

2015

Domestic Violence & Child Maltreatment

Coordinated Response Guideline

Table of Contents

Guideline Signatories	4
King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Revision Project 2013-2015.....	6
Project Participants and Contributors	7
Introduction	9
<i>References: Introduction Section</i>	10
Mission Statement	12
Glossary of Terms and Definitions	13
<i>References: Glossary Section</i>	17
Section 1: Mandated Reporting of Child Abuse/Neglect	18
Mandated Reporting Purpose and Procedures	18
Law Enforcement (LE) and Children’s Administration (CA) Coordination	21
Section 2: Agencies Roles, Responsibilities & Coordination	23
Role of Domestic Violence and Sexual Assault Advocates	23
Role of Batterer Intervention Programs (BIP)/DV Perpetrator Treatment Programs (DVPT).....	27
Role of Health Care Professionals.....	28
Role of Children’s Administration (CA), Child Protective Services (CPS), and Family Assessment Response (FAR)	30
Role of Law Enforcement (LE).....	33
Role of the Prosecutor’s Office	34
Role of the Assistant Attorney General (AAG) and Attorney General’s Office (AG)	37
Role of Parent’s and Children’s Attorneys in Dependency Cases	38
Role of the Dependency—Court Appointed Special Advocate (CASA)	39
Role of Attorneys in Family Law Cases	41
Role of King County Superior Court, Family Court Services (FCS)	42
Role of the Family Law—Court Appointed Special Advocate (CASA).....	43
Interagency Coordination	44
<i>References: Section 2</i>	46
Section 3: Information Sharing	47
Considerations for Information Sharing	47
Confidentiality and Privilege Overview	48
Laws Pertaining to Confidentiality of Records and Information	48
Privileged Communications Law	50
Information Sharing in the Context of Court Proceedings	51
Creating an Effective Information Sharing Policy	53
Section 4: Court Security, Visitation Guidelines, and Court Collaboration with Children’s Administration (CA)	54
Court Security Best Practices	54
Visitation Guidelines when DV Allegations are Presented	55
Children’s Administration (CA) and Family Law Guideline	57
Section 5: DV Screening, DV Assessment, Safety Planning and Service Plans	63
DV Screening.....	63
Specialized DV Assessments	66

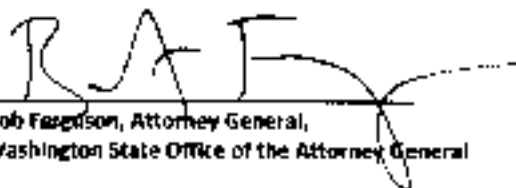
DV Safety and Service Planning	70
<i>References: Section 5</i>	73
Section 6: Domestic Violence Response in Diverse Communities	74
Special Needs of DV Survivors from Refugee and Immigrant Communities	74
Special Needs of DV Survivors from Lesbian, Gay, Transgender, and Queer Communities (LGBTQ)	77
Special Needs of DV Survivors from Communities of Color	81
Special Needs of DV Batterers from Communities of Color	83
Special Needs of Vulnerable DV Survivors—Adults with Disabilities and Older Adults (Ages 60 years and older).....	85
Special Needs of Military and Veteran DV Survivors	86
Special Needs of Youth/Teen DV Survivors	91
<i>References: Section 6</i>	96
Section 7: Services for DV Survivors, DV Batterers, and Children.....	97
Services for DV Survivors	97
Services for Batterers/Domestic Violence Perpetrators	104
Services for Children	109
<i>References: Section 7</i>	115
Appendices: 2015 King County Domestic Violence and Child Maltreatment Coordinated Response	
Guideline	116
Appendix A: Previous Guideline Signatories & Project Participants	117
Appendix B: Law Enforcement Referral Guidelines to Children’s Administration Intake*	127
Appendix C: Law Enforcement Children and Domestic Violence Investigation Checklist*	128
Appendix D: Services Provided by Family Court Services (FCS).....	129
Appendix E: Agencies Involved in Family Court.....	130
Appendix F: Supervised Visitation Order—Washington State, King County Superior Court	131
Appendix G: Comparison of Court Orders for Washington State	133
Appendix H: King County Superior Court Protocol for Obtaining Domestic Violence Protection Orders (DVPOs) at Juvenile Court - Effective 9/11/13.....	137
Appendix I: Patterns of Domestic Violence*	139
Appendix J: Safety Planning with DV Survivors	141
Appendix K: Safety Planning with Children	146
Appendix L: King County Community-Based DV Agencies*	148
Appendix M: Adult DV Survivor Services	151
Appendix N: Resources and Services for Youth/Teen DV.....	153
Appendix O: Domestic Violence Resources for Infants and Children.....	156

2015 King County Domestic Violence and Child Maltreatment Guideline Signatories

King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Signatories - 2015



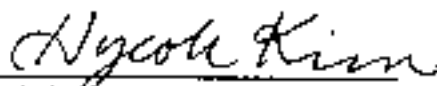
Dow Constantine,
King County Executive



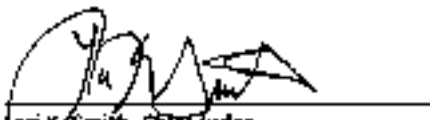
Bob Ferguson, Attorney General,
Washington State Office of the Attorney General



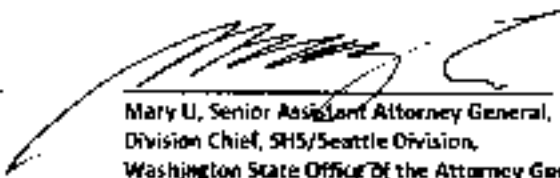
Elizabeth Berns, Judge and Project Chair,
King County Superior Court



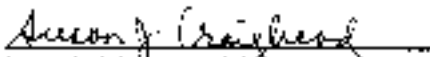
Hyeoh Kim, Deputy Mayor,
City of Seattle



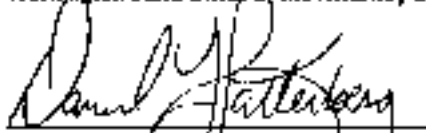
Lori K. Smith, Chief Judge,
Unified Family Court,
King County Superior Court



Mary U., Senior Assistant Attorney General,
Division Chief, SH5/Seattle Division,
Washington State Office of the Attorney General



Susan Craighead, Presiding Judge,
King County Superior Court



Dan Setlerberg, King County Prosecutor,
King County Prosecuting Attorney's Office



John Urquhart, Sheriff,
King County Sheriff's Office



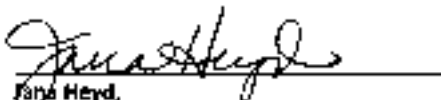
Merrill Cousin, Director,
King County Coalition Against Domestic Violence



Natalie Green, Regional Administrator,
Department of Social and Health Services,
Region Two, Children's Administration



Jorjane Reibar, Director,
Family Court Operations,
King County Superior Court



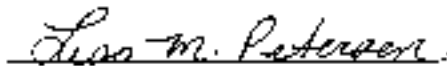
Jana Heyd,
Special Duty Assignment,
King County Department of Public Defense



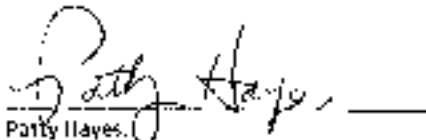
Lan Pham, Manager,
Mayor's Office on Domestic Violence and
Sexual Assault Prevention, City of Seattle

2015 King County Domestic Violence and Child Maltreatment Guideline Signatories (page 2)

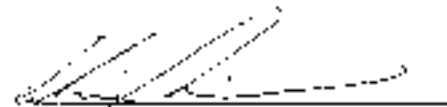
King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Signatories - 2015



Lisa Peterson, Program Manager,
Dependency CASA Program,
King County Superior Court



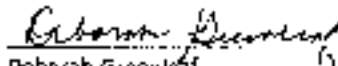
Patty Hayes,
Interim Director,
Public Health – Seattle & King County



Adrienne Quinn, Director,
King County Department of Community and
Human Services



Rob Wyman, Co-Director,
University of Washington,
Court Improvement Training Academy



Deborah Greenleaf,
Project Coordinator,
Public Health – Seattle & King County

King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Revision Project 2013-2015

Project Chair

Honorable Judge Elizabeth Berns

King County Superior Court

Project Coordinator

Deborah Greenleaf

Public Health—Seattle & King County

Project Support

The revision of the King County DV and Child Maltreatment Coordinated Response Guideline was supported by King County Superior Court. This guideline revision project would not have succeeded without the support and resource commitments of:

King County Superior Court

*Honorable Judge Joan DuBuque, Retired
Paul Sherfey, Chief Administrative Officer
Jorene Reiber, Director Family Court Operations*

Public Health—Seattle & King County

Deborah Greenleaf

2013-2015 Guideline Revision Project Participants and Contributors

Adams, Mark	<i>Wellspring Family Services</i>
Alquist, Margaret	<i>Department of Corrections, Bellevue</i>
Anderson, Lily	<i>King County Juvenile Court STEP UP Program</i>
Bercot, Jennifer	<i>King County Superior Court, Family Court Services</i>
Berns, Honorable Judge Elizabeth	<i>King County Superior Court</i>
Blair, Cyndie	<i>Region 2 Children's Administration (CA)</i>
Church, Kathy	<i>City of Seattle, Human Services Department</i>
Brandt, Jackie	<i>Seattle Children's</i>
Chitwood, Nona	<i>Public Health – Seattle & King County</i>
Dieringer, Jennifer	<i>Sound Mental Health</i>
DelVillar-Fox, Rachael	<i>King County Superior Court</i>
DuBuque, Honorable Judge Joan	<i>King County Superior Court, Retired</i>
Dungan, Scott	<i>King County Sheriff's Office (KCSO)</i>
Fisher, Roy	<i>Navos Mental Health Solutions</i>
Ganley, Dr. Anne	<i>Private Practice</i>
Gerlock, Dr. April	<i>Private Practice</i>
Glenwell, Alicia	<i>King County Coalition Against DV</i>
Gonzalez, Gioia	<i>Seattle Children's</i>
Grace, Deanna	<i>Region 2 CA</i>
Green, Natalie	<i>Region 2 CA</i>
Greenleaf, Deborah	<i>Public Health – Seattle & King County</i>
Greenleaf, Edward	<i>King County CASA Dependency Program</i>
Laird, Commissioner Jennie	<i>King County Juvenile Court</i>
Hofheimer, Lee	<i>Washington State Coalition Against DV (WSCADV)</i>
Jeske, Commission Jacqueline	<i>King County Juvenile Court</i>
Lenz, Connor	<i>King County Superior Court, Family Court Services (FCS)</i>
Li, Mary	<i>Washington State Attorney General's Office</i>
Mangiaracina, Kelly	<i>King County CSEC Task Force Coordinator</i>
Martin, David	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
Martin, Kathleen	<i>King County CASA Dependency Program</i>
Meinhold, Chris	<i>Broadview Emergency Housing and Transitional Housing Program</i>
Mennes, Roxanne	<i>Family Law CASA</i>
Murphy, Ciara	<i>Salvation Army DV Programs</i>
Norman, Jeff	<i>Region 2 CA</i>
Orcutt, Tracy	<i>King County Prosecuting Attorney's Office</i>
Parker, Tracee	<i>King County Coalition Against DV</i>
Pham, Lan	<i>City of Seattle Mayor's Office on DV and Sexual Assault Prevention</i>
Reiber, Jorene	<i>King County Superior Court, Family Court Operations</i>
Richarson, Adelle	<i>Region 2 CA</i>

Rogers, Kellie	<i>South King County YWCA</i>
Shanahan, Sandra	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
Swearingen, Kiana	<i>New Beginnings</i>
Taylor, Rachel	<i>New Beginnings</i>
Urion, Ward	<i>LifeWire</i>
Von Fossen, Beth	<i>Region 2 CA</i>
Ware, Ginny	<i>New Beginnings</i>
Walum, Maureen	<i>Region 2 CA</i>
Wells, Linda	<i>King County Department of Community and Human Services</i>
West, Dr. Carolyn	<i>University of Washington Tacoma, School of Psychology</i>
Williams, Cyndi	<i>City of Seattle Attorney's Office</i>
Wyman, Robert	<i>University of Washington, Court Improvement Training Academy</i>
Yoophum, Carlin	<i>Refugee Women's Alliance (ReWA)</i>

Introduction

Domestic violence (DV) and child maltreatment are public health issues that permeate every community in Washington State and the country. The National Survey on Intimate Partner Violence and Sexual Assault has estimated that more than one-third of women in the United States have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime (CDC 2012). Studies at the national and local levels have documented the co-occurrence of child maltreatment with exposure to partner abuse and violence. Renner and Shook Slack (2006) found a moderate, statistically significant correlation between child physical abuse, sexual abuse, and neglect with exposure to intimate partner violence, with the strongest association between childhood physical abuse and witnessing intimate partner violence by a child's parents/caregivers.

Many families referred to Children's Administration (CA) Intake for child maltreatment concerns, also have identified DV concerns. With a study conducted on Washington State CA cases, researchers have estimated that 47% of the referrals accepted for CPS investigation have some indication of adult DV in the child's home. The researchers also found that these CA Intake referrals that had DV indications, the families were more likely:

- To be reported for emotional maltreatment;
- To have multiple types of abuse and neglect risk factors;
- To have higher rated risk factors, to have multiple prior CA Intake referrals; and
- To have substantiated findings for abuse and neglect.

The increased risk of harm with co-occurring DV and child abuse was also identified in a retrospective study from children and youth in the Seattle Public School system. Children experiencing child abuse and DV exposure were at significantly greater risk for poor academic performance as compared to children who had DV exposure alone (Kernic, et. al. 2002). In the most lethal forms of DV, children can witness a homicide in their home or may even be murdered themselves. During the period of January 1997 to June 2010, a total of 386 women were murdered by an intimate partner in Washington State. In these fatalities:

- 38% of the murdered women had children living with them;
- 55% of these cases, children were in the home when the murder occurred;
- 54% of these cases the children witnessed their mother's murder; and,
- 16 children were murdered along with their mothers (WSCADV 2010).

Given the scope and impact of intimate partner violence, it is critical that collective action is needed in order to develop a coordinated response, implement evidenced based approaches, and provide appropriate responses and supports to families experiencing DV.

References: Introduction Section

Centers for Disease Control and Prevention (2012). The National Intimate Partner Violence and Sexual Assault Survey. Report available: http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

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

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

Renner, L. & Shook-Slack, K. (2006) Intimate partner violence and child maltreatment: Understanding intra & intergenerational connections. *Child Abuse and Neglect*: 30(2006), 599–617.

