of children, the report wherever possible should provide DV information as aggregate data supplied by multiple sources (including that provided by the DV perpetrator). The focus of this final meeting with the evaluator is on how each parent can move ahead and be safe and responsible, parallel parents for the well being of their children.

⁶⁰ This is an illustration of the conflict in protocols of this practice guide recommended approaches and the allegation driven approaches where the parties are specifically asked to describe allegations about the other party and are confronted by what their partners said about them. The evaluators observe the parties’ responses to these allegations as a part of weighing the validity of the allegations, parenting capacities, etc. It is beyond the scope of this practice guide to discuss the merits of this allegation driven approach in conducting parenting evaluations in general. However for safety reasons, evaluators should not use this modality in any domestic violence case. Confrontation, even gentle, raises defensiveness significantly, and DV perpetrators tend to turn their defensiveness into abusive control of the victims and children.

Specialized DV Assessment Interviews with the Domestic Violence Perpetrator

DV perpetrators may be very reluctant to reveal specific information sought by this inquiry about the DV. They may become highly controlling of the interviews by attempting to control the focus of the interviews, (e.g. talking exclusively about victim's behavior rather than their own, refusing to answer questions, focusing on how the divorce is destroying the children, portraying themselves as the "real victim", discrediting the evaluator, etc.). They may present as very charming, hostile, depressed, suicidal, anxious, and/or defensive. Attempt to connect with them as a party going through a difficult process and that your role is to give professional recommendations for parenting by both in the best interests of the children and not to take sides of either parent.⁶¹

- **Compassionate and non judgmental** (see previous note regarding adult victim)
- **Fostering disclosure of conduct:** Interview the domestic violence perpetrators in ways that encourage them to disclose their own conduct (see interview formats to follow). During this DV assessment process, DV perpetrators should be encouraged and redirected to describe their conduct, the impact of their conduct on the other parent and on the children, and their evaluations of the dangerousness of their DV.
- Use this assessment protocol to gather the perpetrator's descriptions of their own conduct. Repeating collateral reports or statements with DV perpetrators often trigger defensiveness, minimization, or denial. **Do not confront the domestic violence perpetrator with information provided by adult victim.** Doing so can put the victim and children in greater danger. At this part of the assessment, the evaluator should avoid discussions about whether or not the conduct represents domestic violence or about the veracity of someone else's statements. Evaluators may reference police reports or other agency reports about DV in final interview⁶² with perpetrator, but only along with the self reports of the perpetrator.
- **Do not attempt to force disclosure.** If an identified perpetrator denies domestic violence conduct, do not try to force disclosure, but move on to other subjects. Angry confrontations with the domestic violence perpetrators often result in retaliation against the children or adult victims. Note in records as quotes what the DV perpetrator says in denying the abusive conduct since these statements of denial sometimes are examples of the minimizing, denying, or lying that abusers use to control the adult victim's access to information. The evaluator does not need the perpetrator's disclosure of domestic violence to confirm that domestic violence has occurred or to complete the specialized DV

⁶¹ For additional suggestions for interviewing domestic violence perpetrators, see Mederos, Fernando (2006) monograph, "Accountability and Connection" available free online at www.endabuse.org. While it was written specifically for child welfare workers who are conducting evaluations or working with DV perpetrators, it provides excellent scripts for how to maintain positive connection with perpetrators without inadvertently colluding with them.

⁶² Allegation drive model describes a final interview process with the parties that attempts to engage parents in making changes without going through litigation by confronting them with inconsistencies in the data. This process should be absolutely avoided during the specialized DV assessment interviews with the dv perpetrator and victim. These interview strategies (i.e. Socratic interviewing, confronting the perpetrator with collateral data, etc) could put the adult victim and children in danger. Furthermore, while it may be beneficial for the parties to have an opportunity to give final input and to have a chance to comment on possible negative outcomes of the evaluation, for DV cases it must be done with safety as the prime consideration. See giving report feedback in domestic violence cases discussed below.

assessment. Such assessment may be based on adult and child victim statements, third party information, and/or evaluator observations/assessments of the DV perpetrators conduct during the evaluation process (e.g. their minimizing or denying statements, their intimidating behavior, etc).

- **Interview DV perpetrators about each of the domains:** DV perpetrators may have limited information in response to inquiry about certain domains of the specialized assessment (e.g. impact on victim, impact on children, protective factors of the adult victim or child). However, they still should be interviewed about each domain. Even their answering with minimal information contributes to the evaluation by providing a measure of the perpetrator's ability to attend to negative consequences of their conduct on others. Their response to this portion of the specialized assessment also provides corroboration about the level of insight of the perpetrators.
- **DV perpetrator: final feed back session.** Think safety and plan the feedback regarding domestic violence. As noted in previous section on giving feedback provide aggregate data from multiple sources with emphasis on what DV perpetrator self reported. With the DV perpetrator, emphasize the impact of perpetrator's conduct on the children and how the recommendations (even if necessary restrictions are included) ultimately help first the children and then help the perpetrator be a better parent. Sometimes the parenting evaluation interviews and feedback of the final parenting evaluation report can be very helpful to engage DV perpetrators in changing their behavior and in creating safe and responsible parenting with their children. While this is not the purpose of the parenting evaluation, most evaluators want their work to be beneficial to the children and to the parenting of each party. Attention to both the evaluation process as well as to feedback process can support DV perpetrators movement toward safe and responsible parenting.

Interviewing the Child about Domestic Violence

Not all parenting evaluators involve children directly in observations or interviews as part of their parenting evaluation process. For those who do, when the case involves domestic violence, particular care needs to be taken in when and how to talk with the children about the domestic violence. Children living with domestic violence live with special secrets that they may or may not want to discuss. They may deny memories of domestic violence in order to protect themselves or the adult victim from the violence. They may express concern about the adult victims or perpetrator's health and safety, often mirroring what either the perpetrator or victim has said or threatened. They may be reluctant to talk about DV or they may talk about it in great detail. Sometimes they express a great deal of relief in talking with an understanding adult. Even if the evaluator's parenting evaluation protocol precludes initiating conversations directly about DV with children, the evaluator needs to be prepared for those children who raise the issue themselves. Children may talk about conduct that constitutes DV or use the terms directly because of their exposure through school, TV, internet, their peers or child focused DV services. It is important not to presume that those children have been coached to falsely report DV, just because they volunteered DV data and or are using DV terms.

Safety first in interviewing children. Only talk with the children about domestic violence after interviewing the adult victim. Be aware that children may reveal the content of interviews to the DV perpetrator out of fear of, or identification with the DV perpetrator, or because the perpetrator routinely presses the child into providing surveillance information about the DV victim. Child revelations to the perpetrator can result in greater danger to both the child and the adult victim.

When it appears that children may be vulnerable to coercive tactics by the perpetrator that would result in the children revealing that they have spoken about the abuse or what their other parent said about the abuse, evaluators should postpone interviewing children until these safety concerns can be addressed (for example, by recommending limiting the perpetrator's access to the child and adult DV victim or requesting supervised visitation during the evaluation process).⁶³

Interview Procedures and Questions for the Specialized Assessment of DV Risks to Children and Parenting:

The six domains (see template 4-1) form the topical framework for the specialized assessment of DV risks to children and parenting. Interview questions about each domain appear in templates 4-5 through 4-10 at the end of this section, p. 98.

NOTE: In templates 4-5 thru 4- 10 the term domestic violence is used in the sample interview questions. Substitute the words used in the case to behaviorally describe the conduct for any DV term used in the sample scripts.. For example the first questions in Template 4-6 might read, What kinds of injuries or health problems have you (has your partner) had due to the “physical fighting”, “assaults,” “being kicked, shoved, punched” instead of the term “domestic violence”?

NOTE: For each of the six domains, there are sample questions in Templates 4-5 through 4-10. The evaluator does not have to ask every question, but should ask some questions from each subset in order to prevent gaps in inquiry. The first form of the question on this template is for interviewing the adult victim and the second form in parentheses is for the interviews with the DV perpetrator.

⁶³ Benjamin notes that in the allegation driven model only adolescents would be asked any of the specialized DV assessment questions. He states that typically those interviews occur the hour before the final interview with the adult victim. He states that evaluators can protect the adolescent child from being blamed by the perpetrator by giving the provider other data (no child data) that led to particular findings. Once again see pg 64 regarding giving DV specific feed back to dv perpetrators.

Domain 1:

The DV perpetrator's pattern of assaultive and coercive tactics against the adult victim, including but not limited to,

- **physical assaults,**
- **sexual assaults,**
- **psychological assaults (e.g. intimidation, isolation, etc.)**
- **economic coercion, and**
- **the use of children to control the adult victim.**

This first domain is the detailed descriptions of the perpetrator's pattern of assaultive and coercive tactics. This is a critical, but too often overlooked foundation for the remainder of the specialized assessment. Each of the remaining five domains relate to the details of the DV pattern. Consequently, if information is missed here, other gaps will develop in later domains. Extra care in conducting this portion of the assessment will strengthen the reliability and validity of information gathered in all domains.

There are two approaches for gathering information about the pattern of assaultive and coercive behaviors.

1. One is the scenario method of interviewing using the three episode format described below. The evaluator asks each party to describe in detail 3 episodes: first, worst, most recent episode of domestic violence (i.e. use of physical force against person or property or conduct creating credible threat of physical harm). Sometimes the parties may report only 1 or 2 episodes of actual physical force to person or property, with the third episode involving threats (e.g. threats to kill or harm, verbally degrading the adult victim, etc.). Once the details of the three episodes are recorded, the evaluator also asks each party for additional examples of abusive conduct for each of the categories in Template 4-4.
2. The second approach is to ask specific questions as outlined in Template 4- 5 on pg 91 followed by requests that the interviewee describe the most serious episode where that conduct occurred. This approach leads with the structured question followed by inquiry about specific episodes.

With both approaches, the evaluator creates a summary list of all the abusive tactics used by the perpetrator based on specific questions about tactics of assaultive and coercive behaviors to insure that there is information about the entire pattern over time. The detail allows the evaluator to consider shifts in, escalation of, or severity of the tactics. This summary of tactics is organized using the headings of the abusive tactics list (see template 4-4).

Most parties provide more behaviorally descriptive information when describing two or three specific DV episodes where physical force was used against person or property than when merely responding to structured questions or to a checklist list. However, some evaluators may prefer specific questions. The two assessment options and how to conduct them follow.

Approach One for Domain 1: Three Episode format:

- **Remind the party that the relationship time frame being assessed is from first meeting to present:** The evaluator can ask each party to provide a brief time line for the relationship that includes major dates: first meeting, date of living together, marriage, birth of children, separations, final separation date, new relationships, etc. This provides relationship context for the DV assessment and communicates to the party that the inquiry covers the entire span of the relationship.
- **Ask for behavioral descriptions of the first, worst, and most recent episode.** In order to gather the detail about the abusive conduct necessary for the assessment of lethality (see template 4-8), ask each party⁶⁴ to describe the first incident, the worst incident and the most recent incident of physical fighting. Ask for specific behavioral descriptions of specific episodes with the focus on the abusive conduct that occurred.
- **Keeping the person focused on describing what took place** (rather than on why it took place or its impact) lessens the “he said- she said dynamic” that too often becomes dominant when the two parties talk about the meaning of the events. DV perpetrators will often self report conduct which fits the behavioral definition of domestic violence, while at the same time explaining their justifications for why they had to do what they did (e.g. the other parent “... won’t listen”, “...do as I say”, “....take care of the children”, “...stop her drinking, “...get out of my face). When gathering information about the pattern of assaultive and abusive conduct, evaluators should avoid getting lost in the justifications for the behavior, but to record the perpetrators’ descriptions of their own controlling conduct.
- **Behaviorally cue** the interviewee to a specific event by asking the party about the episode’s approximate date, time of day, place, whether or not anyone else was present, where the children were at the time, and if either party was using alcohol or drugs at the time of incident. These cues assist interviewees to focus on their descriptive memory of the event rather than on their memory of their emotions or their evaluations of the event. The interviewee can be directed toward giving behavioral descriptions of an episode by asking the party “to describe what happened as if we were watching a video (DVD) of the event”. The more focus on behavioral descriptions of conduct, the more consistency there is in the separate reports of the two parties.
- **Continue the approach of gathering information rather than interrogating:** At this stage of the assessment the evaluator should take care to remain as a neutral gatherer of

⁶⁴ Even though this occurs in separate interviews and the parties most often are currently separated from each other, the two parties often independently choose at least 2 of same episodes for first, worst, and most recent.

information rather than as an interrogator. Make encouraging comments like...“Take your time” ...“this may be hard to talk about” ...“describe as much as you can” ...“I (the evaluator) am confused about what exactly happened.” “Could you fill me in about that part?” It is important for the evaluator to get a mental picture of what happened and of the conduct of each person, rather than focusing on the why the episode happened.

- **Listen for gaps in time sequence and redirect reporting, if necessary.** When adult victims or DV perpetrators describe a particular event, there may be gaps in the time sequence. Simply ask the person to rewind the tape back to the gap to get the description of what happened during that time (e. g ...“what happened in the hallway between the fight in the basement and the end of the fight in the bedroom?”). Without the evaluator leading or suggesting detail, ask the person to tell of the event in their own words from start to finish, up to 3 times. Each time the reporter tends to disclose more behavioral detail as their behavioral recall improves. This does not take necessarily a long time and can provide a wealth of detail that is clarifying. Once the party has been cued to give behavioral description through one episode, they more easily use behavioral reporting for the subsequent descriptions of episodes..
- **Gather information about each of the categories of abusive behavior** (see Template 4-5 for sample questions for each tactic of abuse). It is important to get a picture of the entire pattern of assaultive and coercive behaviors, so if either party has not talked about one tactic of DV (e.g. sexual abuse), then specific questions should be asked about that tactic. Having a detailed picture of the pattern over time gives evaluators entry into assessing the impact of the pattern on the adult victim, children, and parenting. Domestic violence is a pattern of behavior that consists of multiple, often daily behaviors, including both assaultive and coercive behaviors. It is often the unrelenting nature of the pattern that has the biggest impact on the children and parenting, both before and after separation (e.g. “he just won’t stop...30 calls a day, an argument over every twice weekly residential exchange ... I’m just exhausted by it all, etc). The details of the pattern are also critical for assessing lethality. See sample questions in Template 4-5.

Approach Two for Domain 1: The Specific Domain Question Interview Format

The second approach for gathering information about the pattern of abusive tactics found in domain 1 is to start with specific questions regarding each category of abusive tactics, moving systematically from the physical assaults to the use of children to control the adult victim. Follow the questions format for domain 1 found in Template 4-5.

- **Continue to focus on behavioral descriptions and avoid domestic violence terms.**
- **Gather information about tactics used throughout the relationship.**

Ask clients to report on tactics from the beginning of the relationship to the date of the interview. Domestic violence perpetrators may shift their tactics in response to changes in their environment, but they continue to exercise coercive control throughout relationship. For example, a DV perpetrator may have used physical force or the threat of physical force early in the relationship, but then maintains the power and control by a variety of psychological attacks, interspersed with indulgences. One DV perpetrator may

decrease physical violence during divorce proceedings, but increase stalking, surveillance via the children, threats, or manipulations of child contact as way to control the adult victim. It is crucial to ask about each type of DV from the start of the relationship to present.

For either the three episode format or the specific domain question format, summarize the pattern of assaultive and coercive behaviors.

- **Descriptions about the entire pattern:** After gathering descriptions of the three episodes or information from the specific domain question format, the evaluator should gather examples for each category:
 1. Physical abuse
 2. Sexual abuse
 3. Psychological abuse
 4. Economic coercion
 5. Use of children to control victim
- It is easier for individuals to recall the different kinds of assaultive and controlling tactics once they have described actual events. If this information is gathered from a written questionnaire or abusive behaviors checklist⁶⁵, then it should be reviewed with each party in a face to face interview after the party has completed the descriptions of the three episodes. In this way the evaluator can clarify what is listed as well as observe how the party presents the material.
- **Record the DV perpetrators' abusive tactics using the Template 4-4 as a guide**⁶⁶
 Since both the adult victim and DV perpetrator tend to under report the frequency and severity of assaultive and coercive behaviors, ask each party whether or not the DV perpetrator used particular tactics (e.g., spitting, hitting with open hand, strangulation, etc?). This can be done by listing out each example and asking if that one occurred in their relationship. Also ask the party to estimate number of times the tactic was used in relationship, and to describe any changes in the use of a particular type of tactic (e.g. never during pregnancy, only during periods of heavy drinking, only in the early years of the marriage, etc.). This is where evaluator often learns the variations in the pattern as well as which tactics were not used.
- **Ask both about tactics used and those not used.** This review of the categories also allows the parties to report what has not happened (e.g. "he hit, slapped, punched but he never kicked me, used a weapon) as well as what did happen. This is one measure of the

⁶⁵ There are a wide variety of abusive behaviors check lists available online. Most are not designed to be an evaluation tool. This practice guideline recommends starting with a simple format for recording DV tactics that are consistent with the behavioral definition of domestic violence.

⁶⁶ See ABOC, Dutton, MA (1992) for a sample of an Abusive Behavior checklist used in research. Available on line. Not designed for parenting evaluations. Dutton reports additional tools developed to measure controlling behaviors, personal communication.

validity of person's behavioral reports. Did the adult victim say the perpetrator did all of the abusive behaviors daily or was the adult victim reflective and specific when describing behaviors. Sometimes the adult victim gives additional behavioral detail in responding to a list. This may provide an additional measure of credibility ("...only choked me once. I blacked out. It seemed to scare him. He took me to the hospital. He promised me he would never do that again. He didn't, but then all the other stuff got worse.") Some DV perpetrators will acknowledge they did a specific physical behavior when asked to respond to the list approach, while at the same time saying they were not abusive. ("Yeah, I shoved a few times but only when she wouldn't stop the nagging...or "I punch her just one time. I just lost it. I had been drinking a lot then. I had just lost my job." "Or I would never hit her in the face....so that's not domestic violence."

Domains 2-6:

Structured questions format of the Specialized Assessment of DV Risks to Children and Parenting,

For the five remaining domains, the evaluator should use the structured questions as found in Templates 4-6 thru 4-10. While the scenario of method of interviewing about individual episodes may reveal some relevant information, domains 2-6 require interviewing about impact of the pattern of tactics as a whole. This valuable information gets lost if there is inquiry only directed at one violent episode or at one tactic of control. The tactics interact with each other. Each tactic has a past, present and future. Perpetrators reference previous episodes and make threats about future acts. Therefore, the assessment of DV risks must be based on a consideration of the entire pattern of the assaultive and coercive tactics as it relates to each of the domains below:

Domain 2 Impact of domestic violence tactics on the adult victim (see Template 4-6)

such as injuries, health consequences, housing, employment, access to resources (health care, transportation, child care, etc), family and community relationships, parenting by the adult victim, self determination, etc.

Domain 3 Impact of the domestic violence on child (see Template 4- 7):

such as: injuries, negative consequences to health, cognitive development, education, housing, parenting by the adult victim and/or DV perpetrator, family and community relationships, etc.

Domain 4 Assessment of the lethality of the domestic violence (see Template 4-8):

How dangerous is the domestic violence to the adult victim, the children, the DV perpetrator, and the community?

Domain 5 Protective factors that mitigate risks to child or parenting posed by DV (see Template 4-9 and 4-10):

Protective factors of the child, of adult victim, of DV perpetrator, and of the community

Domain 6 Co-occurring issues: (No Template for interviewing about the co-occurring issues. Parenting evaluators should use standardized interview questions for these topics).

Co occurring issues of child maltreatment (physical or sexual abuse, neglect), substance abuse, and mental illness that may compromise parenting capacities.

Impact of DV on Adult Victim (see Template 4-6)

Even though parenting evaluations in DV cases tend to focus more on the impact of the domestic violence on the children, it is important for evaluators to interview the parties first about the impact on the adult victim, who is the prime target of domestic violence. This specialized DV assessment protocol is based on the understanding of the interconnectedness of children's safety with the safety of the battered parent as well as on the connection between abusive control and destructive parenting. Consequently, the evaluator needs to assess the ways the perpetrators' abusive conduct impacts the adult victims. The tactics perpetrators use or have used against adult victims, as well as their consequences, may reappear in the perpetrator's relationship with the child, once parents are separated. Separating impact of abusive conduct on adult victim from impact on children often improves the quality of the information each party provides about the impact on the children (see next section).

1. **Impact on adult victim:** For this part of the assessment, the evaluators ask about the consequences of the DV perpetrator's specific conduct (previously detailed) to the adult victim. The prime question here is how specific DV tactics have impacted and/or continue to impact the adult victim's life:
 - Injuries, health
 - Emotional or psychological consequences
 - Housing
 - Access to employment and education
 - Access to resources: money, transportation, child care, health care
 - Relationships with family, friends, community
 - Ability to have personal agency: in family decision making, in personal decision making, etc.

While DV has multiple effects on the victim, not everything in an adult victim's is the result of the domestic violence. For example, the adult victim may have health or employment difficulties that predate the relationship with the DV perpetrator. The inquiry should be about the specific impact of specific tactics (e.g. DV perpetrator's repeated harassment at bedtime resulting in victim's sleep deprivation, in aggravating pre-existing condition of depression, etc) which may have direct impact on certain issues and/or may aggravate certain conditions that predate the relationships.

When interviewing DV perpetrators ask them about the impact of their specific conduct on the other party. Sometimes they are aware of the impact (e.g. injuries, ex partner's lack of self confidence, loss of a job) and sometimes they are not. Asking gives the evaluator a measure of perpetrator's insight and empathy for the other parent (and /or child). Remember at this stage of the specialized DV assessment the evaluator is gathering information about how the DV has impacted the adult victim and children. One is not asking how the DV impacted the domestic violence perpetrator (see below).

2. **Degree of coercive control:** It is particularly important to parenting plan recommendations for the evaluator to assess the degree of control the DV perpetrator has imposed and /or continues to impose on the adult victim. Inquire about who makes decisions about finances, children's education and activities, children's contact with family and friends, etc as well as about who made decisions about the adult victim's life: birth control, pregnancies, clothing, appearance, employment, religion, contact with family/friends, etc. Also inquire about how the perpetrator communicates or enforces this control (e.g. "I couldn't do anything on my own, I had to get permission for the smallest thing or there would be hell to play...usually in front of the children...I would end up a crying mess and he would laugh and say, see your mother can't do anything right" ...even though we are separated this is still happening...endless emails...about every little thing"). An evaluation of the degree of control both before and after separation assists the evaluator in making recommendations for the parenting plan.

Impact of Domestic Violence on the Domestic Violence Perpetrator (no template)

The sample interview questions listed above are designed to assist in the assessment of the impact of DV on the adult victim. The reality is that DV perpetrators may also experience negative consequences from their own abusive conduct. Depending on the tactics they chose to use to control the adult victim, they themselves may have experienced any of the following:

- Injuries, health effects
- Emotional or psychological consequences
- Difficulties in employment, housing
- Limited access to some resources: money, transportation
- Legal difficulties: criminal or civil court proceedings
- Loss of relationships with partner, children, family, friends, community
- Negative impact of perpetrator's conduct on their parenting

Even though the consequences to the domestic violence perpetrator may be similar to those of the adult victim, it does not make the perpetrator another "victim" since these consequences are self inflicted and are the direct result of the perpetrators own abusive conduct. Often in treatment with perpetrators these self imposed negative consequences, along with an awareness of the negative impact on the adult victim and/or child, provide a basis for

motivating the perpetrator to change their conduct. For the parenting plan a quick assessment of the perpetrators' reports of the negative consequences of their own conduct may be useful in assessing protective factors (please see section below) as well in assessing cautiously the DV perpetrator's insight, empathy and potential for change.

Impact of DV on Child (see Template 4-7)

Sometimes it is difficult to assess what stems directly from the DV and what stems from divorce/separation, other family issues, or developmental issues of the child. However, for the children this is a critical part of parenting evaluation. Although children may be the incidental victims of domestic violence, the DV perpetrator's tactics against the adult victim often have direct and long term impact on the child. Ask the parties how the DV perpetrator's tactics have affected the children. "What effect have these assaults or coercive control against you (e.g. preventing the victim from being in contact with family/working/freedom of movement) had on the children? What are the effects of the abusive conduct on the children.

- Injuries, health, physical safety
- Emotional, psychological, behavioral effects
- Relationships with family, friends, peers, community
- Housing, schooling, access to resources
- Child's relationship with adult victim? adult victim's parenting undermined?
- Child's relationship to DV perpetrator's? DV perpetrator's capacity to parent (neglectful, rigid, authoritarian?) both during the marriage and after separation.

Lethality Assessment of the Domestic Violence (see Template 4-8)

Evaluators need to assess how dangerous the domestic violence is to the adult victim, the children, the DV perpetrator, and to the community. Domestic violence may result in death or serious injury due to the DV perpetrator's behavior, the adult victim's behavior (e.g. victims who physically fight back or kill themselves to escape), or the children's behavior (e.g. children who physically intervene). Consequently, a lethality assessment requires gathering information from multiple sources and a consideration of multiple factors.

Lethality factors:

1. Domestic violence perpetrator's access to the victim

One factor influencing level of danger is the amount of contact DV perpetrators have with the adult victims. With separated couples, contact through exchange of children or access to the victim through court ordered child access can increase opportunities for harm/danger to the adult victim (and to children). Perpetrators who insist on unlimited access to the children often are seeking constant access and control of the adult victim.

2. Pattern of the perpetrator's abuse

- a) Frequency/severity of the abuse in current (concurrent, past relationships): for example, some types of physical conduct (e.g. repeated blows, kicking, throwing, strangulation, etc) are more dangerous than others (grabbing arms). Indications of escalation in frequency or severity may indicate increasing danger.
- b) Use and presence of weapons; or referencing weapons during conflicts
- c) Threats to kill adult victim, self, others. For someone with history of using physical force against another, their threats of violence should be given additional weight.
- d) Confining adult victim, hostage taking, stalking, surveillance
- e) Obsessive intrusions; extreme boundary violations. e.g. repeated telephone calls, monitoring friends of adult victims, tracking and video taping the adult victim, etc.
- f) While the focus of the lethality assessment is on the domestic violence pattern in the current relationship, brief questions about the DV perpetrator's conduct in other intimate relationships may aid in evaluating danger in this relationship. For example the perpetrator may not have used a weapon in the current relationship but has used weapons against other partners. Use of gun in other relationships would be an indicator of dangerousness of this particular perpetrator.

3. Perpetrators state of mind

- a) obsession with victim, jealousy, possessiveness
- b) ignoring negative consequences of domestic violence
- c) depression/desperation

4. Individual factors that reduce behavioral controls of either victim (which reduces ability for victim to carry out protective strategies) or the perpetrator

- a) Substance abuse: perpetrators who both abuse substances and are violent are more likely to engage in life threatening conduct. Victims who abuse drugs or alcohol are less able to protect themselves in violent assaults.
- b) Certain medications; anti anxiety drugs may lead to decreased organization needed for victims to protect self, and for perpetrators these medications may lead to less cognitive control of over violent behaviors; they can act as dis-inhibitor.
- c) Psychosis; other major mental illnesses for adult victim may decrease their use of protective strategies, and for DV perpetrators may increase their likelihood of engaging in life threaten behavior.
- d) Brain damage for either decreases cognitive control over behavior.

5. Suicidality of perpetrator (victim, children)

The suicidality of the perpetrator is a double risk factor because the increased likelihood that batterer will kill the victim or the children, before killing themselves. Adult victims or children who become suicidal to escape the DV typically do not become

homicidal against the perpetrator, although occasionally suicidal adult victims may kill their children to protect them from being left unattended with the abusive parent.

6. Adult victim's use of physical force

When victims physically fight back, perpetrators dramatically escalate their use of physical force; making it ultimately more dangerous for all. Sometimes victims will injure or even kill perpetrators in self defense.

7. Children's use of physical force

Children also may try to physically intervene and may be injured or may cause severe injury/death to others in the process. Examples where children use weapons against DV parent in effort to protect self, siblings or the adult victim.