Washington State Coalition Against Domestic Violence (WSCADV, 2010). It Is Up to Us: Findings and recommendations from the Washington State Domestic Violence Fatality Review. Report available <http://dvfatalityreview.org/>.

Project History

Recognizing the overlap between cases involving DV and child maltreatment, then Washington State Supreme Court Justice Bobbe Bridge, in 2002 initiated a statewide effort to develop and adopt coordinated systems response protocols. A statewide leadership group over a two-year period developed a protocol template and finalized the document in September 2005. The template provided the framework and governing principles for each region in Washington State to develop a coordinated response protocol tailored to the needs and resources of each particular region. Signatories included the Washington State Supreme Court, Washington State Attorney General, Washington State Children's Administration (DSHS), Washington State Office of Public Defense, Washington State CASA, and the Washington State Coalition Against Domestic Violence. In addition to the statewide leadership network, five regional leadership teams, based on the regional divisions of the Washington State Department of Social and Health Services (DSHS), were established. The five regional leadership teams were formed in 2004 and began the work of developing their region-specific coordinated response protocols.

King County's regional leadership group was convened in 2004, and held its' initial summit with its community stakeholders on September 16, 2005. Over 70 individuals, representing a broad cross section of those involved in DV and child maltreatment issues attended the initial summit. At that time, the project was divided into five main workgroups: Agencies, Court Collaboration, Interventions, Services and Information Sharing. A member of the regional leadership team chaired each workgroup, and the workgroups met regularly over the course of the ensuing months to develop the contents of the first coordinated response guideline document. On March 18, 2007, the King County Domestic Violence and Child Maltreatment Coordinated Response Guideline was formally adopted and presented to the community at a public gathering attended by most of the signatories and community participants who developed the guideline.

After the guideline document was completed, the King County DV and Child Maltreatment Coordinated Response Project Oversight Committee was formed. Since then, the Oversight Committee has taken a leadership role in providing training on the guideline and maintaining/revising the guideline contents. The Oversight Committee and project members revised the guideline document in May 2010 with funding provided by the Washington State Administrative Office of the Courts, Gender and Justice Commission. For a full history of the prior guideline signatories and past project participants, please refer to [Appendix A](#).

2013-2015 Guideline Revision

King County is very fortunate to have such an active, interested and involved group of participants. This community is committed to developing and maintaining effective systems responses to DV and child maltreatment issues. Tremendous enthusiasm, interest, and energy have been devoted to this project and the coordinated response guideline document has become a valued resource to the community at large. The work of this project has also opened up lines of communication, developed better understandings, created opportunities to connect and collaborate, and has sustained dedication and commitment of participants to protect and support children and their families experiencing DV. During 2013-2015, King County Superior Court sustained the project operations and Oversight Committee, and fully supported the review and revision of the coordinated response guideline document. With this revision, a new section on DV response in diverse communities was developed and added to the guideline. The commitment and ongoing work of the court and its community partners demonstrates the importance of addressing DV in the lives of children and their families living throughout King County.

Mission Statement

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

Guiding Principles

- A child or youth's exposure to DV alone is not child maltreatment. A thorough DV assessment by a trained entity is needed to determine the level of risk posed by the DV.
- It is generally in the best interest of the children to remain in the care of the non-abusive parent.
- Increasing the safety, autonomy, and emotional well-being of DV survivors generally leads to safer outcomes for children.
- DV perpetrators must be part of DV assessment interviews. DV perpetrators must be held accountable for their abusive behaviors, and be engaged into resources and services that interrupt their use of controlling, abusive, and violent behaviors.
- An individualized family response plan that focuses on increasing the level of safety for all family members should be developed and adopted.
- Children and their families experiencing DV should be referred to developmentally appropriate and culturally relevant interventions, treatment, support, and resources.

Cooperating Agencies

- King County Superior Court
- King County Court Appointed Special Advocate (CASA) Dependency Program
- King County Family Court Services
- Washington State Department of Social and Health Services, Region Two Children's Administration (CA)
- King County Office of the Prosecuting Attorney
- King County Sheriff's Office
- King County Coalition Against Domestic Violence
- King County Office of Public Defense
- Seattle City Attorney's Office
- City of Seattle, Mayor's Office on Domestic Violence and Sexual Assault
- Washington State Attorney General's Office
- University of Washington, Courts Improvement Training Academy

Glossary of Terms and Definitions

AAG means an Assistant Attorney General.

ACP means the Address Confidentiality Program.

AG means the Washington State Attorney's General Office.

BIP means a Batterer's Intervention Program.

Child abuse and/or neglect or Child abuse/neglect means "sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#); or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. Under [RCW. 26.44.020](#), an abused child is a child who has been subjected to child abuse or neglect."

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

Child Protection Team or **CPT** means a case staffing team comprised of CA social workers and professional providers used by Children's Administration (CA). The CPT is utilized to assist in assessment of the need to place children in out-of-home care and to assist in the assessment of future risk of abuse and neglect to children. The CA office that has the case open for services conducts the CPT.

Child Protective Services or **CPS** means the CA unit that conducts child abuse/neglect investigations. In January 2007 CPS was reorganized into two units: Child Protective Services (CPS) and "Family Voluntary Services" (FVS) which provides voluntary services to families with child abuse/neglect risks. In 2014 "Family Assessment Response" (FAR) became a part of CPS.

Child's risk of imminent harm means "the significant possibility or likelihood a child will suffer serious physical or emotional harm in the near future" per Children's Administration Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

Children's Administration or **CA** means the division of the Washington State Department of Social and Health Services that provides CA Intake, Child Protective Services, Family Voluntary Services, Family Reconciliation Services, and Children and Family Welfare Services.

Children's Administration (CA) Intake means the unit that creates reports of child abuse or neglect when people report a child maltreatment allegation by telephone, fax or U. S. mail.

Children and Family Welfare Services or **CFWS** means the unit of CA serving children and families with legal structure. CFWS can include both out-of-home and in-home dependency cases.

Commercially Sexually Exploited Child/Youth (CSEC) means a child or youth who has been pressured, coerced, or forced to participate in the commercial sex trade.

Court Appointed Special Advocate or **CASA** means an advocate who acts on behalf a child involved in court proceedings.

The **CASA Dependency Program** provides child advocates for children in dependency cases.

The **Family Law CASA Program** provides child advocates for children in disputed family court custody cases.

Dependent Child means any child who has been abandoned, abused, or neglected as defined in [RCW 26.44.010](#) et seq by a person legally responsible for the care of the child or who has no parent, guardian or custodian capable of adequately caring for the child such that the child is in circumstances that constitute a danger of substantial damage to the child’s psychological or physical development. Once a dependency action is filed pursuant to Title [13.34 RCW](#), the court determines whether a child should be found to be dependent.

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

Domestic Violence or **DV** means a behavioral definition of DV is “a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners” (GJC 2014).

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

Domestic Violence Advocate means an advocate who supports survivors of DV. The types of advocates vary with their role and functions as detailed below:

- **Community-based DV advocate** means a DV advocate employed by a non-profit DV survivor services agency to provide crisis intervention, DV education, information, and safety planning. Advocates also refer to community resources or help DV survivors access legal, financial, housing, health, counseling, and other services/supports.
- **Community-based DV children’s advocate** means a DV advocate employed by a non-profit DV survivor services agency to provide a range of supportive services to children affected by DV, and parenting support to DV survivors.
- **Community-based DV legal advocate** means a DV advocate employed by a non-profit DV survivor services agency to provide civil and criminal legal education and assistance, but not representation, to DV survivors.

- **Sexual assault advocate** means an employee or volunteer from a rape crisis center, victim assistance unit, program, or association that provides information, medical or legal advocacy, counseling, or support to survivors of sexual assault. The sexual assault advocate is designated by the survivor to accompany the survivor to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.
- **System-based DV advocate** means a DV advocate employed by a prosecutor's office, police department, or court.

DV Batterer or **DV Perpetrator** means the person who uses a pattern of assaultive and coercive behaviors, which include physical, sexual, psychological attacks, and economic coercion, that are used against intimate partners.

DV Survivor means the person who is abused by their intimate partner.

DSHS means the Washington State Department of Social and Health Services.

DSHS/CA means the Washington State Department of Social and Health Services, Children's Administration.

DSHS/CA/DLR means the Washington State Department of Social and Health Services, Children's Administration, Division of Licensed Resources.

DVPT means a Domestic Violence Perpetrator Treatment Program.

DVPA means the Domestic Violence Protection Act.

Domestic Violence Protection Order or **DVPO** means a DV protection order, an order issued in civil cases, as described by [RCW 26.50](#). Such orders are to people who are experiencing physical violence, threats of physical violence, which create a fear imminent harm, sexual assault or acts of stalking perpetrated by a family or household member. Although a protection order is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, contacting the victim and or minor children, and from coming to the home, school, workplace, daycare, or other designated location. A DVPO can restrain the respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in [RCW 9.61.260](#), and using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communication of a victim of DV, the victim's children, or members of the victim's household. For the purposes of this subsection, "communication" includes both "wire communication" and "electronic communication" as defined in [RCW 9.73.260](#).

Family Assessment Response (FAR) is a CPS response to families who have less severe child neglect or abuse allegations. FAR offers assessment and services in lieu of CPS investigation. With FAR there are no findings of child neglect or child abuse that are made on the parents or caregivers.

Family Court Services or **FCS** means the program in King County Superior Court that conducts DV assessments, risk assessments, and parenting plan evaluations for family law cases.

Family Team Decision Making Meeting or **FTDM** means a meeting with CA family and their support network concerning safety and case planning decisions for a child, decisions to place a child outside the home, or decisions to return a child home.

GAL means a Guardian Ad Litem.

Judicial Access Browser System or **JABS** is a WEB based application for Superior Court and limited jurisdiction court sharing of case and order history.

Judicial Information System or **JIS** means the primary information system for Washington courts. JIS maintains a statewide network and provides statewide information sharing of personal information for criminal, domestic cases, and DV cases, which includes protection order information and individual criminal history information.

KCPAO SAU means the King County Prosecuting Attorney's Office Special Assault Unit

KCSO SAU means the King County Sheriff's Office Special Assault Unit.

LE means Law Enforcement.

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

LFLR means Local Family Law Rule.

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

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

Office of the Family and Children's Ombudsman or **OFCO** means the Washington State agency that investigates complaints about agency actions or inaction for children or parents involved in Children's Administration Services or for any child at risk of child abuse/neglect. The legislature also empowers the Ombudsman to recommend changes for improving the child protection and child welfare system.

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

Restraining order means a civil order granted in connection with a pending family law or juvenile court proceeding, as specified in [RCW 26.09](#), [RCW 26.10](#), [RCW 26.26](#), [RCW 26.44](#), which restricts the person restrained from certain types of behavior, including molesting or disturbing the peace of a party or a child, from coming to the workplace, residence, school, daycare or other specified locations where the protected person(s) may be, from removing a child from the jurisdiction of the court or from the residential care of a named custodian or parent, or being within a specified distance of the protected person(s). A violation of the above types of restraint provisions may subject the violator to arrest and criminal charges and/or a contempt hearing. Each statute should be specifically consulted as the range of available restraints may vary. These restraining orders may be modified or revoked. These restraining orders generally terminate upon the dismissal of the family law or juvenile court proceeding and/or upon entry of a final decree.

Sufficiency Screen means the screening tool used by Children’s Administration (CA) Intake to determine if there is sufficient information to warrant a LE or CPS investigation or FAR assessment.

Third party offender means an offender who is not a parent, guardian, or legal custodian.

UFC means Unified Family Court.

Vulnerable Adult means as specified by [RCW 74.34.020](#), a "vulnerable adult" includes a person who is:

- Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- Found incapacitated under chapter [11.88 RCW](#); or
- Who has a developmental disability as defined under [RCW 71A.10.020](#); or
- Admitted to any facility; or
- Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter [70.127 RCW](#); or
- Receiving services from an individual provider; or
- Who self-directs his or her own care and receives services from a personal aide under chapter [74.39A RCW](#).

Vulnerable Adult Protection Order (VAPA) means a protection order vulnerable adult in cases of abandonment, abuse, financial exploitation, or neglect as described by [RCW 74.34.110](#).

References: Glossary Section

Gender and Justice Commission (GJC), Washington State Courts: Administrative Office of the Courts (2014). Domestic Violence Manual for Judges. See: http://www.courts.wa.gov/programs_orgs/gjc/?fa=gjc.home



Section 1: Mandated Reporting of Child Abuse/Neglect to Law Enforcement (LE) and Children's Administration (CA)

Introduction:

Mandated Reporting Purpose and Procedures

Throughout the justice, Law Enforcement (LE), child protection/child welfare, social service, health, mental health and educational systems, individuals in certain positions are required by state law to report known or suspected child abuse/neglect. Under state law [RCW 26.44.020](#), exposure to domestic violence (DV) that is perpetrated against someone, other than the child, does not in and of itself constitute child maltreatment or negligent treatment. The legislative intent was to prevent agencies and the court from the precipitous removal of children from their homes when, by following principles of supporting DV survivors' safety and DV perpetrators' accountability, children can be safely left in the care of DV survivors. This section outlines the scope of those mandatory reporting laws, defines who is a mandatory reporter, and describes Children's Administration (CA) Intake referral guidelines in DV cases.

The purpose of mandated reporting laws is to protect abused or neglected children who may be unable to protect themselves. All providers represented in this guideline are mandated to report any unreported or suspected incidents of child abuse/neglect. This includes employees of the Department of Social and Health Services (DSHS), CA, Assistant Attorney General's Office (AG), DV advocacy programs, LE, health care professionals, prosecutors, Family Court Services (FCS), Batterer's Intervention Program (BIP)/Domestic Violence Perpetrator Treatment (DVPT) specialists and Court Appointed Special Advocates (CASA).

Mandated reporters are "any practitioner, county coroner or medical examiner, LE officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, licensed or certified child care providers or their employees, employee of the department, employee of the department of early learning, employee of the department of corrections, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, or state family and children's ombudsman or any volunteer in the ombudsman's office, a guardian ad litem, or a Court Appointed Special Advocate has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper LE agency or the department (**department** refers to Children's Administration Intake) as provided in [RCW 26.44.040](#) and [RCW 26.44.030](#)."