8. Situational factors

- a) Loss of control over DV victim associated with separation and/or increases in victim autonomy. Perpetrator's desire to regain control through escalation of abusive tactics.
- b) Presence of other major stresses: unemployment, job losses,
- c) Past criminal record

9. Past failures of systems to hold DV perpetrator accountable for violence

Perpetrators who have faced few consequences for DV often feel emboldened and entitled to their use of violence and coercion (e.g. lack of law enforcement or prosecution follow through on protection orders, etc). Sometimes their peer group, family or even professionals (including but not limited to parenting evaluators) inadvertently collude with DV perpetrator by focusing on the adult victim's behavior as the cause of the domestic violence, rather than holding the perpetrator accountable for making changes necessary to making all family members safe. In an effort to be neutral or non judgmental or to treat each parent as equally responsible, mental health professionals or evaluators may lose sight of who is controlling who, who is the perpetrator, and who is the adult victim. DV perpetrators use such responses from others as justification for continuing to be controlling of the adult victim, often at the children's expense.

Protective factors (see Template 4-9)

The impact of domestic violence on children and parenting may be mitigated by specific protective factors found in the children, the adult victim, the community or the DV perpetrator. Assessing the specific protective factors for mitigating the risks from DV provides a wealth of information for parenting plans.

• Protective Factors in Adult Victim

Evaluators should inquire about the ways in which the victim has protected the child. The fact that the DV perpetrator continues to be abusive to the adult victim does **not** mean that adult victims have not been protective. Adult victims exhibit a variety of

protective factors: good relationships with children, good parenting skills, recognition that the DV is detrimental both for them and their children, obtaining/maintaining employment, providing for the physical needs of the children, safety planning with children, removing children to safe places during high risk times, supportive connections to friends, willingness to deal with their own substance abuse/mental health issues when present, willingness to have the perpetrator parent the child separately from the adult victim. For example, many adult victims would like their children to have safe, ongoing relationships with the child's other parent. They make multiple attempts/proposals for the children to be safely a part of the other parent's life, only to have each proposal rejected by the DV perpetrator. The focus of the perpetrator too often is on being in control of the process rather than on what makes sense for the child.. In considering the parenting capacities of the adult victim, the parenting evaluation should consider the protective factors the adult victim has demonstrated in responding to the domestic violence.

See Template 4-10 for additional questions to assess outcome of victim's past help seeking, which will assist evaluators to document both the formal and informal help seeking adults victims do. This background provides evaluators with an understanding of which issues may be critical to developing a current parenting plan. For example, if an adult victim has repeatedly had the experience of having a protection order broken by the DV perpetrator and not enforced by the community, they may be appropriately reluctant to get another one as part of a parenting plan. However, that adult victim may be able to provide more stability for the child by relocating in another community and having neutral child friendly exchange point. Parenting plans that support the protective strategies of the adult victim mitigate the negative effects of the domestic violence on the children.

- **Protective Factors in Children**

The impact of domestic violence varies greatly depending on the child's age, stage of development, gender, health, child's use of protective strategies (often taught by adult victim,), and their relationships with non abusive adults. Parenting plans that support protective factors in children lessen damage from domestic violence.

Primarily, children's resiliency is supported by a strong connection with the adult victim. This is often why the parenting plan needs to be crafted to put that parent child relationship first and the relationship between child and the DV perpetrator second, especially for traumatized children who need time to stabilize and recover. Moreover, children may be traumatized by not only by exposure to violence but also by the chaos of constant conflict (e.g. over parenting plans, etc) between the parents. This negative effect on children is generated by the DV perpetrators controlling tactics, and parenting plans should be directed at decreasing the perpetrator's control over the adult victim..

- **Protective Factors in DV Perpetrator**

The evaluators should assess the protective factors of the DV perpetrators. The DV perpetrator's prime protective factors are the perpetrator's ability to put the child's interests first, and in doing so to support the parenting of the adult victim. The second

critical factor is the degree to which DV perpetrators take responsibility for their conduct, rather than minimizing it or simply blaming the victim for it. The third most important factor is whether or not the perpetrator can acknowledge the impact of their behavior on the children and on adult victim's parenting. The fourth would be the perpetrator's capacity to commit to changing those dynamics in order to be a safe and responsible parent for their children. DV perpetrators should be able to demonstrate parenting capacities that not only eliminate future risks of harm but also that mitigate harm that has already occurred. For evaluators, the question is not merely whether this parent poses future DV risks but also whether or not they have the parenting capacities to mitigate the damage that has already occurred.

See Template 4-8 for other protective factors of the perpetrator that reduce risks to children and parenting from the DV.

Assessing Progress of DV Perpetrator in DV Intervention programs

Sometimes evaluators are asked to provide input on cases where the DV perpetrator is or has been involved in DV treatment or will be directed toward successfully completing a domestic violence treatment program as steps in a parenting plan. The parenting evaluator may be asked to assess progress made by the DV perpetrator in order to make recommendations for parenting plans. Evaluators should consider the time DV perpetrators take to enroll in specialized DV intervention program and well as their follow through as indicators of the willingness of the individual to take responsibility for abusive conduct, to change that conduct for the benefit of the children and to be amenable to DV intervention treatment. It is not a good sign of motivation/amenability for treatment when perpetrators tell evaluators something like: "they never did it, only did it because of what their partner did, or what they did really did not have any impact on the children, and/or anyways, that was awhile ago "

However, evaluating progress is more than measuring enrollment or attendance. Progress is measured by whether or not the DV perpetrator does the following:

- accepts responsibility for their abusive conduct and for changing it
- accepts responsibility for impact of their conduct on adult victim
- accepts responsibility for impact of their conduct on child
- actively supports parenting of adult victim
- follows through with being a safe and responsible parent separate from adult victim
- follows all court orders for child support and visitation/parental access
- participates and success fully completes DV perpetrators program

Regardless of the current status in the program, it is doubtful that the DV perpetrator has made much progress when they claim that "they are cured of a problem they never had by going to a program that they did not complete. " For those who have attended

DV intervention programs, they should provide evaluators with signed releases and contact information. DV intervention programs should not provide evaluations about the individual's parenting capacities. However, they can provide input about motivation and progress in the DV program.

When perpetrators can demonstrate taking responsibility for specific DV conduct, its negative impact on their family, a willingness to parent without controlling the parenting of the other, and use strategies for safe and responsible parenting then they are indeed demonstrating protective factors that mitigate future risk to children or to parenting.

- **Protective Factors in Community**

Certain protective factors are outside the individual parties and are within the child's community. Does the child have an aware community of family, friends and institutions (e.g. churches, schools, activities) that support being free of domestic violence? Does the community have accessible services for DV adult victims and their children: safe emergency housing, health care, child care, support services, economic resources, responsive law enforcement, legal services, visitation supervisors trained in domestic violence issues? Does the community offer DV perpetrator interventions, parenting after domestic violence programs, and safe DV supervised visitation programs? Are there substance abuse or mental health intervention programs available to parents? Even the most protective of parents cannot protect their children from the effects of domestic violence by themselves. Children's safety is increased when the community joins with the adult victim in protecting the children, and when the community holds the DV perpetrator accountable for changing and becoming a safe and responsible parent.

While parenting evaluators are not doing an evaluation of the community's protective factors per se, this is useful information to know for two reasons:

1. **Lack of community context can result in assessment errors:**

Sometimes responses to DV need to be put in the context of the community's protective factors in order to avoid errors in assessment of individual parties.

Examples of errors:

- Viewing the victims as failing to protect children because of their not wanting to get a permanent protection order, etc. when in fact the community rarely arrests or convicts those violating protection orders.
- The DV perpetrators claiming "they are now cured of a problem (DV) by attending 3 weeks of a WA state certified Domestic Violence intervention program."
- Knowing the community context improves the assessment of the each parent.

2. **Lack of knowledge about community context may lead to flawed parenting plan recommendations**

For example: making recommendations that include referrals to resources not available in the community (e.g. DV specific supervised visitation centers,

substance abuse programs for women, perpetrator treatment programs, etc.) or to resources that do not have domestic violence expertise (e.g. to a co-parenting specialist who has little or no understanding of the abusive power and control dynamic and does not provide the coaching necessary for the parents to move into parallel parenting model).

Specialized DV Assessment – Other Sources of Information

Review of Case Materials

In addition to the conducting the interviews with each party, the evaluator reviews the case materials keeping in mind the specialized assessment domains. Sometimes in case materials there are police reports, court records, violations of DV protective orders, reports of direct observation of the conduct, and/or even self reports (e.g. emails, letters, descriptions to others, tapes of telephone calls, 911 tapes) from the DV perpetrator or adult victim about the behaviors that constitute domestic violence. Case materials may also indicate who used or threatened to use physical force against whom. They may also address the issues of the lethality assessment, as well as impact on the adult victim or children.

Designated Collateral Interviews ^{67 68}

Parenting evaluators may contact designated collaterals in cases where domestic violence is already identified and the risk to child/parenting is being assessed. The evaluator should use the same previously described interview procedures with collaterals as used with the parties (e.g. ask about conduct, do not use terms DV, etc.). Remember at this point the contact with the collateral is no longer for weighing whether or not there is DV, but is interviewing to understand how the identified DV relates to issues in a parenting plan. Collateral interviews may provide information about particular tactics used, dangerousness, impact on the adult victim or children, or impact on parenting capacities.

Same questions, except worded for third parties (professional, others with observations of conduct? etc). “Are you aware of one partner shoving, hitting, harming or threatening the other? Are you aware of one partner abusively controlling? Are threatening the other in front of the children? How did it impact the child? Please describe what you know? And state how you know that?”

⁶⁷ Benjamin in review comment, “Questions for individual collateral reports are designed to test all hypotheses (formed from the earlier phases of evaluation). Writing the preliminary report before reading any of the collateral documentations or talking with the collateral reporters lessens one possibility for an attorney to impugn the evaluator’s credibility. Basing impressions on the direct interactions with the parties and the children powerfully negates any interference that the collateral evidence unduly influenced the evaluator and affected the independence of the evaluation. It also provides an opportunity to anticipate the hypotheses that the collateral evidence will support. The questions of the specialized DV Assessment are prepared for collateral reports of those who witnessed the DV or heard contemporaneous reports from victims (or perpetrators or others) about the DV. The answers to these questions can help elicit further clarification from the parties when they are asked the same questions during the final interviews.”

⁶⁸ Benjamin recommends that written summary be faxed or electronically mailed to collateral reporter for review and for any supplementary additions of information. And this review is put in the case record.

Collaterals may have independent information that contributes to confirming to the identification of specific DV tactics (e.g. descriptions of DV conduct, such as “the father insisted on picking up the children even though he was not scheduled to do so” or “the child cried and said that there was a big fight last night and dad hit mom and she had to go to hospital.” “child said father says he is in a horrible school and when he gets custody, he will never have to go to this class again. Child crying about no longer seeing his friends,” These details may be in records that preceded parenting evaluation process. However, the absence of such details does not confirm the DV did not impact on the children or adult victim.

Note of caution when gathering information from mental health or health care professionals: In spite of the standards of care for health care and mental health professions shifting to conducting universal screening for DV victimization (and for DV perpetration), many practitioners do not conduct universal screening for DV, but assume that since the patient never raised the issue with them, there is no domestic violence. Marital counselors are particularly subject to this flawed logic in spite of all the research on clients’ avoidance of controversial topics in joint sessions. Also marital therapies are based on interpersonal models of equal responsibility and may tend to report adult victim as being equally responsible for what is happening in the divorce or even for the domestic violence. While each party has responsibilities, they are not necessarily equal and in particular in DV cases the responsibility for the DV rests solely with the identified perpetrator. Parenting evaluators should be aware of the potential professional biases of the collateral reporters.

Updating the DV Assessment

The assessment protocol is repeated or updated when:

- There has been a significant amount of time between the first DV assessment and current contact with the case (three months or more). In some cases the parenting evaluation process is delayed or terminated because of mediation attempts, only to have the case returned to the evaluator with a request to complete report or for an updated report. In such cases the evaluator should repeat the protocol with the parties focusing on the interval not already assessed.
- A new evaluator is assigned to the case

Documentation of the Specialized DV Assessment in Domestic Violence Section of Report:

For domestic violence cases, the parenting evaluation report should clearly identify who is the DV victim and who is the DV perpetrator and report what was learned for each domains of the specialized assessment of DV risks to children and parenting using the following format:

1. A detailed description of the DV perpetrator’s pattern of assaultive and coercive tactics against the adult victim, Including but not limited to physical assaults, sexual abuse, psychological attacks, economic coercion and use of children to control adult victim.

2. Impact of domestic violence tactics on the adult victim.
3. Impact of the domestic violence on child.
4. Assessment of the lethality of the domestic violence.
5. Protective factors in child, adult victim, community and DV perpetrator that mitigate risk to child posed by the DV.
6. Co- Occurring issues interacting with DV: substance abuse, mental health issues, child mal-treatment (if present).
7. The parties interviewed and records reviewed for the Specialized DV Assessment should be noted.
8. Any updates to this assessment would also be clearly noted and dated.

The detailed information from the specialized DV assessment should be in the case file as well as summarized in the final report. (See Section Six for format).

Integrating the Specialized Assessment of DV Risks to Children and Parenting into the Standardized Parenting Evaluation

Once the domestic violence screen and specialized assessment are complete, the parenting evaluator would then conduct an evaluation on issues not previously covered regarding parenting capacities and children's best interests. This may be carried out through parent interviews, parent surveys, observation of parent child sessions, interviews about parenting approaches, each parent's relationship to each child, psychological testing, proposals for parenting plans, etc.

Obviously for DV cases the specialized assessment of DV risks provides a significant amount of information regarding parenting capacities and parent's relationship with the children so interviews on those topics may be abbreviated by focusing only specific areas of additional inquiry. If the domestic violence assessment did not cover the co occurring issues (e.g. substance abuse, mental illness, and child maltreatment by either parent) in sufficient detail, then the evaluator would also conduct those parts of the typical parenting evaluation.

When the parenting evaluator prefers to have a domestic violence evaluation conducted by a domestic violence specialist, that referral should be made at the outset of the parenting evaluation. For families with domestic violence issues, the DV assessment or consultation needs to occur at the beginning of the evaluation in order to inform the parenting evaluation process as a whole. The parenting evaluator would consult with the DV specialist to determine the most appropriate sequence for the remaining parenting evaluation assessments. Any outside evaluation or consultation should be completed and integrated into both the conclusions and the recommendations of the parenting plan.

In summary, the specialized DV assessment addresses multiple questions specifically related to the domestic violence and parenting such as:

- Are there risks of imminent harm/danger to adult victim or child? If so, what emergency or temporary intervention is necessary?
- Has the adult victim and/or child been harmed by the domestic violence? Is that damage to their physical health and/or to the emotional, cognitive, developmental well being? Is the harm on going?
- What are the specific risks to the adult victim /child? current or over time?
- Is the harm or risks to the child and parenting due to the perpetrator's assaultive conduct? or due to the perpetrator's coercive conduct? Or to both?
- Is the risk of harm to the child due to the loss of positive parenting by one? or both parents? How does the DV impact the parenting of each parent? What are the specific risks to parenting? current or over time?
- Are additional assessments needed? What kind and when?
- How best can the harms and risks to the child and parenting be monitored or reviewed over time?
- How can each parent be supported in parenting in the best interests of their children?

The use of this specialized assessment of DV risks integrated with the information gathered from the other components of the parenting evaluation, allows evaluators to make recommendations for differential parenting plans in domestic violence cases

Template 4-1

Domains for Specialized Assessment of DV Risks to Children and Parenting**1. Detailed description of the DV perpetrator's pattern of assaultive and coercive tactics against the adult victim, including, but not limited to:**

- physical assaults,
- sexual assaults,
- psychological assaults (e.g. intimidation, isolation, emotional abuse, etc.)
- economic coercion, and
- use of children to control the adult victim.

2. Impact of domestic violence tactics on the adult victim

such as: injuries, health consequences, housing, employment, access to resources (health care, transportation, child care, etc), family and community relationships, parenting by the adult victim, self determination, etc.

3. Impact of the domestic violence on child

such as: injuries, negative consequences to health, cognitive development, education, housing, parenting by the adult victim, and/or DV perpetrator, family and community relationships, etc.

4. Assessment of the lethality of the domestic violence:

How dangerous is the domestic violence to the adult victim, the children, the DV perpetrator, and the community.

5. Protective factors that mitigate risks to child or parenting posed by DV:

- child,
- adult victim,
- DV perpetrator, and
- community

6. Co-occurring issues as they relate to DV and parenting capacities:

- child maltreatment (physical or sexual abuse, neglect)
- substance abuse
- mental illness

Template 4-2

Specialized Assessment of DV Risks to Children and Parenting Considerations for Interviews

Specialized DV Assessment Interviews with Adult Victims

- **Confidentiality and safety:** Remind adult victims about their confidentiality rights as well as limits to those rights in the parenting evaluation process. Adult victims seeking full confidentiality to discuss DV issues should be directed to DV victim services. In DV cases confidentiality for adult victims is often less about privacy rights and is more about physical or emotional safety for themselves and their children. Sometimes the only safety strategy adult victims have available is to keep certain information strictly confidential.
- **Adult victim minimization or denial is often a safety strategy and can lead to under reporting of DV tactics.**
- **Compassionate, non judgmental, and safety conscious approaches lead to more self disclosure.**
- **Inform victims about DV assessment interview process with DV perpetrators to allow for their safety planning**
- **Inform victims that during assessment interviews specifics presented only by the adult victim will not be revealed to the DV perpetrator but that information is available in the reports.**
- **Adult victim safety: final interviews with the parties.** Tell adult victims in advance how information about the findings regarding DV and the recommendations for the parenting plan will be provided to both parties. Obviously in the full report and in the files, DV specific information from all sources will be included. Victim provided information cannot be left out of the report or file. Adult victims should know when the information is likely to be revealed to lawyers and to the parties in order to implement a safety plan if the DV perpetrator is likely to retaliate against the adult victim or children (or against a collateral source or even the evaluators themselves). Many evaluators have a process of providing direct feedback by a final review meeting with parties (separately) and their lawyers. For the focus to remain on the parenting recommendations for the best interests of children, the report wherever possible should provide DV information as aggregate data supplied by multiple sources (including that provided by the DV perpetrator). The focus of this final meeting with the evaluator is on how each parent can move ahead and be safe and responsible, parallel parents for the well being of their children.

Specialized DV Assessment Interviews with the Domestic Violence Perpetrator

- **Compassionate and non judgmental**
- **Foster self disclosure of conduct;** decrease defensiveness, minimization and denial: Avoid repeating collateral reports or adult victim statements with DV perpetrators **Do not confront the domestic violence perpetrator with information provided by adult victim.** This may increase defensiveness of perpetrator and put the victim and children in greater danger. In the assessment phase, avoid discussions about whether or not the conduct represents domestic violence or about the veracity of someone else's statements.
- **Do not attempt to force disclosure by the identified DV perpetrator.** Simply move to other subjects. Angry confrontations with DV perpetrators often result in retaliation against the children or adult victims. Note in records as quotes what the DV perpetrator says in denying the abusive conduct. These statements of denial may be examples of the minimizing, denying, or lying tactics that abusers use to control the adult victim's access to information.
- **Interview DV perpetrators about each domain.**
- **DV perpetrator: final feed back session.** Think safety and plan ahead the feedback about domestic violence. Provide aggregate data from multiple sources with emphasis on what DV perpetrator self reported. With the DV perpetrator, emphasize the impact of perpetrator's conduct on the children and how the recommendations (even if there are necessary restrictions) ultimately help first the children and then assist the perpetrator to parent in the best interests of their children

Interviewing the Child about Domestic Violence

- **Be prepared:** Children may volunteer information about DV whether or not asked DV questions. Children may talk about conduct that constitutes DV or use the terms directly because of their exposure through school, TV, internet, their peers or child focused DV services. It is important not to presume that those children have been coached to falsely report DV, just because they are using the terms.
- **Safety first in interviewing children: Plan ahead with the adult victim.** Only talk with the children after interviewing the adult victim. Be aware that children may reveal the content of their interviews to the DV perpetrator. Child revelations to the perpetrator can result in greater danger to both the child and the adult victim.
- When it appears that children may be vulnerable to coercive tactics by the perpetrator, evaluators should postpone interviewing children until the safety concerns can be addressed. (E.g. by limiting the perpetrator's access to the child and adult DV victim or requesting supervised visitation during the evaluation process).

Template 4-3

Specialized Assessment of DV Risks to Children and Parenting

Interview Procedures and Questions

The six domains (see template 4-1) form the topical framework for the specialized assessment of DV risks to children and parenting.

NOTE:

- Interview questions about each domain appear in templates 4-5 through 4-10. Ask questions from each subset in order to avoid gaps in history taking.
- In templates 4-5 through 4-10 the term domestic violence is used in the sample interview questions, substitute case specific, behaviorally descriptive words for any DV terms in the questions..
- In template 4-5 the first form of the question is for interviewing the adult victim. Second form in parentheses is for interviews with the DV perpetrator.

Domain 1:

DV perpetrator's pattern of assaultive and coercive tactics against the adult victim, including but not limited to,

- physical assaults,
- sexual assaults,
- psychological assaults (e.g. intimidation, isolation, etc.)
- economic coercion, and
- the use of children to control the adult victim.

NOTE: Gather detailed descriptions of the perpetrator's entire pattern of assaultive and coercive tactics (Domain 1). Incomplete information about the abusive pattern compromises the reliability and validity of information gathered in all domains.

Domain 1: choose one of the two interview approaches described below:

Approach One: Three Episode format:

- Cue time frame being assessed: first meeting to current date.
- Ask for behavioral descriptions of the first, worst, and most recent episode.

- **Behaviorally cue the interviewee to a specific event:** (episode's approximate date, time of day, place, anyone else present, location of children and if either party using alcohol or drugs at the time of incident.).
- **Gathering information rather than interrogating.**
- **Listen for gaps in time sequence and redirect reporting, if necessary.**
- **Record in case file each narrative as presented by each party. Quote where possible.**
- **After narratives, use Abusive Tactics List (see Template 4-4) to gather additional information about each category of abusive behavior.**
- **Ask specifically about tactics of abuse used since separation.**
- **Record in case notes disclosures from both narratives and directed questions regarding the pattern of assaultive and coercive behaviors. Use categories:**
 1. Physical abuse
 2. Sexual abuse
 3. Psychological abuse
 4. Economic coercion
 5. Use of children to control victim

Approach Two: Specific Question Interview Format:

- **Ask specific question regarding each category of abusive tactics**
(see Template 4-5)
- **Focus on behavioral descriptions of conduct; avoid domestic violence terms.**
- **Gather information about all the tactics used throughout the relationship.**
- **Ask specifically about tactics of abuse used since separation.**
- **Record disclosures about the pattern of assaultive and coercive behaviors. Use categories:**
 6. Physical abuse
 7. Sexual abuse
 8. Psychological abuse
 9. Economic coercion
 10. Use of children to control victim
- **Note both specific disclosures of DV tactics used and those not used.**
- **Note disclosures of any shifts in tactics, severity and/ or frequency of tactic**

Domains 2 through 6:

Structured Questions Format:

For the five remaining domains, the evaluator can use the structured questions as found in Templates 4-6- thru 4-10. For topics in templates 4-8 and 4-9 the evaluator should prepare questions.

Domain 2 Impact of domestic violence tactics on the adult victim (see Template 4-6)

such as injuries, health consequences, housing, employment, access to resources (health care, transportation, child care, etc), family and community relationships, parenting by the adult victim, self determination, etc.

Domain 3 Impact of the domestic violence on child (see Template 4-7):

such as: injuries, negative consequences to health, cognitive development, education, housing, parenting by the adult victim, and/or DV perpetrator, family and community relationships, etc.

Domain 4 Assessment of the lethality of the domestic violence (see Template 4-8):

How dangerous is the domestic violence to the adult victim, the children, the DV perpetrator, and the community?

Domain 5 Protective factors that mitigate risks to child or parenting posed by DV (see Template 4- 9 and 4-10):

Protective factors of the child, of adult victim, of DV perpetrator, and of the community

Domain 6 Co-occurring issues (No Template - use parenting evaluator's standardized interview questions for these subjects)

Co occurring issues: child maltreatment (physical or sexual abuse, neglect), substance abuse, and mental illness may compromise parenting capacities.

Template 4-4

Specialized Assessment of DV Risks to Children and Parenting:**Summary for Domain 1:****Domestic Violence Behavioral Tactics/Abusive Tactics List****1. Physical abuse:**

- Spitting, poking, shaking, grabbing, shoving, pushing, throwing, hitting with open or closed hand, restraining, blocking, choking/strangulation, hitting with objects, kicking, burning, using weapons, blocking access to medical care etc.

2. Sexual abuse:

- Pressured, coerced thru variety of tactics, or physically forced sex:
- Forcing sex with 3rd parties or in front of others; violating adult victim's sexual boundaries, etc.

3. Psychological abuse:

- Violent acts against others, property or animals
- Intimidation through threats of violence against victims, children, others, or self (suicide), as well as through yelling, stalking, and hostage taking
- Physically or psychologically isolating victims from family, friends, community, culture, accurate information, etc.
- Attacks against victim's self-esteem and competence, forcing victims to do degrading things, controlling victim's activities, etc.
- Alternating use of indulgences: promises, gifts, being affectionate

4. Economic coercion:

- Control of funds: making most of family decisions about money, spending family funds, not contributing financially to family, withholding funds, etc.
- Control of victim's access to resources: money, health insurance, transportation, child care, employment, housing, etc.

5. Use of children to control victim:

- Interrogating children about victim's activities,
- Forcing child to participate in the physical or psychological abuse of adult victim
- Using children as hostages, using visitation with children to monitor adult victim
- Undermining parenting of adult victim, custody or visitation fights, etc. False reports to Child Protective Services

Template 4-5

Specialized Assessment of DV Risks to Children and Parenting:

Interview Questions for Domain 1: Assessing Domestic Violence Perpetrator's Pattern of Assaultive and Coercive Behaviors⁶⁹

For each question listed below, if the adult victim (or domestic violence perpetrator) answers yes, encourage a description of exactly what happened. Monitor responses as they unfold and adjust your inquiries accordingly; you do not have to ask every suggested question. For example, sometimes in telling a story of an episode, the victim or perpetrator will supply many illustrations of domestic violence tactics inventoried below. Ask, “was behavior done to you?” And then ask, “have you done that to your partner?” **Specifically ask about abusive tactics used after separation to time of interview.**

1. Physical Assaults

- a) Has your partner used physical force against you? (Have you... against your partner?)
- b) Has your partner pushed, shoved, grabbed, shaken you? (Have you...your partner?)
- c) Has your partner restrained you, blocked your way, and/or pinned you down? (Have you...to your partner?)
- d) Has you partner hit you? Open hand? Closed hand? Struck you with object? (Have you...?)
- e) Has your partner strangled/choked you? Used weapons against you? (Have you...?)
- f) Has your partner assaulted you physically in any other way? (Have you...?)

2. Sexual Assaults

- a) Has your partner pressured you for sex when you did not want it? If so, describe how. (Have you pressured your partner....?)
- b) Has your partner manipulated or coerced you into sex at a time or in a way that you did not want? If so, how? (Have you...?)
- c) Has your partner physically forced you to have sex at a time or in a way that you did not want? Has your partner injured you sexually? Forced you to have unsafe sex? Prevented you from using birth control? (Have you...?)

3. Psychological Assaults

- a) Has your partner used violence against the children, family, friends, or others? (Have you...?)
- b) Has your partner threatened violence against you, the children, others or self? (Have you...?)