When considering child abuse/neglect referrals for children exposed to DV, it is important to remember that exposure to DV in and of itself does not constitute child abuse/neglect or child maltreatment. For DV exposed children, mandated reporters should assess for maltreatment risks to the children. When making child abuse/neglect reports, mandated reporters should report details of the DV including whom the DV batterer is, so that batterer becomes the subject of the child abuse/neglect investigation, and is appropriately assessed during investigations. This is critical so that batterers, not DV survivors, are held responsible and accountable for exposing children to DV.

Failure to report known or suspected child abuse/neglect is a gross misdemeanor and can be a violation of professional licensure. If an agency or provider has any question regarding their status as a mandated reporter, they can and should contact CA for clarification. This mandated reporting requirement is one of the exceptions to both privilege and confidentiality in the rules of information sharing.

Mandated Reporting Procedures

Refer to [Appendix B](#) for CA Intake reporting numbers and recommendations for child abuse/neglect reporting in DV cases. LE should be notified by a 911 call when an immediate response is required for life-threatening events, emergency circumstances, or in cases where serious crimes were committed against children. These circumstances include the following:

- Death of children;
- Maltreated children who are seriously injured and require medical assessment and treatment;
- Children who are sexual abuse victims;
- Children at risk of imminent harm from dangerous circumstances. This is defined as “having the potential to occur at any moment, or that there is a substantial likelihood that harm will be experienced” (CA social workers refer to CA Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4). Examples of imminent harm are when family members have used or threatened to use guns against family members; or intoxicated parents/caregivers are operating a car while with their children present; and,
- Children at risk of imminent harm from caregivers’ neglectful behaviors such as:
 - Starving a child;
 - Withholding medical treatment for life threatening medical conditions;
 - Allowing physical hazards that can seriously injure to be present in the children’s environment; or
 - Failing to provide adequate supervision of young children under the age of five; or
 - Failing to provide adequate supervision of developmentally disabled or medically fragile children, or leaving them with unsafe caregivers.

Child Abuse/Neglect Reports to CA Intake: Reports should be made whenever a person has reasonable cause to believe that a child has been harmed or is at imminent risk of harm from child abuse/neglect. In assessing risk of imminent harm, the overriding concern is a child's immediate safety. Referrals to CA Intake should be made in cases where there are allegations of “child abuse,” which is defined as “incidents of physical abuse, sexual abuse, sexual exploitation, or injury of a child by any person under circumstances, which cause harm to the child’s health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#).”

Per [RCW 26.44.020](#), referrals should be made to CA Intake when there are allegations of “negligent treatment” of children for an act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child’s health, welfare, or safety. When considering whether a clear and present danger exists, evidence of a parent’s substance abuse as a contributing factor to negligent treatment shall be given great weight.

Not all risks to children require mandated abuse/neglect reports. Per [RCW 26.50.010](#), “poverty, homelessness, or exposure to DV, as defined in that is perpetrated against someone other than the child, do (does) not constitute negligent treatment or maltreatment in and of itself.” The fact that siblings share a bedroom or is homeless is not, in and of itself, negligent treatment. Children exposure alone to DV is not child maltreatment. See [Appendix B](#) for examples of circumstances that require children’s abuse/neglect reports in DV cases.

Whenever mandated reporters have reasonable cause to believe that children have suffered abuse or neglect mandated reports are to be made as soon as possible, but no later than 48 hours. When making a report with

DV concerns, mandated reporters should alert CA Intake workers about the DV so that precautions can be taken to ensure the safety of adult DV survivors and their children.

The following information, if known, must be provided to CA Intake or LE when making a report of suspected child abuse/neglect:

- Name, address and age of the child;
- Name and address of the child's parents, stepparents, or person having custody or care of the child;
- Nature and extent of the alleged injury or injuries, neglect, physical abuse, or sexual abuse;
- Any evidence of previous injuries, including their nature and extent; and
- Any other information that may be helpful in establishing the cause of the child's injuries or alleged perpetrator(s).

Reporter Identification for Mandated Reporting: CA Intake social workers should make reasonable efforts to learn the name, address and telephone number for persons making mandated CA reports. The department shall provide assurances of appropriate confidentiality of the identification of persons reporting child abuse/neglect. If CA is unable to learn required information, CA will only investigate cases in which the following occur:

- The department believes there is a serious threat of substantial harm to the child;
- The report indicates conduct involving a criminal offense that has, or is about to occur to a child victim; or
- The department has a prior founded abuse or neglect finding with regard to a member of the household that is within three years of the receipt of the report.

CA Intake social workers must provide the following information to the referrer (Refer to CA Practice and Procedures Guide section 2220 (A2)):

- Inform individuals making mandated reports that if requested, CA will not reveal a referrer's name during the investigation.
- Inform the referrer that CA may be required to disclose the name of mandated reporters for the following reasons:
 - Court testimony;
 - Fair hearing procedures
 - Criminal investigations by LE including malicious reporting; or
 - Court ordered disclosures.

A mandatory reporter is required to report suspected child abuse/neglect or "cause a report to be made" When making a referral to CA Intake, agencies may designate a point person to meet the mandatory reporting requirements. The point person making the referral must give their legal name and provide contact information regarding where they received the information. This information is required, as CA and LE may need to contact this person for additional information. The person providing the information for the referral may use a fictitious name for personal safety reasons.

Other Duties of Mandated Reporters: In addition to mandated child abuse/neglect reporting duties, mandated reporters shall:

- Respond to subpoenas;
- Appear in court for testimony;
- Cooperate with CA social workers and LE personnel who are investigating child abuse/neglect reports; and
- Share "relevant records" of the child, in the possession of mandated reporters and their employees, with CA investigators or LE agencies, per [RCW 26.44.030](#). Please note that Washington State statute does have a definition for relevant records. Mandated reporters should follow their agencies policies for

release of information. Also note that many community-based DV programs do not keep records on children living in their DV housing programs.

Child Abuse/Neglect Reporting Follow Up: Mandated reporters could ask for information about an intake worker's ID or name and what response to their reports they may anticipate from 911, CA, or LE intake workers.

911 Operator

- The 911 operator number;
- The incident/computer number; and
- The response to the 911 report.

CA Intake

- The CA Intake social worker's name;
- The name of the CA Intake social worker's supervisor, and
- The CA Intake screening decision:
 - If the case is accepted for investigation or for a Family Assessment Response (FAR), the mandated reporter can ask to have the assigned social worker call them.
 - If the screening decision is unknown at the time of the call, mandated reporters can call back within 4 hours to learn of the decision.

LE Investigation Unit

- The name of the officer;
- The name of their supervisor;
- The case number;
- The criminal charge, if the case was filed; and
- The case status by calling the sergeant or supervisor of responding unit.

Mandated Reporting for Community-Based DV Programs: Employees of DV programs are mandated reporters as defined by [RCW 26.44.030](#), and they have a duty to make a report to LE or CA Intake when they have reasonable cause to believe a child has suffered child abuse/neglect. Best practice for DV program staff in reporting child abuse/neglect is to make reasonable efforts to inform the DV survivor of the LE or CA Intake report. To maintain confidentiality of the DV housing program location, the staff should request that CA Intake record the program's address as "confidential DV housing program" in CA database, reports, and official documents. DV Program staff should take steps to protect the privacy and safety of the persons affected by the release of the information. For example, when disclosing a client's contact information to CA or LE, request that the information not be re-disclosed without the client's permission. To better facilitate communications, coordination, and advocacy, it may helpful for DV programs when making mandated reports to have clients sign a release of information for CA and/or LE.

Law Enforcement (LE) and Children's Administration (CA) Coordination

Law Enforcement Calls for Checks on Children's Welfare: In emergency circumstances, when a child has been abused or at risk of imminent harm, CA may call LE to assess the status of the child, and to *check on the children's welfare*. As required by [RCW 26.44.030](#), when CA receives a report of an incident of alleged abuse or neglect involving a child who has died, has had physical injury or injuries inflicted upon him or her other than by accidental means, or has been subjected to alleged sexual abuse, a report shall be made to the proper LE agency. In emergency cases, where the child's welfare is endangered, CA must notify the proper LE agency within 24 hours. In all other cases, CA must notify the LE agency within 72 hours. If LE has information that the child is residing in a community-based DV shelter/transitional housing program, LE will ask to enter the facility to

complete a check on children's welfare. Community-based DV shelter and transitional housing programs should have clear procedures in place on how to coordinate with LE for these emergency responses.

Calls to LE for Protective Custody: CA may determine there is a need for the urgent removal of a child in circumstances where a child is at "*risk of imminent harm.*" This means the children are at immediate risk of serious abuse, or neglect; have been seriously abused or neglected; or abandoned by their caretakers. In emergency situations CA does not have the authority to remove children from their caregivers and place children into protective custody and must contact LE. LE is the only entity that can take a child into protective custody absent a court order. A LE officer may take or cause a child to be taken into custody without a court order if there is probable cause to believe that:

- The child has been abused or neglected; or
- The child would be injured if not taken into custody; or
- The child would not be located or be available if a court order was sought first, pursuant to [RCW 13.34.050](#) and [RCW 26.44.050](#).

When CA calls LE to place a child in protective custody, LE may come to the location of the children, including community-based DV shelters/transitional housing programs. LE must first assess the situation and determine if the child needs to be removed from the caregiver/housing program. When it is necessary to remove a child, LE would take children into protective custody and release the child to CA for placement. LE can also determine if another family member or responsible adult could care of the child.

When it is necessary for LE to respond to protective custody calls to community-based DV housing programs, best practice is for program staff to minimize trauma to the affected family members and other housing residents. Program staff should have LE meet with the child and parent in a private confidential setting away from the other housing residents. To maintain confidentiality of the community-based DV housing program location, the staff should request that the responding LE officer list their address as "confidential DV housing program" in all LE reports and official documents.

At times, batterers may contact 911/LE and make false child maltreatment allegations. This may happen so they may learn the location of the DV survivor and their children. LE should use caution if the reporting party requests a call back regarding the status of such confidential housing residents. LE should not confirm the identity, location, or status of a DV housing program resident to anyone unless permitted under Washington State statutes.



Section 2: Agencies Roles, Responsibilities & Coordination

Introduction

In developing a coordinated community response to DV, child maltreatment, and child exposure to DV, it is important that the role and responsibilities of each agency involved are clearly described and outlined. The purpose of this section is to describe the general roles and policies of each agency, and how each agency operates and/or investigates DV cases.

Role of Domestic Violence and Sexual Assault Advocates

King County is fortunate to have an extensive regional array of services for DV and sexual assault survivors that is seen as a model in the nation. Advocates address the rights, needs, and safety of DV survivors and their children. They provide a variety of services including support, safety planning, information, resources, and appropriate referrals to community services. Their specific roles and functions are dependent upon where they are employed. Community-based DV advocates have privileged communications with DV survivors as outlined in Section Three, Information Sharing. Communications between community-based DV advocates and DV survivors as well as DV survivors' records cannot be released without a valid release of information or a valid court order. Privileged communication protections are critical to preserve the safety and well-being of DV survivors and their children. It is recommended to ask a community-based DV advocate about their roles, limitations, and confidentiality constraints in order to establish a good working relationship.

Community-Based DV Advocates are employed mainly by non-profit agencies in locations throughout King County. They provide voluntary and confidential services to DV and sexual assault survivors, which may include crisis intervention, emergency shelter, transitional housing, and other programs. The function of a community-based DV advocate's role may vary from one community agency to another. Community-based DV and sexual assault advocates work with adults, teens, and children. Some advocates have specialized training to support and advocate for the legal, medical, financial, housing, or other specific needs of survivors. There are also children's advocates, who primarily support and advocate for children affected by DV. The roles and services of community-based DV advocates are described here.

- Work with any DV survivor who requests services, including survivors who are defendants in criminal cases.
- Provide voluntary advocacy services when requested by DV survivors.
- Have a strong belief in survivor self-determination and tailor services based on what the client or their children identify as needs.
- Provide advocacy-based counseling to DV survivors including DV education, support, information, referral to resources, and safety planning. DV advocates do not have an evaluative or monitoring role with DV survivors and their children.
- Offer support groups, and in some agencies, a 24 hour crisis line.

- Provide specialized services for children and teens.
- Assist survivors in accessing resources and services they need, such as housing, financial assistance, employment training, childcare, counseling, and legal assistance.
- Provide community education, outreach and professional trainings on DV.
- Collaborate with legal, medical, LE, social service and health agencies, and participate in relevant community task forces and social change committees.

Community-Based Sexual Assault Advocates are an employee or volunteer from a rape crisis center or a victim assistance unit that provides information, medical or legal advocacy, counseling, or support to sexual assault survivors. Sexual assault advocates may be designated by survivors to accompany them to hospitals, health care facilities, or legal proceedings concerning the alleged assault. Sexual assault advocates may disclose confidential communications without the consent of survivors if there is a clear imminent risk of injury or death to survivors or other persons that would occur if the information were not disclosed per [RCW 5.60.060\(7\)](#). Any sexual assault advocate acting in good faith with such disclosures shall have immunity from civil, criminal, or other liability that might result from the disclosure.

Community-Based Legal DV Advocates are employed by community-based DV survivor services agencies. They have the same confidentiality and privileged communications as community-based DV advocates. Community-based legal DV advocates roles and services are described here.

- Have the same roles as community-based advocates, and in addition have expertise in DV civil/criminal legal issues.
- Provide support, legal information, and referrals for civil/legal services. DV legal advocates cannot provide legal representation or advice.
- Assist DV survivors with the protection order process and accompany DV survivors to legal appointments and court hearings.
- Organize legal information sessions for DV survivors.
- Coordinate and collaborate with various legal and criminal justice system entities, and advocates on behalf of the client.

Community-Based Children's DV Advocates are employed by DV survivor service agencies. They have the same confidentiality and privileged communications as community-based DV advocates. Information shared to children's DV advocates is held confidential and cannot be disclosed unless it relates to the overall well-being of children, or when children reveal risks of being hurt, or when children are hurting themselves or others. Community-based children's DV advocates roles and services are described here.

- Have roles similar to community-based DV advocates, but are more focused on supporting and advocating for children's emotional needs and well-being, while providing support to their parents.
- Provide children's groups centered on safety, peaceful activities, education, identifying and sharing emotions, and supporting self-esteem.
- Provide childcare, community resources for children, and parenting resources.
- Coordinate and collaborate with schools, daycare programs, children's DV support groups, and services affiliated with DV programs throughout the county.