⁶⁹ This material was adapted from the Family Violence Prevention Fund's publication *Domestic Violence: A National Curriculum for Child Protective Services*, 1996, Anne L. Ganley, Ph.D. and Susan Schechter, M.S.W. Adapted and reprinted with permission: Family Violence Prevention Fund, 383 Rhode Island, Suite 304, San Francisco, CA 94103-5133, www.endabuse.org

- c) Has your partner attacked property or pets? Items of importance to you?
- d) Has your partner followed, monitored or stalked you? Does your partner follow you, listen to phone calls, and open mail? (Have you?)
- e) Has your partner harassed, or intimidated you in any other way? Has your partner threatened to harm you? How does your partner frighten you? (Have you...?)
- f) Has your partner humiliated you? In what ways does your partner hurt you emotionally? What names or put-downs does your partner use against you? (Have you...?)
- g) Does your partner attempt to isolate you? Attempt to control your time, your activities, your friends, and your sleep? Threatened to report you to immigration? Your employer? Your faith community? (Do you...?).
- h) Does your partner enlisting family and friends to lobby on behalf of what they want in the parenting plan
- i) Does your partner alternate abusive tactics with the use of indulgences such as promises to do better for the children, follow through with financial responsibilities, give lavish gifts to you or to children, make compliments about your parenting; ask you to give input on the best parenting plan., etc

4. Economic coercion

- a) Who makes the financial decisions? How are finances handled? (during relationship? since separation?),
- b) Has your partner tried to control you through money? If so, how? (Have you...?) Who controls ATM or credit cards?
- c) Have you ever felt trapped because your partner controls money/resources? Has your partner ever threatened to withhold finances or resources? (Have you ...?)

5. Use of children to control partner

- a) Has your partner used or threatened to use violence against the children? Sexual abuse against children? Forced pregnancy or termination of pregnancy? (Have you?)
- b) Does your partner use the children against you? If so, how? (Have you?)
- c) Does your partner sabotage your parenting? Obstruct visitation? (Have you?)
- d) Has your partner taken or threatened to take the children? (Have you?)
- e) Has your partner threatened to harm the children? Interfered with your care for the children? (Have you...?)
- f) Has your partner made the children watch or participate in your being abused? Made the children spy on you? (Have you?)
- g) Has your partner ever threatened to report you to Child Protective Services? Have you reported your partner to CPS? Immigration? (Have you/)
- h) Have you done any of the above?

Template 4-6

Specialized Assessment of DV Risks to Children and Parenting:**Domain 2: Interview Questions for Assessing the Impact of Domestic Violence on the Adult Victim**

- 1. What kinds of injuries or health problems have you (has your partner?) had due to the domestic violence?**
 - a) Bruises, fractures, loss of hearing or sight, loss on consciousness?
 - b) Loss of appetite or excessive eating? Sleep disturbances? Fatigue? Headaches? Pain? Increased use of alcohol or drugs
 - c) Increased illnesses or medical problems? Aggravation of existing health issues?

- 2. How has your partner's conduct impacted?**
 - a) housing,
 - b) employment,
 - c) education,
 - d) access to resources (health care, child care, transportation, finances, etc.)
 - e) relationships with family, friends, community?

- 3. What kind of psychological and emotional problems are you (is your partner?) having due to the domestic violence?**
 - a) Difficulties concentrating, depression, anxiety, fears, feelings of being numb, nightmares? Are you (is your partner?) taking any medications for these problems?
 - b) Have you (has your partner) tried to hurt or thought about hurting yourself (himself/herself)? Do you (does your partner) have a plan? Do you (does your partner) have a sense of failure?
 - c) Have you (has your partner...) thought of hurting or harming your partner (you)? Do you (does your partner) have a plan? Do you (or your partner) have thoughts of hurting someone else?
 - d) Are you (does your partner) having trouble caring for the children?

- 4. In what ways does your partner control you? (Do you control your partner in any of the following ways?)**

- a) Do you have to get your partner's permission (or does your partner have to get your permission) for any of the following:
- what you wear?
 - what time you go to bed? your daily schedule?
 - who you see? what appointments you have? Who you talk with?
 - your discipline of the children? where you work?
 - how you spend your money? use of family car? use of telephone?
 - how much time you spend with him/her?
 - talking with helpers (counselors, clergy, family members, advocates, etc.)
- b) What would happen if you (your partner) did something you partner opposed?
- c) What would happen if parenting plan wanted you to do something your partner opposed?

5. How has your partner's controlling conduct impacted your parenting of the children? (see next section: Impact on Children for additional questions)

- a) How does it impact your decision making about children's activities, schooling, and contacts with family, friends, etc?
- b) How does it impact your physical availability to the children? your emotional availability to the children? your limit setting with the children?

Template 4-7

Specialized Assessment of DV Risks to Children and Parenting**Domain 3: Interview Questions for Assessing the Impact of the Domestic Violence on the Children****1. Injuries or health impact to children?**

What kinds of health issues does your child have due to the domestic violence? Medical problems? Injuries or other health effects: bruises, broken bones, black eyes, burns, pain, unconsciousness due to hitting or choking? Injuries from weapons? Health issues of child aggravated by the domestic violence? Has your child's health changed due to the DV?

2. Psychological and emotional Impact?

Have there been any emotional changes? Withdrawal, depression, increased irritability, anxiety, nightmares? Are you aware of any suicidal thoughts or acts by the child?

3. Behavioral Problems?

Have your children had behavior problems in family, school, and peer relationships? Have your children used physical force or threats of physical force against you or others? Are the children dealing with anger in ways that disturb you? Problems in eating, sleeping, running away, alcohol or drug abuse, cutting themselves, harming animals, destroying toys?

4. Social Problems?

Have your children suffered social disruption due to the domestic violence: moves, changing schools, isolation from friends, loss of family members, etc.? Interrupted social relationships with family, peers, other adults? Problems in learning?

5. How does the domestic violence impact the adult victim's parenting of the children?

Is the domestic violence perpetrator interfering with your ability to take care of the child, to consider the child's best interests, to keep the child safe? Do you feel supported in parenting the child? By the perpetrator? By others? Do you actively support the parenting of the other parent?

6. How does the domestic violence impact the parenting of the domestic violence perpetrator?

Is the perpetrator able to take care of the child, to consider the child's best interests, to keep the child safe? Does the perpetrator support the parenting of the adult victim? Does the perpetrator undermine the parenting of the victim or expect the victim to be the sole parent? Does the perpetrator use the children to control the adult victim? Does the perpetrator use physical force against the children?

Template 4-8

Specialized Assessment of DV Risks to Children and Parenting:

Domain 4: Assessing the Lethality Risk of Domestic Violence

Domestic Violence can pose risk of injury or death to

- adult victim
- children
- community members
- perpetrators

Due to the behaviors of

- perpetrator
- adult victim
- children

Gather information from

- adult victim
- children; other family members
- perpetrator
- others (probation, police, counselors, evaluators, anyone having contact with family)

Domestic Violence Lethality Assessment Factors to Consider

- 1. Domestic violence perpetrators access to the victim**
- 2. Pattern of the perpetrators abuse**
 - a) frequency/severity of the abuse in current, concurrent, past relationships
 - b) use and presence of weapons
 - c) threats to kill
 - d) hostage taking, stalking
 - e) past criminal record
- 3. Perpetrator's state of mind**
 - a) obsession with victim, jealousy
 - b) ignoring negative consequences of his violence
 - c) depression/desperation
- 4. Individual factors that reduce behavioral controls of either victim or perpetrator**
 - a) substance abuse
 - b) certain medications
 - c) psychosis, other major mental illnesses
 - d) brain damage
- 5. Suicidality of victim, children, or perpetrator**
- 6. Adult victims' use of physical force**
- 7. Children's use of violence**
- 8. Situational factors**
 - a) separation violence/victim autonomy
 - b) presence of other major stresses
- 9. Past failures of systems to respond appropriately**

Template 4-9

Specialized Assessment of DV Risks to Children and Parenting:

Domain 5: Assessing Protective Factors - Information to Consider

Gather information about protective factors from all sources, including adult victims, perpetrators, and others with knowledge of family and community.

1. Victim protective resources include factors such as the victims'

- a) resistance to the perpetrator's or community's victim-blaming
- b) knowledge of the abuser and the situation
- c) belief in themselves and/or their children
- d) ability to plan for the children's safety
- e) use of safety strategies for themselves and the children
- f) willingness to seek help
- g) use of available money, time, and material goods
- h) work skills
- i) parenting skills
- j) health and physical strength

2. Children's protective resources include such factors as the children's

- a) age and developmental stage
- b) positive relationships with adult victim, siblings, other family members, neighbors, and community members
- c) protective actions during violence/high conflict situations
- d) help-seeking behavior
- e) instructions from the adult victim about what to do during violence
- f) ability to carry out their own safety plans

3. Community's protective resources for victim safety and perpetrator accountability include

- a) victim advocacy/support services.
- b) effective criminal justice response to domestic violence (police, prosecutors, courts, and corrections).

- c) effective civil or family court response to domestic violence.
- d) welfare and social services.
- e) accessible health care.
- f) safe housing.
- g) community of faith knowledgeable about domestic violence
- h) family/friends of the victim and/or perpetrator.
- i) rehabilitation programs for domestic violence perpetrators.
- j) accessible substance abuse treatment ,if needed
- k) accessible mental health treatment, if needed

4. A perpetrators' protective factors/resources for stopping DV and becoming a safe parent would include perpetrator's doing the following:

- a) Halting all abuse of the victim or children during the evaluation process.
- b) Acknowledging the abusive conduct as a problem.
- c) Acknowledging personal responsibility for stopping abuse/coercion.
- d) Cooperating with current efforts to address abusive behavior.
- e) Awareness of the negative consequences of abusive behaviors on the victim's, children's, and the abuser's physical well-being, self-image, legal status, access to resources, employment, and social relationships.
- f) Cooperation during the interviews.
- g) Commitment to victim safety.
- h) Demonstration of ability to comply with court orders.
- i) Successfully stopping abuse in the past.
- j) Respect for limits set by victim and/or other agencies.
- k) Support for parenting efforts of the adult victim.
- l) Consideration of children's best interests over parental rights.
- m) Focus on their own parenting skills and parenting time with the children

Template 4-10

Specialized Assessment of DV Risks to Children and Parenting**Domain 5: Interview Questions for Assessing the Outcome of the Victim's Past Help-Seeking**

These questions are directed primarily to the adult victim, although modified versions can be posed to the perpetrator or the children. Adult victim's engage in a wide range of formal and informal protective strategies. This type of inquiry assists the evaluator in understanding the community context of the adult victim who is seeking to protect children from domestic violence. Sometimes what appears to be ineffective, non protective parenting may actually be a failure to support adult victims by their extended community.

1. Does the extended family know about the violence? Who knows? What has been the response? Do you feel safe in talking with them about the problem?
2. Is there anyone outside the family (friends, co-workers, clergy) who knows about the violence? How have they responded? Have you felt supported? Do you feel it is safe to talk with them?
3. Have the police been called? Who called them? What was their response? Did that help you?
4. Have you gone to court for a protection order? To press charges? To get a divorce? What was the experience like for you?
5. Have you ever left home to protect yourself or the children? What happened? Was this helpful to you? Were you able to take the children?
6. Have you ever gone to a counselor or to medical personnel for help with this issue? What happened?
7. Have you ever used a battered women's services program? What happened?
8. Has your partner ever gone to counseling or to a program for the domestic violence? What happened?

SECTION FIVE

Specialized Domestic Violence Assessment, Parenting Evaluations and Parenting Plans

The primary purpose of a parenting evaluation is assessing the best interests of the children in light of the decisions required for the parenting plan. Ackerman summarizes “...the primary focus of the evaluation is to assess the adult’s capacity to parent, the psychological and developmental needs of the child, the functional ability of each parent to meet those needs, and the interaction between the child and each adult.”⁷⁰

Applications of the Specialized DV Assessment to Parenting Evaluations and Parenting Plans:

The information gathered from the specialized DV assessment as well as from comprehensive parenting evaluation informs evaluators’ clinical judgments when making recommendations for the parenting plan. In DV cases, recommendations for parenting plans should relate directly to the specialized DV assessment’s findings.

Knowing a full range of the domestic violence perpetrator’s tactics of abuse is critical when crafting a parenting plan, including a careful consideration of the tactics that do not involve physical violence, (e.g. enforced isolation, economic control, disruptions in employment, housing, or educational plans). It is also helpful to consider those abusive tactics that involve the use of children to manipulate and control the adult victim (e.g. false reports to CPS, refusing to care for children to maintain control over other parent’s time, , use of visitation to monitor adult victim, , forcing children to report on other parents’ activities). This detailed DV assessment allows for a differential approach to parenting plans⁷¹ for DV cases. The recommendations would vary depending on the nature of the risks to children and parenting and on the level of the threat in the family.

I. Domestic Violence cases where primary risks are to the adult victim/child safety posed by the perpetrator’s assaultive conduct:

- Violence that has been, is, or will be directed toward adult victim/child
- Abduction

Child safety cannot be separated from the safety of adult victim. Whenever DV perpetrators engage in dangerous conduct as identified by the lethality assessment,

⁷⁰ Ackerman, M.J., 2006 *Clinician’s Guide to Child Custody Evaluations*, John Wiley & Sons, Inc, Hoboken, NJ, Pg. 91.

⁷¹ Jaffe, PG, Johnston, J.R., Crooks, C.V., Bala, N. “Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans” *Family Court Review*, vol 46, No 3, July 2008, 500-522.

children are at risk even if the perpetrator has not directed violence at them in the past. The level of past as well as current violence should be given weight in evaluating danger to adult victim or child. The abduction of the child from care of the other parent should also be evaluated as a child safety issue since like violence, abduction is a traumatic event that has lasting health effects even when no physical injuries occurred. When the adult or child is at risk from safety threats then more restrictions should be placed on the DV perpetrator's access to the child and the adult victim.

Even if the danger to the child has diminished, the assessment of the child may reveal that the child has been traumatized by past violence/ threats of violence and may need time to stabilize their relationship with the adult victim and to recover from the trauma. And the perpetrator may need time in treatment to end the abusive behaviors that trigger the child's memories of past violence. During this time contact may be suspended or greatly restricted to limited supervised contact in order for the child and the adult victim/child relationship to stabilize.