Systems-Based DV Advocates may be employed by prosecution agencies, LE agencies, Department of Corrections, or cities. They provide advocacy services to individuals identified as DV victims who are involved in the criminal or civil legal system. Systems-based advocates are generally not able to help with family law cases. They may provide education about court processes, accompany DV survivors in court, and make referrals to community services. Their specific role varies by their employer. Information that DV survivors discuss with systems-based advocates may be recorded in court records and documents. Systems-Based DV Advocates may be referred to as victim liaisons, coordinators or specialists. Relationships advocates have with DV survivors are limited primarily to the life of the criminal case. Advocates may be able to directly affect change and awareness

within the legal system on behalf of the survivors with whom they work. Systems-based DV advocates roles and services are described here.

- Provide support and case management to DV survivors during criminal proceedings.
- Assess and address survivors' safety needs and other concerns related to prosecution.
- Provide crisis support and ongoing safety planning.
- Work cooperatively with community-based DV advocates and advocacy programs.
- Convey DV survivors' input to detectives, prosecutors, judicial officers, probation, and other relevant system-based professionals.
- Explain legal processes, options and potential outcomes to DV survivors.
- Accompany DV survivors to joint interviews, defense interviews, and court hearings.
- Consult closely with prosecutor on DV survivors' issues and case concerns.
- Provide DV survivors with appropriate referrals to community resources.
- Ensure that DV survivors' rights are honored in the system.
- Provide some assistance with protection orders.
- Initiate contact with survivors upon receipt of a DV incident report or criminal complaint. Relationships with DV survivors are approached with a philosophy of DV survivor self-determination; however, LE and/or prosecutors control decisions about the criminal case.
- Work with the person listed as the "victim" in the criminal case; however, systems-based DV advocates cannot work directly with DV survivors who are arrested.
- Provide advocacy and referrals for children who are witnesses or similarly involved in the DV criminal case as requested.
- Have access to records in the criminal justice system.
- Provide information and records to the court, prosecutors, and LE personnel with whom they work. Although criminal defendants rarely have access to actual records prepared and maintained by system-based advocates, some of the information contained in them may be required, under certain circumstances, to be disclosed to the defense pursuant to the rules of discovery, see CrR 4.7.

Protection Order (PO) Advocates are systems-based DV advocates who are employed by the King County Prosecuting Attorney's Office (KCPAO) and work exclusively with PO petitioners. The information DV survivors provide for the DVPO petition is recorded in a public document. PO advocates do not provide case management or keep client records. PO advocates are housed in both King County Superior Court locations, and in King County District Courts' East Division, which is located in Redmond. PO advocates roles and services are described here.

- Assist and support DV survivors, with an emphasis on the self-determination of survivors, who are petitioning for domestic violence protection order (DVPO) for themselves and/or for their minor children.
- Assist DV survivors in assessing the pros, cons, and safety implications for filing for a DVPO. Assist petitioners with the filing of temporary orders, full orders, modifications, terminations and renewals.
- Cannot assist people who have a full PO already against them, who are on probation, or who are being charged by the KCPAO.
- Provide technical assistance, support and education to DV survivors on the DVPO process in the following ways:
 - Provide preparation for court and its outcomes.
 - Provide DV education.
 - Refer to community and social service providers.
 - Provide lethality assessment and safety planning.
 - Accompany DV survivors during court proceedings.
 - Assist in coordinating and troubleshooting with LE, family court, community DV survivor agencies, legal aid agencies, and other criminal justice system entities as needed.

Coordination with Community-Based DV Advocates and Children’s Administration (CA) Social Workers: The Washington State Coalition Against Domestic Violence has developed a model protocol for best practices in working with CA involved DV survivors see: www.wscadv.org. The protocol provides excellent guidelines for DV advocates on how to assess when a report is required, how to make a CA intake report, and how to support and advocate for DV survivors and their children. Community-based DV advocates should support CA involved DV survivors as described here.

- Work to support adult DV survivors’ ability to protect their children.
- Consult and inform CA social workers on the role that DV has played in the maltreatment of children, the level of threat the DV perpetrator poses to the children, and the protective actions that adult DV survivors have taken.
- Work to ensure that the rights of DV survivors are protected throughout the CA case.
- Support and assist DV survivors in making child abuse/neglect report(s) to CA Intake in cases where DV survivors divulge maltreatment of the children by DV perpetrators.

Coordination with Community-Based DV Housing Programs and Children’s Administration (CA) Social Workers: Community-based DV housing programs are not compelled to produce a child for CA social workers absent a court order. [Per RCW 26.44.030](#) CA social workers can interview children on school premises, at daycare facilities, at the child’s home, or at all other suitable locations outside the presence of parents; however, it does not compel such interviews at any of these locations. DV housing programs have no obligations to confirm to CA social workers that the children’s parents are present at their shelters. If CA social workers are seeking information on the location of parents and children, it is recommended that DV program staff obtain a release of information from DV survivors so that information can be shared with CA. DV programs are not required to release their confidential shelter address to CA social workers. DV housing program staff may assist CA social workers in establishing alternative locations where children can be contacted for investigations or assessments. If DV survivors and their children are residents of DV housing programs, CA social workers should not make unannounced visits to those confidential programs. It is important that CA social workers call the shelter/housing directors first to inform them of their need to contact DV survivors and their children, and the purpose of the contact.

Recommendations for Law Enforcement (LE) and Children’s Administration (CA) Visits to Community-Based DV Housing Programs: Each DV housing program shall have its own protocols for coordination and response with CA and LE interventions. It is critical that both CA and LE personnel confer with the DV housing program director and staff in order to follow their agencies’ protocols that have been carefully designed to minimize trauma to the child, the parent, and all other program residents. If there is a child maltreatment investigation, pending juvenile court action, or the family has an open CA service plan, CA social workers have the right to know where children are residing. When CA social workers need to see children/parents living in DV housing programs, social workers should work cooperatively with the DV housing program director and staff in a manner that proactively and intentionally avoids inflicting further trauma to children and/or their parents who are residing in the facility. This is particularly important when children are being removed from a DV shelter or housing setting. CA workers should confer and collaborate with the DV housing program director and staff to minimize escalation. Upon arrival at a DV housing program, CA and LE personnel should enter the facility with the least possible disruption, and should be as quiet and unobtrusive as possible. When children need to be taken into custody, both CA and LE should maintain communications with the DV housing program director and staff to ensure that their roles are distinctly maintained and coordinated.

DV Shelter/Transitional Housing Information Release Forms and Emergency Contact Information: For community-based DV housing programs, consistent with [WAC 388-61A-0149](#), it is recommended that the confidentiality and/or information release forms explain their mandated reporting duties for child abuse/neglect. When DV program staff conducts intakes with DV survivors, they should be asked if they are involved with CA services. If DV survivors report CA involvement, assess their advocacy needs regarding joint case planning. If DV survivors agree that the DV advocates should coordinate with CA, have the client sign a

release of information form. Refer to the WSCADV model protocol for collaboration with CA at www.wscadv.org. It is recommended that an emergency contact section be part of community-based DV housing intake forms. This can be used for DV survivors to authorize family members or responsible adults who could be contacted to care for their children in emergency circumstances. This may happen if DV survivors have urgent hospitalization, incarcerations, or other circumstances where they may not be able to come back to community-based DV shelter/housing programs.

Role of Batterer Intervention Programs (BIP)/DV Perpetrator Treatment Programs (DVPT)

The primary goals of BIP/DVPT are to protect the safety of DV survivors and children and to hold DV perpetrators accountable for their abusive, controlling, and coercive actions with DV survivors and children. All treatment decisions must adhere to these goals. BIPs should do the following:

- Work with individuals who genuinely recognize and demonstrate motivation to address their controlling behavior. DV perpetrators who re-offend or continue to blame their partner and others for their abusive behaviors may be terminated or asked to start over with BIP services.
- Utilize Cognitive-Behavioral Therapy, psycho-education, accountability-based, and same-gender groups as these are the current interventions of choice for DV perpetrators.
- Utilize motivational enhancement techniques.
- Terminate individuals who continue coercive controlling behavior. Research indicates that at least 20% of DV perpetrators are not amenable to treatment and should be screened out of BIP treatment at intake or any time during treatment.
- Provide safe, confidential and timely information to DV survivors.
- Work closely with community DV survivor services, and civil and criminal courts. This is called the coordinated community response and is the only known effective intervention for DV.
- Conduct intake assessment to determine potential clients' appropriateness and amenability for BIP participation. BIPs do not perform forensic evaluations to determine whether an individual has used or has not used physical or sexual force/violence with their partner. (Massachusetts Department of Social Services, 2004)

BIP providers must follow standards under [WAC-388-60](#) and obtain/maintain state certification. Each treatment program must have written policies and procedures that adequately assess the safety of DV survivors when enrolling perpetrators into the treatment program (Ganley & Schechter 1996). The treatment program must protect DV survivors are described here.

- Notify the DV survivor within fourteen days of the participant being accepted or denied entrance into the treatment program.
- Inform DV survivors of specific outreach, advocacy, emergency and safety planning services offered by a domestic violence victim program in the victim's community.
- Encourage DV survivors to make plans to protect themselves and their children.
- Give DV survivors a brief description of the domestic violence perpetrator treatment program, including the fact that the victim is not expected to do anything to help the perpetrator complete any treatment program requirements.
- Inform DV survivors of the limitations of perpetrator treatment.
- Document in writing the program's efforts to notify DV survivors of the above requirements.

Treatment programs must conduct an individual, complete clinical intake and assessment interview with each batterer who has been accepted into the treatment program. The program staff must meet face-to-face with the program participant to conduct this intake and interview. If the program cannot obtain the information, the program's client file must include documentation regarding the program's reasonable effort to obtain the

information. Per [WAC-388-60-0165](#) BIP staff must obtain the following information when asking about DV history:

- Current and past violence history;
- A complete diagnostic evaluation;
- A substance abuse screening;
- History of treatment from past BIP;
- History of threats of homicide or suicide;
- History of ideation of homicide or suicide;
- History of stalking;
- Data to develop a lethality risk assessment;
- Possession of, access to, plans to obtain, or a history of weapon use;
- Degree of obsessiveness and dependency on the DV survivor;
- History of episodes or rage;
- History of depression and other mental health problems;
- History of having sexually abused the battered victim or others;
- History of the perpetrator's DV victimization along with sexual abuse victimization;
- Access to the battered victim;
- Criminal history and LE incident reports;
- Reports of abuse of children, elderly persons, or animals;
- Assessment of cultural issues;
- Assessment of learning disabilities, literacy, and special language needs; and
- Review of other diagnostic evaluations of the participant.

Role of Health Care Professionals

Health care professionals play a critical role in responding to the health needs of DV survivors and their children. In cases where DV has been identified through DV screening or by patient self-report, health care providers should have established policies and procedures that guide their responses, responsibilities, and documentation requirements. For training and technical assistance materials see Futures Without Violence, National Health Resource Center of Domestic Violence at <http://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence>

Practice considerations for health care professionals are described here.

- Be responsive and sensitive to the unique challenges, needs, and problems that DV survivors and their children encounter with their DV experiences.
- Have a good understanding of the dynamics of DV, the effects of DV incidents on physical and mental health patterns, and the critical role health providers have in assessing, treating, and supporting the needs of adult DV survivors and their children.
- Remind DV survivors their medical records are confidential; however, health care providers should explain the limits of their confidentiality and when they are required to disclose protected health care information.
- Assess for life-threatening injuries or illnesses. When present, 911 should be called to provide immediate medical services and assist with transportation to emergency medical facilities.
- Assess for non-life-threatening physical injuries or illnesses. When present, conduct a health assessment and treat any identified injury or health problem. Coordinate care with other health providers as needed.

Reproductive Health: Many people who are living in abusive relationships are also experiencing reproductive and sexual coercion by their partners. A DV survivor's decisions about and access to birth control options and reproductive healthcare may be controlled by her abusive partner. Offering birth control information should not be dependent on disclosure of unprotected sex, sexual coercion, or DV as it is rarely revealed or discussed by DV survivors. Offer information about how emergency contraception works and inform patients that this is available over-the-counter at local pharmacies. Give patients information about birth control that supports their decision-making and choices. When discussing forms of birth control it is important to review options that cannot be detected by an intimate partner. For more information see <http://pregnantsurvivors.org/>

DV and Children/Youth: Children represent a special population at risk from exposures to DV. Identifying and intervening with DV may be one of the most effective means of preventing child maltreatment. The potential negative affect that DV exposures may have on a child's physical, emotional, and behavioral health has been well documented in research. The degree to which children/youth are affected by their exposures to DV depends upon the presence/strength of protective factors such as a secure caregiver-child attachment, the caregiver's sensitivity to the child's emotional states, effective parenting strategies, social supports to the family, and the child's temperament. For more information about protective factors/resiliency refer to: <http://promising.futureswithoutviolence.org/what-do-kids-need/supporting-parenting/protective-factors-resiliency/>. The Adverse Childhood Experiences (ACES) study has found an association with childhood exposure to DV, in the absence of protective factors or interventions, as a risk factor for poor healthcare outcomes in adulthood: <http://www.acestudy.org/>. Since 1998, the American Academy of Pediatrics (AAP) has recognized that children/youth exposure to DV is a significant concern affecting children's safety and well-being; therefore, the AAP has released its own DV screening policy (American Academy of Pediatrics 2010). This AAP policy recommends that routine DV screening of parents/caregivers be conducted during children/youth health care visits in any pediatric, hospital, family practice, health clinic, and mental health practice setting. See Section Six for recommended standardized screening tools. For more information on DV screening and response to children/youth by health care professionals see: <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/pediatric.pdf>. It is important to remember that mandatory reporting for DV exposure is required only when children are at risk of harm from physical abuse, sexual abuse or neglect as the examples outlined in [Appendix B](#). Routine DV screening allows health care professionals to better identify safety concerns and engage DV survivors in safety planning for themselves and their children/youth. Identification of potential problems for DV exposed children/youth allows an important opportunity for health care professionals to engage them into evidenced-based therapeutic services and specialized supports to mitigate the negative effects from DV exposures. These services and supports are further described in Section Seven and [Appendix O](#).

Responding to Safety Risks: Health care professionals should inquire about immediate safety risks for DV survivors and their children, and ask: *"Does the person who hurt you know that you are here?" "Where is that person now?" "Is it safe for you and your children to return home?"* Health care professionals should listen carefully for lethality risks such as threats of suicide or homicide by the DV perpetrator, or threats of or use of weapons. If this is present ask, *"What is your plan if future violence occurs?"*

Referrals: DV survivors and their children are often isolated and have limited opportunities to connect with community resources. It is important that health care providers inquire about DV survivors' use of support networks. Ask, *"What kinds of help or support do you use?"* It is important to provide information about DV resources when they want it. Ask, *"Are you interested in learning about DV resources in your community?"* It is important to explore with the patient what is safe or not safe for them to have before giving out printed materials, cell phone apps, websites, or asking for their telephone numbers.

Documentation: It is critical to provide detailed documentation about DV incident injuries, and actions taken. When documenting details about DV incidents and their address/contact information, it is important to indicate

in the record the confidential nature of the information and that it should be protected from further disclosures unless required for health care treatment or court action. Documentation should include the following areas:

- Patient’s report of the event including time and place;
- Factual and behavioral definitions such as *“My boyfriend kicked me in my stomach”*;
- Identity and relationship of abuser to DV survivor and their children;
- Brief description of the current severity of violence and safety risks;
- Patient’s demeanor and affect;
- Description of the nature and extent of current injuries or health problems;
- Location and appearance of physical injuries using a detailed body map;
- Information about prior DV injuries and incidents; and
- Referrals and follow up plans (Isaac & Pualani Enos 2001).

Role of Children’s Administration (CA), Child Protective Services (CPS), and Family Assessment Response (FAR)

The goal of Children’s Administration (CA) is to protect children from acts of child maltreatment including physical abuse, physical neglect, medical neglect, and sexual abuse. CA social workers’ primary concern is to preserve and promote the safety of children. CA does this while preserving and strengthening the family’s integrity and cultural and ethnic identity to the maximum extent possible, so that the family may better meet the needs of their children. CA employs social workers in CA Intake, Child Protective Services (CPS), Family Assessment Response (FAR), Family Voluntary Services (FVS), and Child and Family Welfare Services (CFWS) for court-involved families. Children’s Administration (CA) services are available on a 24-hour basis in all geographic areas of Washington State.

Role of CA Intake Social Workers: CA Intake social workers provide telephone services, 24 hours a day/7 days a week. CA Intake social workers provide assessment and triage child maltreatment risks and may link callers with community resources. CA Intake social workers respond to callers who:

- Report allegations of child abuse/neglect;
- Request voluntary child welfare placement services;
- Request Family Reconciliation Services (FRS) and other CA programs; or
- Report child abuse/neglect that occurs within licensed facilities.

CA Intake Child Maltreatment Sufficiency Screening Questions: The sufficiency screen determines if a CA referral is screened in or not for CA services. There must be “yes” answers to the three following questions for CA Intake to accept the referral for CA services:

- *“Is the victim under 18 years of age?”*
- *“If the allegation was true, does the allegation minimally meet the WAC child abuse/neglect definition?”*
- *“Does the alleged subject have the role of parent/caregiver, or is acting in loco parentis (in the place of the parent), or the role of the alleged subject is unknown?”*

CA Intake “Risk Only” Referrals: CA Intake may screen referrals with imminent risk of harm in for CA services as “Risk Only” referrals, and there are no subjects and victims identified within the referral. CA completes an investigation, but does not make child abuse/neglect findings. Imminent risk of harm means having the potential of harm to occur at any moment, or that there is a substantial likelihood that harm will be experienced, and there is a high likelihood of a child may experience one of the following:

- Death;
- Life-endangering illness;

- Injury requiring medical attention; or
- Substantial risk of injury to the child's physical, emotional, and/or cognitive development.

CA Intake DV Risk Assessment: There is a high co-occurrence of DV in cases of child abuse/neglect; however, a child's exposure to DV in and of itself does not constitute child maltreatment. DV exposures that results in physical harm or puts children in clear and present danger does constitute child maltreatment. In order to assess whether or not a child is in clear and present danger from DV, CA Intake staff must complete the universal DV screening question: *"Has anyone used or threatened to use physical force against an adult in the home?"* If they learn that anyone used or threatened to use physical force against an adult in the home, CA Intake staff will complete the remaining DV questions:

- *"Was the child assaulted, injured, or threatened during the DV incident(s)?"*
- *"Was the child in danger of physical harm during the DV incident(s)?"* For examples, was the child being held while the DV perpetrator attacked the DV survivor? Did the child attempt to stop a DV assault?
- *"Was the child's parent or caretaker killed by the DV perpetrator?"*
- *"Was the child's parent or caretaker harmed or incapacitated by the DV perpetrator to such an extent that they are unable to meet the needs of their children?"*

CA Intake staff will also inquire and document who did what to whom during DV incidents in the Additional Risk Factors Section. CA Intake staff must give the following risk factors an exceptional consideration when present:

- Perpetrator's suicide attempts/threats;
- Perpetrator's threats or attempts to kill adults/children;
- Perpetrator's display, threat or use of firearms or other deadly weapons; and
- Evidence that the perpetrator has untreated psychosis or other mental health disorder.

If a CA Intake referral has indications of DV, but there are no indications of child abuse/neglect or a clear and present danger of harm to the children, the CA Intake staff will document the DV information, screen out the intake referral, and not refer further CA action. When possible, CA Intake staff will offer to the referrers of all DV-indicated intakes, the following resources:

- The statewide DV Hotline telephone number **1-800-562-6025 V/TTY**, which is a resource for DV survivors, as well as their friends, neighbors and family members;
- The statewide DSHS-CA DV website <http://www.wavawnet.org/>; and
- Available local DV community resources such as DV crisis lines, emergency shelter programs, and childcare resources.

CA Intake Referral Response: Under CPS there are two types of intervention- the CPS investigation or the Family Assessment Response (FAR). If CA Intake screens the referral into CPS for an investigation, a response time is applied as follows:

- For emergent child abuse/neglect referrals, CPS investigators have up to 24 hours from the date and time of the report to see child abuse/neglect victims and investigate the CA Intake referral concerns.
- For families with less severe child abuse/neglect risks the CA Intake social worker will determine if the referral will be sent to a CPS investigator or to a Family Assessment Response (FAR) social worker.
- For non-emergent referrals, the CPS investigator or Family Assessment Response (FAR) social workers see children within 72 hours from the date and time of the referral to investigate or assess the intake referral concerns.

CA Referrals to Law Enforcement (LE): Referrals that pass the CA intake sufficiency screen and also fall within the criteria for a mandatory report to LE, the family will be investigated by both CA and LE. As required by [RCW 26.44.030](#), "the department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than

by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency.”

Other CA Intake Decisions:

- **Information Only:** CA intakes that fail to pass the CA sufficiency screen for CA services and do not meet the criteria for a mandatory referral report to LE. Information only referrals are not investigated by either CA or LE, but are recorded by CA for information purposes only.
- **Third Party Offender:** For CA Intakes that meet the criteria for child abuse/neglect and the act(s) were committed by someone other than a parent/caregiver, the CA social worker must make a mandatory referral to LE for investigation.
- **Other CA Services:** CA Intake can be called to request voluntary CFWS services, to make reports of childcare licensing violations, to report dependent youth who have left foster care placements, and other matters.

CPS Investigators: CPS investigators are social workers who receive and assess child maltreatment referrals from the community alleging child maltreatment which includes child abuse, physical neglect, medical neglect, and sexual abuse. CPS social workers assess for the existence of current and/or future risks of child maltreatment through the following steps.

- Perform a comprehensive assessment using the risk-assessment model;
- Provide information, services, and supports to parents and caregivers to strengthen families and prevent serious or continuing child abuse/neglect; and,
- Develop culturally responsive case plans, which prevent or remedy the child maltreatment in the shortest reasonable time, which prevent or reduce the need for out-of-home placement, and provide a safe and permanent home for a child.

Family Assessment Response (FAR): The FAR social workers are part of Child Protective Services. FAR social workers visit referred families within 72 hours from the date and time of the referral and begin to engage with the family. FAR does not conduct a forensic type of investigation, but does assess the child’s safety and risk, similar to the CPS investigator. With FAR cases there are no findings made for child abuse/neglect. FAR social workers assess the family’s needs, connect families with community supports, and may provide concrete and supportive services to families. FAR services are voluntary. Families can elect to have a CPS investigation instead of a FAR assessment. If family circumstances change or the child maltreatment risks are more severe than what was reported to CA Intake, the family may be referred to a CPS Investigator. The King County CA offices are in the process of implementing FAR. Check with local CA office about their plan for implementing FAR.

Responses to DV-Indicated Referrals: CA social workers, when responding to families with DV concerns, must take the following actions:

- Interview all persons including children, caregivers, and alleged perpetrators separately;
- Hold the DV perpetrator accountable and make child abuse/neglect findings as to that person;
- Refer DV perpetrators to state-certified Batterer’s Intervention Programs and never to anger management programs;
- Be compassionate and non-judgmental of DV survivors;
- Collaborate with DV survivors on safety planning and service planning. All considerations for protection orders should be a shared decision process with DV survivors; and
- Refer and link to appropriate DV resources and services.

The CA social worker must assess the danger posed to children and adult DV survivors by the alleged DV perpetrator, by completing the specialized DV questions in the CA Safety Assessment tool. The following areas should be addressed by the CA social worker when DV is identified:

- *“How does the DV perpetrator’s behavior toward the adult victim affect the ability of the family to address issues of concern for the children?”*
- *“How can CA work with the family to minimize the DV perpetrator’s ability and choice to control and abuse their intimate partner?”*
- *“How can CA increase the safety for the DV survivor and their children?”*

CPS Ongoing Case Management: The CPS investigator shall achieve one of the following outcomes:

- Closure of the case;
- A written voluntary service agreement with the family signed by the participants; or
- A dependency action filed in juvenile court.

The CPS investigator will remain involved as long as necessary to complete their investigation and to ensure the safety of children. This may entail:

- Facilitating an out-of-home voluntary placement agreement with the parents or caregivers;
- Filing a dependency petition by CA in juvenile court for an in-home dependency or out-of-home placement; or
- Closing the case when DV survivors are engaged in safety planning/supports, and protection of their children has been assured through criminal proceedings, family law action, orders of protection, or by other means.

FAR Ongoing Case Management: The FAR social worker typically remains involved for up to 45 days. However, if there is a case plan and the family agrees, the case can remain open up to 90 days. When the FAR case plan is completed and there are no safety threats, the case will be closed.

Role of Law Enforcement (LE)

The Roles of Law Enforcement (LE) Officers are to:

- Respond to 911 calls;
- Determine if action is needed or not;
- Determine if a crime occurred;
- Identify criminal suspects;
- Gather all pertinent facts and information;
- Document incident and criminal act(s);
- Prepare the case for presentation and review by the Prosecutor’s Office;
- Notify CA Intake whenever a child is a suspected victim of child abuse/neglect; and
- Assess the need for removal of a child. If removal is required, determine placement with notice to and/or consultation with CA.

LE’s response to Children: The following are guidelines for responding to DV where children are present at the scene:

- Identify any children that are present at the DV scene;
- Determine where the children were and what happened to the children during the DV incident;
- Evaluate safety risks posed to the children and if there is any evidence of child abuse/neglect;
- Identify if children were a victim or witness of the DV incident;
- Determine if emergency medical evaluation is needed for identified child injuries;
- Identify if there is a need to place children in protective custody;
- Determine if CA Intake should be notified, if a CA referral is required, or if no CA action is needed;
- Document what happened to the children and any physical evidence on DV supplemental form;

- Follow the particular LE agency policy/procedures;
- Provide information on rights under state law and available DV resources to DV survivors and witnesses;
- Forward reports to the appropriate city or county prosecuting agency on criminal cases;
- Notify supervisors about very serious DV incidents and reports;
- Determine if case assignment to a detective is needed by forwarding case reports to the supervising officer; and,
- Determine if there is a need for a child interview specialist by follow up detectives or per department policy and procedure. For more information refer to [Appendix C](#) for Children & DV Checklist Law Enforcement Investigation Guideline.

Investigations Involving Both LE and Children’s Administration (CA): The primary concern of LE and CA is the protection of the children. LE and CA are entitled to access all relevant records pertinent to the child abuse/neglect investigation that are in the possession of other mandated reporters and their employees per [RCW 26.44.030](#). LE and CA must share information regarding child abuse/neglect per [RCW 26.44.030](#). In cases where LE has investigated child abuse/neglect, a report is forwarded to CA Intake. Copies of LE case report and all relevant related records are provided to CA per [RCW 26.44.030](#). CA reviews the LE report and determines if the family should be opened for CPS investigation. For these cases, CA social worker assesses safety, creates a child abuse/neglect safety plan, completes an investigation, makes a finding, determines level of risk, and offers services if necessary.

If there is a possible criminal case, LE takes the lead. When necessary, LE may request that a CA social worker stand-by for assistance. LE will conduct interviews, gather evidence, determine whether there is a need for protective custody, and remove children in partnership with CA, when needed. LE may interview the person making the report per [RCW 26.44.030](#). LE and CA may photograph the children [RCW 26.44.050](#). LE and CA should refer to the King County Special Assault Network Protocol, which cautions against multiple child interviews and encourages a joint interviewing process. Also refer to individual LE agency policy and procedure manuals for this inquiry. LE shall submit case reports to appropriate prosecuting attorney’s office, or submit report per department policy and procedure for additional LE follow-up investigation and forwarding to the prosecuting attorney’s office. Cases must be forwarded to the appropriate prosecuting attorney’s office for review, whether charges are requested or not as required by [RCW 26.44.030](#) statutory reporting requirements for child abuse/neglect.

Role of the Prosecutor’s Office

A city attorney is responsible for prosecution of misdemeanor crimes within its specific municipality. A county prosecutor is responsible for prosecution of all felony crimes within its specific county, all juvenile crimes, and misdemeanor offenses from unincorporated areas. The practice and approach of prosecuting attorneys differ from jurisdiction to jurisdiction. Guidelines for a particular office can be understood by referencing their written filing and disposition standards. Written guidelines for charging and disposition of criminal offenses will show how an office handles cases and exercises discretion in the filing of criminal charges.

Cases Referred from LE: It is the prosecutor’s job to review all cases from LE for the filing of criminal charges. In reviewing criminal cases, a prosecutor’s office may file charges, may decline the case, may not file charges, or may request further investigation.

Cases Referred from Others: The prosecutor’s office does not itself investigate cases, initiate criminal cases, or accept citizen reports. Rather, when the prosecutor’s office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor’s office will refer the case to the appropriate LE agency for

investigation. A private citizen does not press charges in the State of Washington. All case filing decisions are solely the responsibility of the prosecutor's office.