Criteria to consider in determining high safety risk in domestic violence cases

In determining high risk and the need for more restrictive recommendations in parenting plan, evaluators should consider the following as danger risk factors

- Domestic violence related injuries to an adult or child.
- Severe or frequent domestic violence assaults or escalation of severity and frequency.
- Display or use of weapons during domestic violence assault.
- Perpetrator's threats to kill or seriously harm self or others.
- Perpetrator stalking of adult victim and/or children.
- Perpetrator suicidal (history or current)
- Menacing conduct of domestic violence perpetrator: threats of abduction
- Substance abuse problem in the family in addition to the domestic violence.
- Non-abusive parent was forced to flee and leave children with perpetrator
- History of adult victim unable to care for child due to the trauma of an assault or to the trauma from a series of multiple incidents.
- Perpetrator refuses to obey no contact orders or visitation requirements, or the current visitation requirements place victim and children in danger.
- Risk increases when the perpetrator has ongoing access to adult victim and/or children.

In addition to the more restrictive access to time with child, the parenting plan would also reduce perpetrator's control over the victim through the child.

When the situation warrants the most restrictive options, the plan should be reevaluated at a set time with clear criteria for lessening of restrictions. If the perpetrator reduces the threat to child/adult victim safety, demonstrates successful completion of all requirements established in the parenting plan, and the child is assessed to be stabilized and ready for increased contact, then a parenting plan can be updated with fewer restrictions on access to child, while maintaining restrictions on the perpetrator's decision making for the child or access to the adult victim

If no progress has been made on threat to safety, then the court should consider an extension of the suspended contact or making suspended contact permanent.

Child and adult victim's safety provided through extended restrictions on perpetrator's access to child in the following situations:

- perpetrator continues to expose children to serious violence despite intervention,
- perpetrator continues to have unauthorized contact with child which presents safety threats,
- perpetrator's history with this adult victim or previous partners includes known serious domestic violence such as use of weapons or lethal means, risking harm to children in course of assaulting adult victim, violence resulting in serious injury, etc.
- child has reduced ability to manage circumstances or has conditions that increase vulnerability, or
- abuse of alcohol or other drugs or mental health issues present additional safety threats

Least restrictions on access to children: Child can safely spend time with DV perpetrator based on factors such as:

- violence is not escalating and perpetrator's prior history does not include known serious violence
- perpetrators demonstrating responsibility for their behavior and actively engaging in intervention programs, following limits set by the adult victim
- children show minimal behavioral or emotional effects,
- children have stabilized, supportive relationship with adult victim
- older children have a plan to be safe and have the ability to carry out the plan.
- other issues (substance abuse, mental health etc.) do not pose safety threats, and/or
- adult victim has separate supportive extended family, friends or community ties.
- DV perpetrator has supportive extended family or community ties, which not only supports safety for the child, but also safety for the adult victim.

II. For Domestic Violence cases where primary risks to children and parenting stem from the risks of exposure to (and/or use of child in) pattern of abusive control of the adult victim.

Even if the danger of physical trauma is not the threat, children and parenting are severely impacted by the DV perpetrators' unending focus on control over the adult victim.

Criteria to consider in determining risk from abusive control in DV cases

- Undermining parenting of adult victim: constant complaints about adult victim's parenting decisions, relationships to friends and family, and adult victim's religion/culture, declarations against parenting of the adult victim, etc.
- Use of child to control adult victim: surveillance, manipulation of child-parent conflicts against the adult victim, splitting sibling relationships, etc.
- Repeated intrusions in adult victim's parenting: giving children cell phones, excessive phone calls/emails, constant changes in residential schedules, repeated demands on children's time, withdrawal of court ordered resources
- Repeated parenting plan filings
- Exposing the child to abusive use of conflict

For a highly controlling DV perpetrator, certain recommendations may be made for the parenting plan to realign the excessive control the DV perpetrator has over the adult victim. Joint decision making and co-parenting should not be recommended when the danger to children and parenting is due to the abusive use of coercion (Jaffe, et al, 2008). For example, with DV perpetrators who control adult victims, through the children's health care, the parenting plan may leave health decisions solely to the adult victim and limit access of the perpetrator to the children's health records. The parenting plan could structure a limited exchange of FYI only health information to the other parent regarding child and set up a system where the other parent provides input only, while still leaving sole decision making on health decisions with the adult victim. Exchange of information has to be structured to prevent manipulation by perpetrator and/or putting children in the middle. This way the parenting plan can support a process that decreases of the perpetrators' mechanisms of abusive control, while still promoting shared health information about the child.

The parenting plan should be directed at reducing the control of the DV perpetrator over the adult victim: giving adult victims primary custody and/ or sole decision making, limiting communication to emails or voice mail or letters, third party exchanges of children, use of support enforcement, spelling out all decisions in parenting plan to reduce need to negotiate about anything, recommend parallel parenting model rather than co parenting model. Also there should be a clear dispute resolution model with an arbitrator rather than a parenting facilitator or a co parenting coach, and this person should have access to the

specialized DV assessment and parenting evaluation and focus on decision making in best interests of the child and a parallel parenting model.

III. Child exposure to DV Perpetrators current and future DV

DV perpetrators who do not take responsibility for changing their abusive conduct continue the patterns in new relations exposing their children both to the on going abuse of adult victim and then to the abuse of the new partners who may become caregivers to the children. The perpetrator's access to the child should be restricted until perpetrator demonstrates successful completion of state certified domestic violence program, Safe Parent's program or appropriate parenting class, and substance abuse program (if needed), and demonstrates a capacity to be safe and responsible parent.

Guiding Principles for Developing Parenting Plans (Jaffe, et al, 2008, p 509):

When making recommendations for parenting plans in DV cases, evaluators should keep in mind the following principles

1. "Protect the children directly from violent and abusive environments;
2. Provide for the safety and support the well being of parents who are victims of abuse (with the assumption that they will then be better able to protect their child).
3. Respect and empower victim parents to make their own decisions and direct their own lives (thereby recognize the state's limitation's in role of "in locis parentis");
4. Hold the perpetrators accountable for their past and future actions (i.e. in the context of family proceedings, have them acknowledge the problem and take measures to correct the abusive behavior); and
5. Allow and promote the least restrictive plan for parent-child access *that benefits the child*, along with the parent's reciprocal rights."

Also keep in mind that if there are conflicts in a particular case that the goal of protecting the children is not to be compromised and lower priorities may be dropped.

Strategies/structures⁷² in Parenting Plans

Depending on the specifics of an individual family there are a wide variety of ways to accomplish the above goals through

- Joint Custody or Sole Custody
- Joint Decision Making or Separate Decision Making or Sole Decision Making
- Ample or Restrictive Residential Time, Parenting Access Time,

⁷² The practice guide does not address the legal structures for parenting plans found in the RCWs on parenting plans. These legal decisions (i.e. legal findings of Domestic Violence requiring mandatory restrictions or Abusive Use of Conflict with discretionary restrictions) are beyond the expertise of parenting evaluators. The parenting evaluator's reports may provide information that the attorneys and court consider in applying these findings to an individual case. However, these decisions are ultimately made by the courts in response to the information put forth by the family law attorneys and the parties.

- Supervised Exchange, Supervised Access (visitation), Suspended Contact
- Parenting plans for families with documented DV issues whether mediated or court ordered should be clearly delineated. Little or nothing should be left to future negotiations or shared decision making by the two parties. Decision making, residential /access time, exchanges, schedules, financial support, parental attendance at child activities, etc. should be clearly spelled out. For children who need to have regular modification of plans based on developmental changes, the plans should clearly delineate a schedule and process for making those routine changes.
- The modification process of the parenting plan should be child centered, with conditions for modification based changes in each parent's circumstances (e.g. successful completion of rehab programs, compliance with all court orders) and changes in the child's circumstances.
- Referrals:
 - Use of Visitation Centers and Supervised Visitation with DV Perpetrators
 - Referrals to Domestic Violence Intervention Services for Perpetrators
 - Referrals for Domestic Violence Adult Victims
 - Refer to culturally competent or culturally specific programs; interpreters or other assistance where needed.
 - Referrals for Children Exposed to Domestic Violence Programs
 - Resources for Co occurring issues: substance abuse, mental illness, sexual deviancy
 - Referrals to parenting programs (separate for each parent) knowledgeable about domestic violence and parallel parenting.
 - Each parent should remember that child is related to each and deserves to have safe and responsible parenting from each. The parents should be directed to avoid making the child choose and avoid undermining the child's attachment to the other parent. Each parent should focus on ways for his/her being a safe and responsible parent and not on the parenting of the other. Each parent should be directed to refrain from any negative comments about the other parent, their households and/or their communities.

Applying the Specialized Domestic Violence assessment to the Jaffe et al, 2008 Model for Differential Parenting Plans (see Templates 5-1, 5-2, 5-3).

With Dr. Peter Jaffe's written permission, Tables 1 and 2 (Jaffe, et al, 2008) have been included in this practice guide. The information gained from the specialized assessment of DV risks to children and parenting can be applied to Tables 1 and 2 to develop recommendations regarding parallel parenting, supervised exchange, supervised access, suspended contact for DV cases.

Definitions of Sub categories of Spousal Assault

Jaffe et al 2008 identify 4 sub categories of spousal violence (see template 5-1):

- Abusive controlling violent relationship (ACV)
- Conflict-instigated violence (CIV)
- Violent Resistance (VR)
- Separation-instigated Violence (SIV)

All of the above sub categories fit the behavioral definition of domestic violence used in this guide. All pose varying risks to children and parenting which must be assessed and addressed in a parenting evaluation report. It is important to note that if parenting evaluators use these terms in their reports that they clearly indicate that all are sub categories of domestic violence which must be then be addressed in the evaluator's recommendations for the parenting plan. These sub types should not be used to claim that the case does not have domestic violence issues. The subtypes are used both for research purposes and to encourage differentiated parenting plans for domestic violence cases.

Co-Parenting vs. Parallel Parenting:

Please note that Table 2 section A (Template 5-4) addresses divorcing families where co-parenting post divorce is the goal. The authors clearly state this is not the model for cases with domestic violence. However, it is included for low level DV cases with very low level of separation instigated violence (SIV) or very low levels of past violence combined with substantial history of successful parallel parenting and a cessation of abuse and control. This may be relevant for DV cases that are requesting modifications and should be based on an updated specialized assessment of DV risks to children and parenting. For the most part, parenting evaluators will be working off Table 2 Sections C- E regardless of the subtype of spousal violence identified by the assessment.

In Summary: Parenting Plans for DV cases

Parenting plans should be:

- directly responsive to the particular manifestations of abuse and control in the family
- built from information the evaluator has received through the specialized DV assessment: the domestic violence perpetrator's pattern of assaultive and coercive tactics ; the impact of those tactics on the adult domestic violence victim and the children; outcomes of prior victim help seeking, the potential lethality of the domestic violence, and the DV specific protective factors of the adult DV victim, the child, the DV perpetrator, and the community.
- also take into account all of the family's strengths, resources and sources of support.

Parenting plans should specifically:

- Mitigate danger posed by the DV abuser by reducing their ability to use abusive tactics and increasing their accountability
- Decrease the child's exposure to on going domestic violence,
- Reduce the DV perpetrator's abusive control of the adult victim and child,
- Increase children's safety by increasing the adult DV victim's safety
- Promote children's resilience
- Support the parenting of the adult victim,
- Support/rebuild the bond between the DV victim, child and siblings
- Refocus the DV perpetrator toward positive parenting with the child
- Be culturally appropriate
- Be done in the best interests of the child.

Template 5-1

Types of Spousal Violence

Quotes From: Jaffe, PG, Johnston, J.R., Crooks, C.V., Bala, N. (2008) Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans, *Family Court Review*, vol. 46, No 3, p. 501⁷³.

Abusive-controlling violent relationships (ACV)

"This is an ongoing pattern of use of threat, force, emotional abuse, and other coercive means to unilaterally dominate one partner and induce fear, submission, and compliance in the other. In studies of shelter and criminal court samples, men are the offenders and women are victims in most cases of this type."

Conflict-instigated violence (CIV)

"In these cases, violence is perpetrated by both partners, who have limited skills in resolving conflict. These cases involve bilateral assertion of power by the man and woman, without a regular primary instigator, and are identified more often in community samples." Key is this subtype is that both parties use violence and there is no pattern of assaultive and coercive behaviors of one party. Careful assessment is needed to clarify CIV from ACV where both parties use physical force but one is the primary aggressor of DV and one is using violent resistance (VR).

Violent resistance (VR)

"This occurs when a partner uses violence to defend in response to abuse by a partner. Women have been identified most clearly as this type in shelter samples and in studies of victims who have killed their batterers. In some cases, this may in law constitute self-defense, but in other cases it may be an overreaction."

Evaluator should note in cases with VR that the other party is a domestic violence perpetrator and the parenting plan must address those issues as well as the issues of the VR parent.

Separation-instigated violence (SIV)

"This is isolated acts of violence perpetrated by either a man or a woman reacting to stress during separation, divorce, and its aftermath in a relationship that has not otherwise been characterized by violence or coercive control."

Some relationships appear initially to be SIV when further assessment reveals a low danger level of abusive controlling behavior (CIV) or unidentified acts of physical force early in the relationship indicating CIV. Both SIV and CIV should be addressed as DV in the parenting plan.

⁷³ Jaffe et al uses heterosexual language materials appearing in quotes. The concepts also apply to same sex couples and therefore should be applied in gender neutral ways for parenting evaluations of same sex couple DV cases.

Template 5-2

The Potency of Violence, the Pattern of Violence and Coercive Control, the Primary Perpetrator *from Jaffe, et al 2008, p. 505*

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Table 1 : The PPP Screening

Part A: Potency of Violence (level of severity, dangerousness, or risk of lethality)

1. Are there any threats or fantasies of homicide and/or suicide? If so, does the person have a specific plan to act on them?
2. Are weapons available (guns, knives, etc.), indicating the means are accessible?
3. How extreme was any prior violence? Were injuries caused, and if so, how serious?
4. Is the person highly focused upon/obsessed with the specific victim as a target of blame?
5. Is there a history of mental illness—especially thought disorder, paranoia, or severe personality disorder?
6. Is the person under the influence of drugs or alcohol, indicating diminished capacity to inhibit angry impulses? Is there a history of substance abuse?
7. Does the person express a high degree of depression, rage, or extreme emotional instability (indicating a propensity to act irrationally and unpredictably)?
8. Is the party recently separated or experiencing other stressful events like loss of job, eviction from home, loss of child custody, severe financial problems, etc.?