Handling of Cases by the King County Prosecutor's Office Domestic Violence Unit (DVU): The DVU is located at the King County Courthouse in Seattle and at the Norm Maleng Regional Justice Center in Kent. Cases are handled at the respective sites depending on which LE agency submits the case. The following categories of offenses are handled by the DVU and are subject to these standards:

- All crimes against persons and property crimes involving family or household members, as set forth in [RCW 10.99.020](#), including spouses, former spouses, persons who have a child in common, adults related by blood or marriage, persons who have or have had a dating relationship, and persons who have a biological or legal parent-child relationship including stepparents and grandparents. The DVU also handles most stalking cases. In addition, DVU handles human trafficking and custodial interference cases in coordination with the King County Prosecutor's Office Special Assault Unit.
- Notwithstanding the above, the DVU does not handle cases where there is no past or present intimate relationship, dating relationship, or familial relationship between the household members ("roommate" cases), child sexual abuse cases, or child physical abuse cases where the child is less than twelve (12) years of age. If a child abuse case involves significant issues of DV, the DVU and the Special Assault Unit (SAU) may coordinate their prosecution.
- The DVU may also handle cases where a DV dynamic is present or where there are DV overtones or issues. The DVU may also handle cases which involve a felony or misdemeanor DV case and other non-DV charges.

Child Interviews by County Prosecutor's Office: The county prosecutor's office will be responsible for employing the child interview specialist, and notifying the survivor, LE, and CA, when involved, of its charging decisions. The child interview specialist shall have the training required by [RCW 43.101.224](#). Child interview specialists generally interview only young children who may be, or who are victims. Occasionally the DVU supervisor may decide to request an interview of a young witness to a DV crime. The initial investigative interview will be conducted by the prosecutor, the detective, and CA, if involved for high profile cases or youth cases ages 12 and older. These cases are at the discretion of the detective and prosecutor. LE will conduct the investigative interview in all other cases.

- **Interview Procedures:** The interview should be conducted in a thorough and open-minded way, and in a manner that enhances free recall. The interviewer should maximize the use of techniques that will elicit reliable information and minimize the use of highly leading or coercive questions that could change or contaminate the child's memory of the event(s). The interviewer should be aware of the child's developmental level with regard to language and cognition. Interviews should be conducted with consideration to the emotional comfort of the child. In those interviews that require a child interview specialist or joint interview, the detective will arrange the interview with a supervisor in the DVU and notify the CA social worker. The interview will be set as soon as possible, following a clear statement of abuse by the child or evidence that the child has been exposed to serious DV, and the opening of a police investigation.
- **Interview Logistics:** In those interviews that require a child interview specialist or a joint interview, the interview will generally be conducted in the SAU interview room with the two-way mirror. The interview will ordinarily be one-on-one, unless a child requests the presence of an advocate or support person. The detective and CA social worker, if involved, will observe the interview from the observation area, and will have the capability of contacting the interviewer for additional questions. Witnesses to the interview will not provide documentation. If the prosecutor conducts the interview, the child may be interviewed in the prosecutor's office. A child may have an advocate or support person present if the parent or child requests. If the detective determines before the interview that the filing decision will be particularly problematic or high profile, a deputy prosecutor will be assigned to observe the interview.

- **LE agencies and CA Coordination:** When LE and CA are both involved in investigations, they shall notify each other of their involvement, coordinate their investigations, and inform each other of their progress.
- **Documentation of Interviews:** Documentation of all interviews shall be accurate and complete. Interviews will be documented and recorded in audio, videotape, or digital electronic formats or near verbatim. When a child interview specialist conducts interviews, they are responsible for the documentation. In joint interviews, the detective will be responsible for documenting the interview. In all other interviews, the participants will determine who will be responsible for documenting the interview, and how it will be documented; however, if CA conducts the interview, CA must be responsible for documenting the interview, which must include at a minimum per [RCW 26.44.035](#), a near verbatim record of any questions asked and responses given regarding abuse of the child being interviewed.
- **Information Sharing:** The child interview specialist has the responsibility to document interviews. The record of the interview will be provided to LE, and LE will be the custodian of the record. For CA involved cases, this record and documentation of LE interviews should be shared with CA as soon as possible without jeopardizing the criminal investigation.
- **Procedures Following Interviews:** LE will make every effort to complete and submit the case to the prosecutor's office as required by [RCW 10.99.030](#). In cases when only the detective took the victim statement, the prosecutor will attempt to reach a filing decision without re-interviewing. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the statement obtained earlier. The prosecutor will make every effort to make a filing decision, which means to file or decline to file charges, within 60 days after receipt of a completed case.

Handling of cases by The Seattle City Attorney's Office Domestic Violence Unit (CAO DVU): The CAO DVU primarily reviews cases from the Seattle Police Department. The CAO DVU handles all crimes against persons and property crimes involving family or household members, as set forth in [RCW 10.99.020](#) and SMC 12A.06.120, including spouses, former spouses, persons who have a child in common, adults related by blood or marriage, persons who have or have had a dating relationship, and persons who have a biological or legal parent-child relationship including stepparents and grandparents. The CAO DVU handles most stalking cases; all misdemeanor child abuse cases and elder abuse cases; and where a DV dynamic is present or where there are DV overtones or issues.

Emergency Situation/Rush File

- **In County Prosecutor's Office:** The case will be reviewed for filing immediately when it is appropriate and necessary to keep a suspect in custody or to issue a warrant.
- **In Seattle City Attorney's Office:** In the Seattle City Attorney's Office, as in many other municipalities, all DV cases are considered "emergency situations" and are reviewed for filing immediately. The cases of suspects in custody are reviewed, and filing decisions made, on the day of, or the day after arrest. Cases of suspects, not in custody, are reviewed and filing decisions are made as soon as possible after an attempt to contact the victim. It is the expectation in the Seattle City Attorney's Office that such a decision will be made within three (3) weeks, or as soon as contact can be made with the victim.

No Contact Order (NCO) Handling by County Prosecutor's Office and Seattle City's Attorney's Office: A criminal NCO will be sought by the prosecutor in all cases where charges are filed and when legally allowed. A criminal NCO will be sought in most cases where charges are filed and when legally allowed, after consultation with the victim or victim's parent or guardian and consideration of their position regarding the case and the NCO. If the DV survivor appears in person and does not want a NCO, the circumstances of the charge and history of violence, both reported and unreported, will be considered. If there are concerning circumstances, a history of DV, or if there is any indication that the survivor is being coerced, intimidated or influenced regarding the NCO,

the NCO will be requested over the survivor's and defendant's objection. Consent to contact by the adult DV survivor is not a defense for an offender to violate a NCO. Violations of the order by the offender should be reported to the prosecutor's office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order about contact should be enforced.

- **Lifting of NCO by King County Prosecuting Attorney's Office (KCPAO):** When the party protected by a NCO requests that it be vacated, the DV survivor should contact the King County Superior Court and ask to lift the NCO. Upon receipt of the request, the courts will send out a letter acknowledging the request to lift the NCO, or allow it to be downloaded with a motion to lift. DV survivors will fill out the paperwork and send it back to the court. The court will determine whether or not a hearing will be set to lift the NCO. If the court sets a hearing, then KCPAO will be responsible for sending out notice to the Department of Corrections DOC and to the defendant.
- **Lifting of NCO by the Seattle City Attorney's Office:** As in many municipalities, DV survivors may ask the court to lift a NCO by contacting the assigned systems-based DV advocate in the Seattle City Attorney's Office. Systems-based DV advocates discuss with DV survivors the reason(s) for asking that the order be lifted, possible consequences of the order being lifted, and safety planning and referrals. DV survivors asking the court to lift a NCO must sign a declaration indicating that they have had this contact with an advocate, and that their request is not being made under duress. DV survivors are then placed on a specifically designated "NCO Lift" calendar held once per week in Seattle Municipal Court. In the case of defendant's being monitored by the Seattle Municipal Probation, the offender must be in compliance before a NCO lift hearing is scheduled. When a defendant is being monitored by Seattle Municipal Probation, the court will consider the defendant's compliance with probation before an NCO is lifted or modified.

Guilty Pleas Handling by County Prosecutor's Office and Seattle City's Attorney's Office: The prosecutor will comply with the victim's bill of rights under [RCW 7.69.030](#) and make reasonable efforts to notify the survivor when their location may be ascertained, and will attempt to notify LE prior to a guilty plea, when that plea will result in a reduced charge.

Sentencing Practices by County Prosecutor's Office and Seattle City's Attorney's Office: The prosecutor's office will attempt to notify survivors of their right to be heard in person, via letter, or through the prosecutor-based advocate. The prosecutor's office will also attempt to notify survivors and obtain information from them to enforce their right to request restitution.

Role of the Assistant Attorney General (AAG) and Attorney General's Office (AG)

An Assistant Attorney General (AAG) is employed through the Washington State Attorney General's Office. The AAG fulfills the following roles:

- AAG represents CA social workers in dependency proceedings filed in juvenile court.
- AAG coordinates with and notifies LE and the prosecutor's office of any action taken or decision made by the juvenile court that affects the criminal investigation. Information that comes to the attention of the Attorney General's Office may be shared with LE pursuant to [RCW 13.50](#).
- In cases where dependency petitions are not filed, an AAG may provide legal advice and consultation to CA social workers regarding specific reports of child abuse/neglect and provide advice as to whether the statutory requirements for dependency are met.
- The Attorney General's Office should be consulted with, when necessary, for legal advice and consultation during the course of a licensed facility investigation.

Dependency Petitions Procedures

- Dependency petitions can be filed to ensure the safety of the child and the child may be placed out-of-the home.
- Dependency petitions may be directly filed by a CA social worker. Consultation with or notice to the Attorney General's Office is not required for a CA social worker to take this action.
- An AAG "of the day" will appear at the 72-hour Shelter Care Hearing and represent CA, and a specific AAG will be assigned to the case within 30 days of the filing.
- The assigned AAG will maintain contact with the appropriate LE agency and the appropriate prosecutor's office as needed.
- The dependency statute requires that the fact-finding hearing on the dependency petition be held within 75 days of the filing of the petition, unless the court finds exceptional reasons for a continuance. The period of time between filing and the fact-finding hearing is taken up with pretrial hearings and negotiation.
- When dependency is established by agreement or at the fact-finding hearing, services are ordered. Potential services for DV perpetrators may include referral to a batterer's treatment program/DV perpetrator treatment program, and protective orders excluding the perpetrator from the family's shared residence. Potential service referrals for DV survivors may include DV protection orders and community-based DV agencies referrals.

Order Terminating Parent and Child Relationship: A petition seeking termination of the parent and child relationship can be filed when a child has been adjudicated dependent, a dispositional order has been entered, the child has been removed from the custody of the parent for a period of at least six months at the time of the hearing, and:

- There must be little likelihood that conditions will be remedied so that the child can be returned to the parent in the near future;
- All necessary services capable of correcting the parental deficiencies within the foreseeable future have been offered or provided;
- That continuation of the parent and child relationship clearly diminishes the child's prospects for early integration into a stable and permanent home. [RCW 13.34.180](#); and,
- The court finds that termination is in the best interests of the child.

A petition seeking termination of the parent and child relationship must be filed when the child has been in an out-of-home placement for 15 of the last 22 months, unless the court finds good cause not to file.

Role of Parent's and Children's Attorneys in Dependency Cases

Dependency Petition Filed: Counsel is appointed to each parent when a petition is filed with the court. Ethical rules of practice dictate that each attorney takes the direction of their specific client. The roles and procedures of attorneys are as follows:

- Attorneys representing parents are neither required to work with each other or for the shared outcome of the two parents, nor are they prevented from doing so. Whether parents' interests are aligned or separate varies depending on the case, and may change throughout the case. An attorney appointed for a parent shall remain the attorney for that parent unless and until the court orders their discharge. This generally occurs only at the end of a case, or when an attorney demonstrates the inability to reach the client for a protracted amount of time, despite due diligence trying to reach the client.
- An attorney for a parent will have a confidential relationship with the parent. That means the attorney is ethically prevented from sharing information gained through their representation with anyone else, without the permission of the client to do so, and especially for information shared by the client with their attorney. There are narrow exceptions to this rule, see Rule of Professional Conduct 1.6. The

attorney should clearly and repeatedly throughout their representation, explain the dependency process to the parent such that the parent can understand the process sufficiently to guide the lawyer in the representation.

- An attorney is expected to appear at all hearings on behalf of their client, although instances will arise where the attorney is required to ask another attorney to cover a hearing due to scheduling conflicts. An attorney is expected to adequately prepare a covering attorney, or seek to reschedule the hearing so the assigned attorney can be present.
- The client is entitled to almost all records kept by Children’s Administration (CA) regarding the children and family. The attorney should at least ensure that this information, which is referred to as “discovery”, is provided. Additionally, the attorney has the duty to investigate the case by gathering evidence held by people or agencies other than CA, interviewing witnesses, and generally gathering the discovery that is required to fully and independently assess their client’s case and present the case to the court.
- The attorney should discuss services with a parent that might help that parent address problems raised by CA, and help the client understand how to engage in services. The attorney should also hold CA accountable for delivering those services identified by court orders or agreements with the parent. These services include housing and other support services, as well as services for those who engage in violent behavior in their families. An attorney for a parent will often be called to attend meetings with other parties and CA to create and monitor plans for the family. These meetings are often very important to the outcome of a case. A client should be very diligent to make sure an attorney is made aware of out-of-court meetings, and should invite their attorney to such meetings.
- The attorney and parent will consider whether a parent will go to a fact-find trial regarding the allegations in the petition, or whether to negotiate an agreed order of dependency as to the child(ren). This process is complicated. Such orders have many parts, any of which may be very meaningful to the parent and their potential for success. Where a case continues beyond a finding of dependency, the attorney will remain assigned to the parent’s case. The attorney must assist the parent to understand the court’s requirements, ensure CA provides services and facilitates the relationship between the parent and the child(ren) pursuant to court orders, and advocate for the parent at subsequent review hearings. The attorney must monitor the continued provision of discovery from CA at a minimum, maintain communication with the client, and prepare motions and reports for the court to help move the client’s case forward.

Prior to Court Action: King County Department of Public Defense offers limited assistance from an attorney when the parent is engaged by CA, but there is not yet a court action filed. A parent should go to <http://www.kingcounty.gov/courts/OPD.aspx> or call **206-296-7622** to ask for “substantial advice” regarding a dependency-related matter. Often brief advice or action from an attorney can clarify the situation for a parent and avoid significant, unnecessary problems.

Representation of Children: All of the above information about duties of an attorney applies when an attorney is appointed to represent a child. In King County, children and youth are regularly appointed counsel when they are 12 years old and above. Children of any age will be appointed counsel six months after their parents’ rights are terminated, if that occurs in their case. Children of any age presently have a constitutional right to counsel on a case-by-case basis, see *In re MSR 271 P.3d 234*. Anyone working with a child or youth who thinks they would benefit from the advocacy of an attorney should encourage and/or assist the child or youth to petition the court for appointment of counsel.

Role of the Dependency—Court Appointed Special Advocate (CASA)

The appointment of a Dependency CASA volunteer is made through Superior Court order. In King County, the Dependency CASA Program, a division of Family Court Operations, supervises trained volunteers who represent

the best interests of children who are subjects of a dependency case. CASA provides an independent and neutral voice for the child throughout the dependency action. A CASA is appointed at Shelter Care hearings which are set 72-hours after a Dependency Petition is filed by the Department of Social and Health Services. This is the first court hearing that families appear before the Dependency Court. In most King County cases, children are appointed a CASA until 12 years of age, at which time the child is appointed an attorney. Once a CASA appointment is ordered, that appointment continues until the case is dismissed or the court finds good cause to discharge the appointment. The King County Dependency CASA Program Attorneys represent the volunteers in dependency proceedings. The volunteers are managed by a staff of MSW-level supervisors, entitled CASA Specialists, each of whom consults with volunteers on non-legal aspects of the cases.

CASA volunteers are governed by the Court Guardian ad litem (GAL) Rules (GALR) and [RCW 13.34](#) sub sections 100 -107. CASA and GAL are used interchangeably in the statutes. GALR(2) defines the role of GAL and CASA as: "Guardian ad litem shall mean any person or program appointed in a Title 11, 13, or 26 of the Revised Code of Washington (RCW) to represent the best interest of a child, an alleged incapacitated person, or an adjudicated incapacitated person. The term guardian ad litem shall not include an attorney appointed to represent a party."

The Responsibilities of a Dependency CASA are as follows:

- Investigate, collect relevant information about the child's situation, and report to the court factual information regarding the best interests of the child;
- Meet with, interview, or observe the child, depending on the child's age and developmental status, and report to the court any views or positions expressed by the child on issues pending before the court;
- Monitor all court orders for compliance and to bring to the court's attention any change in circumstances that may require a modification of the court's order;
- Report to the court information on the legal status of a child's membership in any Indian tribe or band;
- Make recommendations based upon an independent investigation regarding the best interests of the child, which the court may consider and weigh in conjunction with the recommendations of all of the parties;
- Represent and be an advocate for the best interests of the child;
- Inform a child twelve years of age or older, of his or her right to request counsel and ask the child whether he or she wishes to have counsel, pursuant to [RCW 13.34.100\(6\)](#);
- Report to the court that the child was notified of this right and indicate the child's position regarding appointment of counsel. The GAL or CASA shall report to the court his or her independent recommendation as to whether appointment of counsel is in the best interest of the child [RCW 13.34.105](#); and
- Know, understand, and advocate the best interests of the Indian child. [RCW 13.38.040](#).

The CASA is considered a party to the case and CASA participates in all aspects of a dependency case and includes:

- Meeting with the child on a regular basis;
- Participating in case planning, including negotiating dependency orders and dependency trials, shared planning or family team decision meetings;
- Selection of service providers;
- Observing visitations between parents and children; and,
- Making recommendations to the court for each motion or review hearing.

The CASA is entitled to all information in the case concerning the child or any services a parent has been ordered to complete and the CASA is provided full discovery throughout the case. The CASA's service recommendations may include a DV assessment for the perpetrator parent, mutually agreed-upon BIP/DVPT providers, trauma-focused therapy for the children, supervised visitation, and other services that are appropriate in each particular

case. The CASA will encourage DV survivors to participate in DV advocacy services. In addition to DV services, the CASA may recommend mental health or substance abuse counseling for the parents.

Dependency cases differ from family law cases in that the dependency statute does not include factors restricting or limiting a perpetrator parent's right to visitation with the child due to DV. Visitation under [RCW 13.34.136](#) and case law is the right of the parent, which "shall not be limited as a sanction for a parent's failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation. Visitation may be limited or denied only if the court determines that such limitation or denial is necessary to protect the child's health, safety, or welfare."

Role of Attorneys in Family Law Cases

Right to Counsel: There is generally no constitutional right to appointed counsel at public expense in family law proceedings. *In re: King v. King*, 162 Wn. 2d 378 (2007). The one exception is a case where contempt is asserted and jail is imminent as a potential sanction. *In re: Bellevue School District v. E.S.*, 171 Wn. 2d 695 (2011), citing with approval *In re: Tetro v. Tetro*, 86 Wn. 2d 252 (1975) and *In re: Truancy of Perkins*, 93 Wn App 590, review denied, 138 Wn 2d 1003 (1999). As a result, unless an individual can afford to hire a private attorney, they must navigate complicated legal proceedings in family court without assistance. This will require them to physically appear in court proceedings in opposition to the other party or parent, file complicated legal documents and serve the opposing parties and follow complicated court procedures to provide a record to the court. The King County Superior Court's Family Law Facilitator Program has facilitators who can provide basic information and forms regarding the various family law procedures to self-represented parties, but are unable to give them legal advice. Facilitators can also refer self-represented parties to local legal aid resources. For further information see: <http://www.kingcounty.gov/courts/FamilyCourt/facilitator.aspx>

Legal Standard for Children: In any proceeding between parents in family law cases, the best interest of the child is the standard by which the court determines and allocates the parties' parental responsibilities and rights. In making decisions regarding custody between a parent and a non-parent, best interests remain relevant, but the parents' constitutional right to parent and raise their own children requires a finding by the court of either unfitness, or that the child has specific needs that the parents are unable to meet and the nonparent has specific ability to adequately address. *In re: Troxel v. Granville*, 120 S.Ct. 2054 (2000). The court must base a decision by a preponderance of the evidence in most cases when it decides parenting or non-parental disputes related to placement and visitation of children, see [RCW 26.09.002](#). The primary goal of a family law action is to provide structure for a non-intact family. Services may or may not be involved and visitation (residential time) can be denied or restricted based on the presence of DV or other factors. Social workers should be aware that children are typically not represented by counsel in the majority of family law cases although the court may, under limited circumstances, appoint a Guardian Ad Litem, who may be an attorney, at private expense, in cases where the risk appears significant and a party brings it to the attention of the court.

Parenting Plans: A temporary parenting plan may be entered in family court on a party's motion, while the case is pending trial. Filing or responding to such motions can be complicated and difficult to navigate without an attorney. Parties can wait up to a year for their trial date. A permanent parenting plan is eventually entered either by default if one parent fails to appear and respond or by agreement if the parents can negotiate an agreed plan, or after trial if the contested issues are litigated before a judge. Parenting plans should include the following elements [RCW 26.09.184 \(1\)](#):

- Provide for a child's physical care;
- Maintain a child's emotional stability;

- Address a child’s changing needs as the child grows and matures in a way that minimizes the need for future modifications to the plan;
- Set forth each parent’s roles and responsibilities consistent with [RCW 26.09.187](#) and [RCW.26.09.191](#);
- Minimize a child’s exposure to harmful conflict; and
- Protect the best interests of a child.

Parents are the sole placement option for children absent the filing of a non-parental custody case. Custodial changes are viewed as highly disruptive to the stability of children and thus there is a strong presumption in favor of continuity and against modification. In re: Marriage of Shyrock, 76.Wash.App. 848 (1995)

Investigations: The court may order an investigation and report concerning parenting arrangements for a child or appoint a GAL, [RCW 26.09.220](#) and [RCW 26.12.175](#). Should the court decide that the issues regarding the child are complex enough a GAL may need to file motions in the case and ask for specific relief. The appointed GAL may also be an attorney. In most instances, such GALs must also be funded privately by the parties unless the family or child qualifies for a CASA, which is at a reduced sliding scale income-based charge. Non English speaking litigants are not currently served by the CASA program. In King County, parties will be referred to King County Family Court Services as their case approaches the trial date for both mediation, except in cases involving DV, and investigation regarding what parenting plan will be in the child’s best interests if it is not settled. At trial, the assigned social worker will make a report and recommendation to the trial judge regarding the children based on their investigation. Lawyers representing parties in family law cases have the same ethical duties described in the Role of Parent’s Attorneys in Dependency Cases section. A growing number of parties involved in family law cases are unable to afford attorneys and are forced to be self-represented. Thus if a case involves a family where there is a history of DV, filing or responding to such a case may require that a DV survivor appear in court with the other party, in order to preserve or further their legal rights related to a child.

Role of King County Superior Court, Family Court Services (FCS)

King County Superior Court Family Court Services (FCS) receives all referrals for services directly from the court. FCS does not accept referrals from any parties other than the court. FCS provides the following services in family law cases involving children: DV Assessments, CA Status Reports, Parenting Plan Evaluations, Mediation, and Parent Seminar: “What about the Children?” Refer to [Appendix D](#) for services provided by FCS. FCS service fees are on a sliding scale dependent on income. Refer to <http://www.kingcounty.gov/courts/FamilyCourt/services.aspx> to retrieve forms. The following points details the services provided by FCS:

- **DV Assessments:** In DV protection order (DVPO) proceedings or in any family law case, the court may order an expedited, limited issue investigation called a DV assessment, and set a review hearing date. The purpose of the assessment is to determine the existence and extent of DV in the family, to evaluate the risk posed to children by any identified DV, and to make recommendations to the court that offer adequate protection for the adult survivor and the children. DV assessments recommend services to address the issue of safety. The children are not interviewed in a DV assessment, but schools, teachers, medical doctors and other collateral references are checked. The assigned FCS social worker also views the Judicial Information System (JIS) print out on the criminal and other civil litigation history of the parties. This database also lists all DVPOs and other litigation involving the parties and their children. Due to safety concerns, the DV assessment is only made available to the parties and their counsel at the review hearing. The assessment is usually completed within 45-60 days of the court referral. At the current time, no fee is charged for this service. If FCS receives a new referral to conduct another investigation for the family, FCS staff reviews the prior DV assessment.
- **CA Status Reports:** Where concerns are raised regarding any current or past CA involvement, the court may order that FCS prepare a CA/CPS status report. A CA status report discloses if there are any current,

pending juvenile court cases involving the family, any past CA referrals or investigations, and the results thereof. A CA Status Report is used solely as a resource for the court. The FCS social worker may request from CA information regarding their involvement with the children. No interviews are conducted. Reports are usually completed within 14 to 21 days of the court referral; however this is dependent on CA resources and the status of an open CA referral.

- **Parenting Plan Evaluations:** FCS will not conduct a parenting plan evaluation if a GAL, CASA, or private evaluator has been appointed. In all family law cases where the residential arrangements for the child are contested and mediation is unsuccessful or contraindicated due to alleged DV, child maltreatment, mental health, or drug/alcohol issues, or waived by court order, FCS will conduct a parenting plan evaluation. Each party is charged a fee based on a sliding fee scale. The following is the FCS procedure for parenting plans: Typically, the FCS social worker will interview the parties, observe each party with the children, and in some circumstances, visit the parties' residences. FCS makes separate arrangements in cases involving alleged DV to ensure that the parents are not scheduled to be interviewed on the same day, and that there is no contact between the parties. The parenting plan evaluation is comprehensive and is designed to address all facets of a parenting plan, including whether any restrictions should be placed on a party's involvement with a child due to mandatory or discretionary statutory restrictions. For example, if there is a history of acts of DV, mutual decision-making is prohibited by statute and the court has discretion to impose additional restrictions. The parenting plan evaluation takes up to four months to complete as a variety of documents and collaterals are considered prior to making final parenting plan recommendations. The FCS social worker may request additional specialized evaluations such as sexual deviancy evaluations, and may recommend specific services, such as batterer's treatment, mental health counseling, and substance abuse treatment. Upon completion, the parenting plan evaluation is made available to the parties and any counsel of record. FCS social workers often testify at trial if the case does not resolve. Once FCS has completed a report in a case, the case will be dismissed from FCS with a dismissal notice sent to the court and all parties. At this point, FCS involvement in the case is completed and follow-up involvement in the case is not indicated unless directly by court order or subpoena to testify.
- **Mediation:** In cases of disputed parenting plans or other significant parenting concerns, FCS will provide mediation for the parenting plan aspects of the case. Typically, parties meet one or more times with an FCS social worker, who is specially trained in mediation, to negotiate an agreement. If the mediation is successful, the FCS social worker will draft the agreed parenting plan and send it to the parties and their attorneys, if applicable, for their review. If mediation is not successful, the parties will be referred to evaluation as described above. FCS does not mediate financial or property issues.
- **Parent Seminar:** By local court rule, the adult litigants in all family law cases with children are required to attend a seminar entitled "What about the Children?" The Parent Seminar discusses the impact of a family break-up on children and provides information regarding DV, parenting plans, and DV resources. The Parent Seminar is three hours long and sliding scale fees are charged. Attendance at the seminar can be waived for good cause. Adult litigants in the same case are never scheduled to attend the seminar on the same day.

Role of the Family Law—Court Appointed Special Advocate (CASA)

Family Law CASA Volunteer Advocates gather information, submit written reports and make court appearances in high-conflict family law custody disputes that involve allegations of addiction, DV, mental health concerns and/or special needs. At all times, the volunteer advocate must maintain a strong focus on the best interest of the child above and beyond the interests of others involved in the case. Family Law CASA serves children from impoverished and low-income families at a time when the family is in crisis. Most of the parties in cases where Family Law CASA is appointed are not represented by lawyers and are therefore navigating the legal system on their own. When the volunteer advocate receives their CASA file with pleadings and declarations, they are asked

to review it for any statements, allegations or reports that indicate potential violence, threats of violence and/or significantly controlling behavior. They also review the information to note any history of substance abuse or mental health issues among other safety concerns.