Part B: Pattern of Violence and Coercive Control

1. Is there a history of physical violence including: Destruction of property? Threats (to hurt self or loved ones)? Assault or battery? Sexual coercion or rape?
2. Has there been disregard or contempt for authority (e.g., refusal to comply with court-ordered parenting plans, violation of protective orders, a criminal arrest record)?
3. How fearful and/or intimidated is the partner?
4. Is there a history of emotional abuse and attacks on self-esteem?
5. Does one party make all decisions (e.g. about social, work, and leisure activities; how money is spent; how children are disciplined and cared for; household routines and meals; personal deportment and attire, etc)?
6. Has the partner been isolated/restricted from outside contacts (e.g., with employment, friends and family)?
7. Is there evidence of obsessive preoccupation with, sexual jealousy, and possessiveness of the partner?
8. After separation, have there been repeated unwanted attempts to contact the partner (e.g., stalking, hostage-taking, threats or attempts to abduct the partner or child)?
9. Have there been multiple petitions/litigation that appear to have the purpose of controlling and harassing?

Part C: Primary Perpetrator Indicators: Who is the primary aggressor, if either?

1. Who provides a more clear, specific and plausible account of the violent incident(s)? Who denies, minimizes, obfuscates, or rationalizes the incident? (The victim more likely does the former; the perpetrator the latter).
2. What motives are used to explain why the incident(s) occurred? (Victims tend to use language that suggests they were trying to placate, protect, avoid, or stop the violence, whereas perpetrators describe their intent being to control or punish).
3. What is the size and physical strength of each party relative to the amount of damage and injury resulting from the incident(s)? Does either party have special training or skill in combat? (Perpetrators who are better equipped are able to cause the greater damage).
4. Are the types of any injuries or wounds suffered likely to be caused by aggressive acts (the perpetrator's) or defensive acts (the victim's)?
5. If the incident(s) involved mutual combat, were the violent acts/injuries by one party far in excess of those of the other? (Violent resisters [VR] tend to assert only enough force to defend and protect; when primary perpetrators retaliate, they are more likely to escalate the use of force aiming to control and punish).
6. Has either party had a prior protective order issued against them—whether in this or a former relationship (indicating who was determined to be the primary aggressor in the past)?

Template 5-3 Proposed Parenting Plans in High Conflict and Violent Separating & Divorced Families, from Jaffe, et al 2008, pp. 511-515 – reproduced with permission of Blackwell Publishing Ltd.

Proposed Parenting Plans in High Conflict and Violent Separating and Divorced Families				
Section A: CO-PARENTING	Access arrangements	Other provisions	Appropriate for	Not appropriate for
Shared decision-making on major issues—education, health, etc.	Time share ranges with specific provisions stipulated in court order or by agreement of the parties	If requested by either party, permanent court order, such as restrictions on taking child out of area w/o consent, etc.	Parents sufficiently able to communicate, have measure of trust in & respect for one another; able to be child focused or able to resolve difficulties	Cases with DV in general
Common child care practices, consistent routines, discipline expected across homes	Explicit court access order includes holidays: explicit dates, times, places of exchange	Protocols for telephone access to child	Re DV: Low ratings on potency, pattern, & primary perpetrator of violence, e.g.,	Chronic conflict, coercive interactions, inability to joint problem solve, no history or capacity to cooperate & communicate
Ongoing communication & joint problem solving by parents	Flexibility & compromise re schedule are encouraged, where possible	Comfortable place of exchange for both parents & child	<ul style="list-style-type: none"> Low levels of Separation-induced Violence [SIV] after crisis is passed & trauma resolved 	Mentally ill & substance abusers in general
May be called joint legal & joint physical custody	Court order provides back-up when no agreement is reached about any temporary changes negotiated by parents directly	Protocols for communicating emergency information	<ul style="list-style-type: none"> For other types of past violence, only with substantial history of successful parallel parenting & cessation of abuse & control 	
			Some mentally ill & substance abusers with substantial proof of rehabilitation	

Continued

Section B: PARALLEL PARENTING	Access arrangements	Other provisions	Appropriate for	Not appropriate for
Divided decision-making responsibilities, different issues allotted to each parent	Unsupervised day &/or overnight visits for VP	Protocols in place to avoid conflict, threat of any violence, & sabotage between parents	Each parent has a positive contribution to make in time spent with children, but direct parent-parent contact provokes acrimony	Infants, & very young children, & special needs children who require consistent & closely coordinated care across family homes
Parenting plan provides for clear boundaries & separation between parents	Time sharing between parents may range, as specified by the court	Permanent restraining orders in place	Chronically conflicted non-violent couples (incl. repeated unfounded DV allegations)	Child experiences ongoing symptoms of trauma & distress
Time-share schedule requires minimal communication, seeks to avoid direct parent-parent contact and also provide stability & continuity in child's life	Natural transition times & places minimize disruption of child's school, social, & extra-curricular activities	Restraints from taking child out of area w/o consent	Re DV: Moderate-low ratings on potency, & pattern, no primary perpetrator, e.g.,	Findings that one parent poses a physical, sexual, or emotional threat of abuse to child
May be joint or sole legal & physical custody (if joint, the time-share schedule should meet all the above criteria)	Explicit court order for access (times, dates, place of exchange, holidays, etc.)	Neutral place of exchange—safe & comfortable for child (e.g., neutral relative, visiting center, school, library)	<ul style="list-style-type: none"> Conflict-instigated violence [CMV] Separation-induced violence [SIV] during & post-crisis 	Any on-going threat of violence to one parent by the other
	Expect adherence to details of court order (not flexibility & compromise re changes)	Structured telephone access to child	Other types (incl. abusive relationships [ACV] with credible evidence of good progress &/or, completion of treatment)	
	Consistent, safe child-care practices within separate homes are emphasized rather than common practices	Rules in place for communicating emergency information between parents	<ul style="list-style-type: none"> Victims traumatized by past violence of any type (incl. VP), but no longer a threat 	
		Other necessary info communicated by email, etc. (never by child)		
		Procedure in place for resolving any new issues, e.g., parenting coordinator		

Continued

Section C: SUPERVISED EXCHANGE	Access arrangements	Other provisions	Appropriate for	Not appropriate for
Decision-making authority & parenting time assigned solely to the parent more able to provide a non-violent home	Monitored exchange between parents	Specific goals & behavioral criteria that need to be met for VP to graduate to non-monitored exchange	Re DV: Moderate ratings on potency, pattern, & primary perpetrator of violence where risk or fear of renewed violence or conflict occurs only when parents meet, e.g.,	Any current threat of violence and ongoing concerns about safety & wellbeing of child with either parent alone
Time-share schedule requires minimal communication, seeks to avoid direct parent-parent contact, and also provide stability & continuity in child's life	Transfer of child by third party at neutral site to buffer child & prevent ongoing conflict at transitions	Explicit court orders in place detailing exchange arrangements (all times, dates, location, monitors)	<ul style="list-style-type: none"> Conflict-instigated violence [CIV] Violent Resisters [VR] & other victims with residual trauma from past violence 	Inadequate monitoring or non-neutral monitor
Usually sole legal custody & sole physical custody	Exchange supervisor monitors behavior of all parties, enforces rules, & helps communicate essential information	Safety provisions for victim parent & child in place, e.g., escort to site, protective orders in place	<ul style="list-style-type: none"> Separation-instigated [SIV] during crisis period Other types (incl. abusive relationships [ACV] with credible evidence of good progress &/or, completion of treatment 	
	Access usually limited to several hours or day visits, but may have overnights	Permissible activities & persons allowed / not allowed during visits (optional)		
	Explicit court order for access (times, dates, place of exchange, holidays, etc.)	Restraints from taking child out of area w/o consent	Chronically conflicted non-violent couples (incl. repeated unfounded allegations)	
		Rules in place for behavioral etiquette at time of exchange, & permission for any attendance at child activities	Problematic behavior or distress at transition by either parent &/or child needs checking	

Continued

Section D: SUPERVISED ACCESS	Access arrangements	Other provisions	Appropriate for	Not appropriate for
Decision-making authority & parenting time assigned by court to the parent more able to provide non-violent home	Supervised Visits for VP Supervised in a safe place with a neutral supervisor who agrees to terms of a detailed supervision order and is able to control the VP and willing to report violations to court	Specific goals & behavioral criteria that need to be met to graduate to monitored exchange Safety provisions for victim parent & child in place, e.g., escort to site, protective orders in place	Re DV: High ratings on potency alone & moderate-high ratings on potency, pattern, & primary perpetrator of violence <ul style="list-style-type: none"> • Currently or recently violent (all types of violence) • A abusive relationships [ACV] 	Child's ongoing distress & lack of any apparent benefit in contact
Sole legal custody & sole physical custody	Explicit court order for access (times, dates, place of exchange, supervisor, etc.) Duration of visits usually limited to a few hours	Support & treatment services offered, but victims (& violent resisters) empowered by respecting self-determination Court-ordered treatment/rehab for abuser	Child or visiting parent needs more intensive therapeutic intervention Visiting parent has met explicit conditions for less restrictive access Custodial parent remains distrustful & wants supervision despite unfounded abuse allegations following full assessment	Inadequate supervision available, i.e., lacks training, skills, not neutral for child or parents

Continued

Section E: SUSPENDED CONTACT	Access arrangements	Other provisions	Appropriate for	Not appropriate for
Decision-making authority & parenting time assigned by court to the parent more able to provide non-violent home	All access or visiting rights with VP are suspended as per specific court order May resume after court review for specified period of times, contingent on specific remedial behaviors being reliably demonstrated	Report critical incidents to child protection services Referral of case to child protection services if suspension is expected to be long term or permanent Specify goals & behavioral criteria that need to be met to graduate to supervised access	No meaningful parent-child contact seems possible: no remorse or willingness to change by abusive parent [ACV] Persistent distress or refusal of child to supervised visits Parent's (VP) non-compliance with terms of supervised contact order Re DV: Very high ratings on potency, pattern, & primary perpetrator e.g., abusive VP's [ACV] with <ul style="list-style-type: none"> Attempts or threats to abduct, seriously hurt, kill, or blatant use of child to hurt & harass other parent Conviction for serious assault or attempted homicide or homicide of family member Child completely estranged from parent &/or family due to trauma of past abuse by VP 	Supervised visitation is not conveniently available Custodial parent's (CP) unjustified refusal to make child available for supervised visits or other non-compliance with terms of order
Sole legal custody & sole physical custody			Some severe current substance abusers & acutely mentally ill (no treatment)	

SECTION SIX

Suggested Format for Domestic Violence in Parenting Evaluation Report

There are a wide variety of styles/formats for parenting evaluation reports used in King County Courts. Some may be in three part format:

Part I Case Identifiers:

- identifying data, referral data
- list of all interviews conducted, instruments administered, materials reviewed
- legal questions the evaluation is to address

Part II Parenting Evaluation Summary

- the key findings from the parenting evaluation
- recommendations for parenting plans

Part III. Data and findings

- all data gathered
- detailed discussion of the data
- conclusions based on data
- and recommendations

Others may reverse the order of II and III and data followed by a discussion and recommendations.

Regardless of style for the total report, evaluators should create a specific section for the domestic violence screening and (if needed) the specialized DV assessments. This DV specific section should be in all parenting evaluations and contain the following: the definition of DV used in the evaluation and the results of the DV screen: yes or no. If yes, briefly describe assaultive and coercive conduct identified as DV and note the DV perpetrator and adult victim. If DV screening results need further assessment or was not done, that should be noted in this section of the report. For cases where DV is identified, the DV specific section would also

contain the findings from the DV assessments: the assessment of imminent danger and the specialized assessment of DV risks to children and parenting. This DV specific section of the report should be easy to access by use of a bold faced heading.

Since psychological testing is not specifically relevant to the DV screening and DV assessment protocols, results of any testing as well as assessments for other co-occurring issues should be clearly identified in their own sections of the report. Suggested report headings for the DV section for either the preliminary or final parenting evaluation reports are as follows:

Domestic Violence Section

Behavioral Definition of Domestic Violence used in this Parenting Evaluation:

Evaluators should clearly state the definition of domestic violence they used to conduct the parenting evaluation, such as:

“Domestic Violence is a pattern of assaultive and coercive behaviors that one intimate partner uses against another” Abusive tactics include but are not limited to physical assaults, sexual assaults, intimidation, emotional abuse, economic coercion and the use of children to control the adult victim ⁷⁴.”

Domestic Violence Screening Results: (one of the following)

No DV: briefly describe data for conclusion

Yes DV identified: briefly describe data for conclusion. When DV identified, the adult victim and DV perpetrator should be indicated.

DV Screening Incomplete: Please briefly explain why and if any further action was taken to complete screen.

Whenever is DV Identified, then the DV section of the report would also summarize the results of the DV assessments conducted

⁷⁴ If evaluator uses a subtype of spousal ass then the definitions of the subtypes (Jaffe et al, 2008) would be added to the behavioral definition.

Assessment of and Response to Imminent Risk during Parenting Evaluation

Evaluators should state either yes or no for imminent danger present and the basis for their findings. If imminent danger found, evaluators would state briefly their responses (e.g. referrals made, any mandatory reports made, consultation with lawyers, etc.)

Specialized DV Assessment of Risks to Children and to Parenting

Evaluators would summarize their specific findings for each of the domains:

- Pattern of assaultive and abusive behaviors: Abusive Tactics
 - Physical assaults against person, property or animals or conduct establishing credible threat
 - Sexual assaults
 - Psychological attacks :threats, menacing, harassment, emotional abuse, etc
 - Economic Coercion
 - Use of children to control adult victim
- Impact of DV on Adult Victim
- Impact of DV on Children and Parenting
- Lethality Assessment
- Protective Factors of children, adult victim, perpetrator and community
- Co-occurring issues: substance abuse, child maltreatment. mental health

DV Specific Recommendations for Parenting Plan

Evaluators should make parenting plan recommendations to address the specific risks to children or parent due to either physical violence and/or coercive control. In making the DV specific recommendations the evaluator would integrate findings from the other sections of the parenting evaluation: co-occurring issues, parenting capacities, parent/child relationship, child needs and parent preferences. The DV specific recommendations would address each of the areas of the parenting plan.

Template 6-1

Sample Format for the Domestic Violence Sub Section of Parenting Evaluation Report

1. Behavioral Definition of Domestic Violence used in this Parenting Evaluation:

2. Domestic Violence Screening Results: (one of the following)

- No DV (data that supports conclusion)
- Yes DV Identified: (data that supports conclusion)
 - Adult victim is
 - DV perpetrator is
- DV Screening Incomplete: (reason screening incomplete)

3. Assessment of and Response to Imminent Risk during Parenting Evaluation

- Date assessed;
- Imminent Risk : **NO** or **YES...**
 - If **YES**, nature of the risk to whom by whom
 - If **YES**, response of the evaluator

Specialized DV Assessment of Risks to Children and to Parenting

- Pattern of assaultive and abusive behaviors: Abusive Tactics
 - Physical assaults
 - Sexual assaults
 - Psychological attacks
 - Economic Coercion
 - Use of children to control adult victim
- Impact of DV on Adult Victim
- Impact of DV on Children and Parenting
- Lethality Assessment
- Protective Factors of children, adult victim, perpetrator and community
- Co-occurring issues

4. DV Specific Recommendations for Parenting Plan

Key Articles:

Domestic Violence Manual for Judges (2006), Chapters 2, 10 14, Appendix A& B. Washington State Gender and Justice Commission, Administrative Office of the Courts.

Jaffe, PG, Johnston, J.R., Crooks, C.V., Bala, N. (2008) "Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans" *Family Court Review*, vol. 46, No 3, 500-522.

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On-Line Resources

Key Resource

Domestic Violence Manual for Judges (2006), Washington State Gender and Justice Commission, Administrative Office of the Courts. Chapters 2, 10, 14., and Appendix A& B, Every WA State parenting evaluator should be familiar with the information provided prior to conducting these parenting evaluations. Available through the following link:
<http://www.courts.wa.gov/index.cfm?fa=home.contentDisplay&location=manuals/domViol/index>

Local Resources

King County Coalition against Domestic Violence, <http://www.kccadv.org> . The King County Coalition against Domestic Violence is a non-profit, membership organization dedicated to ending domestic violence by facilitating collective action for social change. The KCCADV provides leadership to domestic violence victim service agencies and their allies in their efforts to improve the community's response to domestic violence, and provides training, education and outreach to professionals and the public. The Coalition strives to represent the diverse interests of victims and survivors of domestic violence. Key resources available on the web site include local shelter and support agencies for victims, materials about domestic violence survivors charged with crimes, an issue paper on survivors' experiences with the family law system in King County, and informational brochures for outreach and community education. Also available is contact information for King County services for victims, dv perpetrators, and children from diverse cultures.

King County Domestic Violence Information Pages <http://www.metrokc.gov/dvinfo/> Links to information for victims, teens, parents, abusers as well as links to legal information, including the King County Prosecutor's Office, and other resources.

Washington State Certified Batterer Domestic Violence Perpetrator Treatment Programs, <http://www1.dshs.wa.gov/pdf/ca/perplist1.pdf>, with information about state standards and statewide list state certified Domestic Violence Treatment Programs.

Washington State Coalition Against Domestic Violence, <http://www.wscadv.org>
WSCADV is a non-profit network of domestic violence programs. These programs serve survivors across the state. And WSCADV serves these programs by:

- Working for laws that ensure safety and justice for survivors
- Providing specialized support to domestic violence agencies
- Conducting research to promote local-level change
- Publishing papers on critical issues

WSCADV Publications and Resources Available Online

Advocacy, program management:

- [A Fresh Look at Confidentiality: New Tools for Protecting Survivor's Information](#)
- [Assessment of Risk Posed to Children by Domestic Violence](#)
- [Battered Women's Shelters: Reflections](#)
- [BERTHA Manual](#)
- [Changing the Script: Thinking about our Relationships with Shelter Residents](#)
- [Confidentiality When Working with Battered Women](#)
- [How We Gave up Curfew](#)
- [How's It Going? A Day in the Life of a Domestic Violence Advocate Out-Stationed at a CSO](#)
- [Model Form - Grievance Procedures](#)
- [Model Form - Notice of Participants Right to Confidentiality](#)
- [Model Form - Release of Information](#)
- [Model Policy on Shelter Rules](#)
- [Moving from Rules to Rights and Responsibilities](#)
- [Physical "Fixes" That Help Programs Minimize Rules](#)
- [Poverty and Domestic Violence: What Battered Women with Abused Children Need from Their Advocates](#)
- [Record-Keeping When Working with Battered Women](#)
- [Rethinking Punitive Approaches to Shelter](#)
- [Rules: the Good the Bad and the Ugly](#)
- [Survivor's Perspectives on Confidentiality at DSHS](#)
- [The Role of the Advocate in Case Staffing at DSHS CSOs](#)
- [To Serve or Not to Serve: The Pros and Cons of Providing Mandated Services](#)

Children & families:

- [Assessing the Impact of Domestic Violence on Children's Safety](#)
- [CPS: Closing the Distance Between Domestic Violence Advocacy and Child Protective Services](#)
- [CPS: Reforming Child Protective Services Through Advocacy for Battered Women](#)
- [Working with Battered Women and their Teenage Boys in Shelter](#)
- [Working with Battered Women Involved in the Child Protection System](#)
- [Working with Friends and Family of Domestic Violence Victims](#)

Community education:

- ["It Is Part of the Work": A Conversation about the Role of Anti-Oppression in Advocacy](#)
- [Batterer Accountability: Responding to Child Maltreatment and Domestic Violence](#)
- [Batterer's Intervention: What Every Victim Advocate Needs to Know](#)
- [Caminando en sus Zapatos](#)
- [Caminando en sus Zapatos: English Translation](#)
- [In Her Shoes: Economic Justice Edition](#)
- [In Her Shoes: Living with Domestic Violence](#)
- [In Our Shoes: The Next Steps - An Advocate's Guide to Working for Economic Justice in Your Community](#)
- [Voices of Survivors Documentary](#)

Computers & technology:

- [Findings of the Tech Safety Project](#)
- [disAbility Access: A Summary of the State of our State for Victim Advocates](#)
- [Enough and Yet Not Enough: DV Advocacy for Persons with Disabilities](#)
- [Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide](#)
- [Nothing About Us Without Us - Disability Advocacy Project Report](#)
- [Safety Planning for Domestic Violence Victims with Disabilities](#)
- [Screening Practices for Domestic Violence Victims with Disabilities](#)
- [The Challenges We Face: Writings on advocacy for survivors with disabilities](#)

Healthcare & substance abuse:

- [Practical Tools for Advocates Addressing Substance Abuse](#)
- [Substance Abuse: Building a Bridge to Safety for Battered Women](#)
- [Voices of Survivors Documentary](#)
- [Working with Battered Women Impacted by Substance Abuse](#)

Immigration:

- [Battered Immigrant Women and the Law: What Advocates Need to Know Post-September 11](#)
- [Immigration Relief for Noncitizen Survivors of Violence](#)
- [Services for Limited English Proficient Immigrant and Refugee Victims of Domestic Violence](#)

Legal system & law enforcement:

- [Comparison of Court Orders for Washington State](#)
- [Legal Advocacy: Remembering Who We Work For](#)
- [Model Operating Protocol for Law Enforcement Response to DV](#)
- [Post-Arrest Model Response for the Supervision of Domestic Violence Offenders](#)

Finances & necessities:

- [Child Support & Domestic Violence](#)
- [Is It Safe To Say? Talking with DSHS about violence and abuse](#)
- [Learn about the Earned Income Tax Credit](#)
- [Poverty and Domestic Violence: What Battered Women with Abused Children Need from Their Advocates](#)
- [Summary of Public Assistance Programs](#)
- [Survivor's Perspectives on Confidentiality at DSHS](#)
- [Welfare on WorkFirst](#)

Media:

- [Covering Domestic Violence: A Guide for Journalists and Other Media Professionals](#)
- [Statistics from our Media Guide](#)
- [Model Form - Notice of Participants Right to Confidentiality](#)
- [Model Form - Release of Information](#)

Public policy:

- [Public Policy Advocacy: Five Steps, Five Strategies, Five Things to Remember](#)

National Resources on Domestic Violence

American Bar Association (ABA), <http://www.abanet.org>, provides attorneys and Judges with the knowledge and tools needed to assist them in their legal profession. It has several programs targeted to specialized areas of interest, including the Commission on Domestic Violence.

Battered Women's Justice Project, <http://bwjp.org>, offers resources, training and technical assistance on criminal, civil and defense issues related to domestic violence.

Minnesota Center Against Violence and Abuse, <http://www.mincava.umn.edu>, an electronic clearinghouse that provides access to thousands of violence-related research, training curricula, and other resources on child abuse, domestic violence, stalking, sexual violence, and elder abuse. Jeffrey Edleson and colleagues: particularly good research on information regarding domestic violence and children; and on batterers' intervention research; also good links to other academic resources.

National Council of Juvenile and Family Court Judges (NCJFCJ), <http://www.ncjfcj.org>, is "dedicated to serving the nation's children and families by improving the courts of juvenile and family jurisdictions." Offers specific resources addressing family violence including the Federal Greenbook Initiative (addressing the child maltreatment and DV), the National Judicial Institute on Domestic Violence, and Resource Center on Domestic Violence: Child Protection and Custody, Visitation Centers Project, and the Full Faith and Credit Project.

Office on Violence Against Women, <http://www.ojp.usdoj.gov/vawo>, provides "up-to-date information on interventions to stop violence against women for criminal justice practitioners, advocates, and social service professionals with the latest in research and domestic violence, stalking, batterer intervention programs, child custody [and] protection, sexual assault, and welfare reform."

Violence Against Women Online Resources, <http://www.vaw.umn.edu>, "provides materials on domestic violence, sexual assault, and stalking for criminal justice professionals, sexual assault and domestic violence victim advocates, and other multi-disciplinary professionals and community partners who respond to these crimes." The site's on-line document library contains information domestic, sexual assault, stalking, and child custody and protection.

Family Violence Prevention Fund (FVPF), <http://www.endabuse.org>, an excellent resource for information, training, and educational resources regarding children, health, immigrant women, teens, workplace, judiciary, and fathering project issues related to domestic violence.

Leadership Council of Child Abuse and Interpersonal Violence

<http://www.leadershipcouncil.org/1/pas/2.html>

The Leadership Council is a nonprofit independent scientific organization composed of respected scientists, clinicians, educators, legal scholars, journalists, and public policy analysts. "Our mission is to promote the ethical application of psychological science to human welfare."

We are committed to providing professionals and laypersons with accurate, research-based information about a variety of mental health issues and to preserving society's commitment to protect its most vulnerable members.”

Web sites for resources regarding culturally specific interventions

Community organizing strategies and domestic violence services with good links:

Institute on Domestic Violence in the African American Community

www.dvinstitute.org

National Latino Alliance for the Elimination of Domestic Violence

www.dvalianza.org

Asian and Pacific Islander Institute on Domestic Violence

www.apiahf.org/apidvinstitute/default.htm

FaithTrust Institute

formerly the **Center for Prevention of Sexual and Domestic Violence**, www.faithtrustinstitute.org based in Seattle, WA offers training, consultation, and educational materials to provide communities with the tools and knowledge to address the religious and cultural issues related to abuse. It is an international, multi-faith organization working with many communities, including, Buddhist, Jewish, Muslim, Protestant, and Roman Catholic as well as with Asian and Pacific Islander , Black, Anglo, Latino/a, Indigenous Peoples.

APPENDIX A

DV Perpetrators Tactics: Use of Children to Control Intimate Partner

During Relationship

- Physical abuse of children
- Sexual abuse of children
- Abusing partner in front of children
- Threats of harming partner or others
- Abusing or killing pets; damaging child's favorite objects
- Threats of suicide
- Justifying the violence
- Blaming the victim or children for the violence
- Calling the victim crazy, stupid, unfaithful, not right with God, etc
- Undermining parenting
- Threats to take children; to report to child welfare
- Using children as confidants
- Putting children in physical danger
- Getting children to take sides

DV Perpetrators Tactics: Use of Children to Control Intimate Partner

During or After Separation

- The above, plus the following.
- Interrogating children about victim
- Blaming victim for separation
- Undermining parenting of victim; using child as emotional confidant
- Calling constantly; wanting to visit constantly; changing children's plans repeatedly
- Withholding financial support; or wanting to control it
- Showering children with gifts
- Altering visitation agreements
- Abducting children
- Blaming victim for children's health or emotional problems
- Using court system to maintain control over adult victim
- Criticizing/assaulting new partner of adult victim
- Abusing new partner

APPENDIX B

Assessing the Evaluation

Assessing the quality, usefulness, and accuracy of DV protocols conducted with a parenting evaluation with a series of questions:

- What is the purpose of the evaluation? How will it be used?
- What questions are to be answered by the parenting evaluation?
- What is the definition of domestic violence used in the evaluation?
- What questions are to be answered by the Domestic Violence Routine Screening Protocol?
- What questions are to be answered by the Specialized Assessment of DV Risks to Children and Parenting?
- Did the evaluator use multiple, relevant sources of information for the Routine DV Screening? for the Specialized Assessment of DV Risks to Children and Parenting?
- Can the interview protocols, tools, instruments used produce the information needed to answer the questions?
- What are the conclusions of the evaluator? Do they fit the data gathered?
- What recommendations are made? Do they fit the conclusions of the evaluator and best practice knowledge of the field?
- Does the evaluator have the DV specific competencies (specialized knowledge, skill, and experience) to gather the information, to render findings, and to make recommendations?

Assessing the Parenting Evaluator

To implement the three DV specific protocols, parenting evaluators must specifically have, in addition to their expertise in conducting parenting evaluations,⁷⁵ advanced knowledge and skills related to domestic violence, including but not limited to:

- The behavioral definition of domestic violence,
- Tactics of assaultive and coercive control,
- DV perpetrators,
- Adult victims,
- Assessment of DV lethality/dangerousness,
- Impact of domestic violence on the adult victim, children, and parenting
- Protective factors that may mitigate DV damage to children and parenting,
- Domestic violence issues in diverse cultures,
- Skills in interviewing domestic violence perpetrators and adult victims.

⁷⁵ See Ackerman 2006, for description of standards and professional education for parenting evaluators.