Depending on the circumstances and history of each parent or party, a volunteer advocate may conduct interviews at a party's home, at the Family Law CASA office, at the courthouse or in a public setting. The volunteer advocate summarizes the interview information and reviews their investigation regularly with a Family Law CASA Advocate Supervisor. They continue to gather records and interview other people such as relatives, friends, teachers, counselors and service providers, emphasizing open-ended questions. Usually within approximately 3 or 4 months, the volunteer advocate will write a report that includes recommendations for a temporary or permanent parenting plan as well as services that would increase the child's safety or stability with either or both parents. The report is reviewed by their advocate supervisor before being distributed to the parties and filed with the court. Depending on the information gleaned from the investigation, the volunteer advocate may recommend assessments, evaluations, treatment, and classes if needed. The volunteer advocate and Family Law CASA Staff will explore a variety of attainable community services and attempt to recommend services, when necessary, that best match the specific needs of each party. Many services are listed on the Family Law CASA website at <http://www.familylawcasa.org/>

The court may adopt or reject the volunteer advocate's recommendations in part or in whole. Only the court may order or require parents and parties to participate in services, refrain from specific behaviors or complete tasks. A volunteer advocate has no authority to require anything from the parent or parties but may provide information about services available in the community to anyone who requests such information. If the court adopts recommendations for services as part of a court order, a party may utilize a service provider listed on the Family Law CASA website or may choose another provider that satisfies the requirements set by the court. The volunteer advocate will follow up with questions about how the services are working and request records from or an interview with the service provider. This additional information is reviewed comprehensively with Family Law CASA Staff in finalizing long-term recommendations as to the final parenting plan. The volunteer advocate will continue to gather information until Family Law CASA is dismissed from the case; usually when the case settles or upon conclusion of a trial.

Interagency Coordination

The King County DV and Child Maltreatment Coordinated Response Project: Coordination and cross training among agencies is essential in order to execute a community coordinated response system. The King County DV and Child Maltreatment Coordinated Response Project is chaired by a judicial officer from King County Superior Court. The project has established an Oversight Committee in order to achieve continuity and longevity of ongoing collaboration and coordination among all key entities of the coordinated response guideline document. The Oversight Committee is comprised of members who represent the key cooperating agencies and community constituents. One of the important tasks of the Oversight Committee is to oversee the development of and revision of guideline content, and implementation of training plans for the DV and Child Maltreatment Coordinated Response Guideline document. The project also operates a community-based DV Best Practices Workgroup, which is comprised of community-based and systems-based providers who deliver direct client services. The DV Best Practices Members assist the Oversight Committee in implementing all project activities and report emerging trends and issues to the Oversight Committee.

The Oversight Committee meets on a quarterly basis and performs several core functions. During meetings, committee members share relevant program updates and changes within their organization. They identify and discuss emerging areas of concern related to the intersection of DV and Child Maltreatment. The committee develops project work plans and activities, and routinely evaluates them. The activities and identified issues of the DV Best Practices Workgroup are reviewed and emerging issues and challenging cases are discussed.

Another key role for the Oversight Committee is to develop and coordinate trainings at no or low cost and a yearly DV symposium for the community at low cost so that community members can participate in these training activities. The following training topics are of upmost priority in the delivery of training.

- Information on the co-occurrence of DV and child maltreatment;
- Systems overview and coordination using mock case model;
- DV response in diverse communities;
- CA referrals, investigation, and services;
- Best practices for DV screening, assessment, safety planning, and service plan development; and
- DV resources and community-based services.

Dispute Resolution through Case Staffing: It is the intent of this section to address only those cases in which there is an intersection between DV and child maltreatment as defined by [RCW 26.44](#) and where there is significant disagreement between involved professionals about case handling. The intent of the staffing is to resolve differences and identify best intervention practices and resources. Existing protocols will be used as previously identified by CA and King County Special Assault Network Agreement.

- **CA Child Protection Team (CPT):** A CPT provides confidential, multi-disciplinary consultation and recommendations to CA on cases. The CA office that has the case open for services conducts a CPT. It is recommended that a DV advocate and a batterer's treatment provider be added to the CPT when staffing DV cases. To request a CPT, contact the assigned CA social worker. A CPT must be used in any case in which the following occurs:
 - In all child abuse or neglect investigation cases in which the assessment requires the Department to offer services, and a Family Team Decision Making (FTDM) meeting will not or cannot be held, and the child's age is six years or younger; and
 - In all child abuse and neglect cases where serious professional disagreement exists regarding a risk of serious harm to the child and where there is a dispute over whether out-of-home placement is appropriate.; and,
 - When CA chooses to bring a case to CPT believing that such a consultation may assist in improving outcomes for a particular child.
- **CA Family Team Decision Making (FTDM) Meeting:** A FTDM brings key people together who are involved with the family, and to make critical decisions regarding the children's placement. A FTDM is used:
 - Any time an out-of-home placement of a child is being considered;
 - When a child is placed into protective custody by law enforcement, the FTDM must be held as soon as possible, but no later than 72 hours from the time of the placement, and held prior to the shelter care hearing;
 - Prior to moving a child from one placement to another; and
 - Prior to reunification of a child with parent(s) or exiting from care.
- **CA Shared-Planning Meetings:** Shared-planning meetings are to help make decisions in children and family welfare cases regarding children's safety, permanency and well-being. Shared-planning meetings are used to develop family-specific case plans focused on identified safety threats and child-specific permanency goals. Working in partnership with families, natural supports and providers help identify parents' strengths and threats to child safety, focus on everyday life events, and help parents build the skills necessary to support the safety and well-being of their children. Shared planning meetings are held:
 - Within 6 months of child's original placement date;
 - Within 9 to 11 months of child's placement and prior to Permanency Planning Hearing;
 - At least every 12 months on open cases;
 - Within 30 days of a Termination of Parental Rights referral to the Assistant Attorney General; and,
 - Within 30 days following the court entering a Termination of Parental Rights Order.
- **Special Assault Network Case Staffing:** The King County Special Assault Network Agreement and LE agency policy and procedures manual provide guidelines for cooperative investigations in special assault

cases of child sexual abuse, physical abuse, or neglect. This protocol has provisions for case staffing of complex cases involving multiple jurisdictions, multiple victims, or disagreements about case handling between involved professionals. The purpose of the case staffing is to bring involved professionals together to review the facts and other pertinent information, clarify possible misunderstandings, and achieve a mutually acceptable resolution. A King County Special Assault Network member may request a staffing through the King County Prosecuting Attorney's Office Special Assault Unit.

References: Section 2

American Academy of Pediatrics (2010). Clinical Report on Intimate Partner Violence: The Role of the Pediatrician. Policy document developed by Thackeray, J., Hibbard, R., Dowd, the Committee on Child Abuse and Neglect, & the Committee on Injury, Violence, and Poison Prevention. *Pediatrics* 2010, 125(5): 1094-1100.

Ganley, A. & Schechter, S. (1996). Domestic violence: A national curriculum for children's protective services (CPS). Published by Family Violence Prevention Fund and available through:
http://books.google.com/books/about/Domestic_Violence.html?id=jak3GwAACAAJ

Isaac, Nancy E. & Pualani-Enos, E. (September 2001). Documenting domestic violence: How health care providers can help victims. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. See: http://www.niccsa.org/downloads/health_consequences/DOCUMENTINGDOMESTICVIOLENCE.pdf

Massachusetts Department of Social Services (2004). Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety. Family Violence Prevention Fund. See: <http://www.futureswithoutviolence.org/accountability-and-connection-with-abusive-men-a-new-child-protection-response-to-increasing-family-safety/>.



Section 3: Information Sharing

Introduction

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

Considerations for Information Sharing

- **Safe Disclosure of Information:** Given the risks of lethality with DV, confidentiality has more to do with safety than privacy rights. Consequently, when information must be shared or disclosed, the safety of DV survivors and their children should be considered. Inadvertent or unplanned disclosure of information may significantly raise the risk of harm. Any information in the record or file pertaining to a confidential address or contact information of a DV survivor should be fully redacted to avoid exposure of information that would breach confidentiality, which means blacked out or removed, before the information is disseminated to anyone. Social security numbers, driver's license identification, passport numbers, children's names, and personal financial information should also be redacted. When information must be shared, as in a court proceeding, DV survivors must be notified in advance so they may plan for their safety. Safety of survivors and children must be considered when planning case transfers. The agency's confidentiality and information sharing policies should be consulted before disclosing information, with both the sending and receiving agency. In some circumstances, a court order may be required before information is disclosed.
- **Authorization to Release Information:** If the client signs an authorization to release information, the person or agency receiving the information should be clearly identified in the release. The written authorization should also specify what records or information will be disclosed and indicate how long the authorization is effective. A current, signed Release of Information must be obtained from both agencies when it is necessary to share information back and forth. An authorization might be effective, for example, for 90 days or 6 months. The length of authorization is often dictated by law or by agency policy.
- **Mandated Reporting Procedures:** Refer to Section One on the disclosure obligations of mandated reporters.

Confidentiality and Privilege Overview

Confidentiality and privileged communication generally differ in the scope of what is covered as well as their exceptions. Privilege applies only in legal proceedings, because privilege means that a covered person cannot be forced to testify in such proceedings about the privileged communications. Information may be both privileged and confidential. Federal constitutional privilege, under the Fifth Amendment to the United States Constitution, protects an individual from being compelled to incriminate him or herself, and a person who has been charged with a criminal offense or who is under investigation for a criminal offense has an absolute right to decline to provide information or testimony, or to be interviewed about the facts surrounding the events.

- **Confidentiality Laws:** Confidentiality generally refers to the legal and/or ethical duty to keep information or a communication private. Confidentiality laws protect information from being disclosed to third parties. The principal purpose of confidentiality laws is to protect an individual's privacy. In some circumstances, however, confidential information may be disclosed to others without the consent of the client or patient. These exceptions to confidentiality laws include the following:
 - Mandated reporting of abuse and/or neglect of a child aged from birth to eighteen years old;
 - Mandated reporting of abuse and/or neglect of a vulnerable adult; or
 - A court order.
- **Privileged Communication Laws:** Privilege is the right to withhold testimony or records in a legal proceeding. Privilege generally protects against the compelled disclosure in a legal proceeding of information provided by the individual holding the privilege to another person with a specific role. Examples of privilege include physician-patient, and attorney-client communications. To be privileged, these communications must be between the two identified persons. For example, if an attorney obtained information from a client's neighbor, that information would not be privileged information and would likely be subject to disclosure in a court proceeding. The attorney-client privilege only applies to communications between the attorney and his or her client.

Laws Pertaining to Confidentiality of Records and Information

If an agency, program or individual is governed by confidentiality laws, care should be taken to ensure that client or patient information is not discussed in public or in any location where the conversation could be overheard by someone who is not entitled to have access to the information. Steps should be taken in file management to ensure that the confidential information is not available to anyone not entitled to access.

- **Confidentiality of DV Survivor Program Information and Records:** "DV Program" means an agency that provides shelter, advocacy, or counseling for DV survivors in a supportive environment. HB 2848 added a section to [RCW 70.123](#) that provides for the confidentiality of information held by a DV program and its agents, employees or volunteers. Information about a recipient of shelter, advocacy, or counseling services may not be disclosed without the written authorization of the recipient. If disclosure is necessary because of the mandatory reporting laws regarding child abuse/neglect, the program is to make reasonable efforts to notify the recipient. If personally identifying information is to be disclosed, the program must take steps to protect the privacy and safety of the persons affected by the disclosure of information. Under [RCW 70.123.075](#), client records maintained by a DV program, as defined in the paragraph above, are not subject to discovery in any judicial proceeding unless there is a written pretrial motion for the records, accompanied by an explanation of the need for the records. If sufficient reason is provided to do so, the court will then perform an in camera review, which means in chambers, review of the records. The court will weigh the relevance of the records against the survivor's privacy interest in the confidentiality of the records in determining which, if any, records will be disclosed. The community-based DV advocate must explain the confidentiality rights to the adult DV survivor as well as the limits to those rights, and the role of a DV advocate. The survivor should be informed that information shared

with the DV advocate will not be shared with the perpetrator. The advocate should also explain their duty to notify CA Intake or LE if there are child abuse/neglect concerns. If information must be shared to assist a DV survivor to obtain additional services, the community-based DV advocate should be prepared to assist the survivor to make sure that the disclosed information is communicated accurately and safely. Steps should be taken to ensure that any shared information is protected from further disclosure.

- **Address Confidentiality Program (ACP):** If a person has registered for the address confidentiality program under [RCW 40.24](#), the secretary of state may not make any information in their records available except to LE by a court order, or to verify the participation of a specific program participant. For further information about the address confidentiality program and the limitations of this program, see Section Seven for DV survivor services.
- **Children’s Administration Records (CA):** CA records include Child Protective Services (CPS), Family Assessment Response (FAR), Family Voluntary Services (FVS), Children and Families Welfare Services (CFWS), and Family Reconciliation Service (FRS) records. CA records are confidential and not subject to disclosure under [RCW 13.50.100](#), [RCW 26.44](#) and [RCW 74.04.060](#). There are several exceptions.
 - Under [RCW 13.50](#), information about a juvenile may be shared with other juvenile justice or care agencies if the other agency is pursuing an investigation or case about the juvenile or is assigned responsibility to supervise the juvenile; however, only information which is needed for the receiving agency to carry out its statutory responsibilities to the child is to be provided. Parents, the child, the parent’s and children’s attorney, and the child’s dependency CASA are also entitled to information held by CA.
 - Under [RCW 13.34.105](#), the child’s Court Appointed Special Advocate (CASA) is entitled to review information contained in the CA record. The CASA is not entitled, however, to review confidential information such as social security numbers and privileged communication between the CA and its attorneys. Under [RCW 13.50.100](#), the child’s dependency CASA may share information obtained with other participants in the juvenile justice or care system.
 - Under [RCW 26.44](#), CA may share case information to perform case planning and provide appropriate services to the family. Only information that is relevant and necessary for these purposes may be provided. [RCW 26.44.030](#) provides CA with access to all relevant records of the child in the possession of mandated reporters and their employees.
 - Under [RCW 43.06A.100](#), CA must share with the Office of the Family and Children’s Ombudsman (OFCO) all relevant information, records, or documents in the possession or control of the Department of Social and Health Services that the Ombudsman considers necessary in an investigation. The Ombudsman is also granted unrestricted access to CA’s computerized information system for the purposes of carrying out OFCO’s duties. In addition, OFCO is able to communicate privately with any child in custody of the department for this same purpose. Under [RCW 43.06A.050](#) the Ombudsman shall maintain the confidentiality of information obtained from CA records and shall not further disclose or disseminate the information except as provided by applicable state or federal law.
- **Health Care Records:** Except as authorized in [RCW 70.02.050](#), a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient’s written authorization. A disclosure made under a patient’s written authorization must conform to the authorization. Patient’s health information may be shared only with those individuals who have a specific need to know the information and have proper identification. Only the relevant records that are necessary to satisfy the intended purpose of the request will be disclosed. Under [RCW 70.02.050](#), health care providers may release patient information without their written authorization under the following conditions:
 - Patient information is required by a person, who the provider or facility reasonably believes is providing health care to the patient;
 - Patient information is needed to avert a serious threat to health or safety;

- Patient information is needed for coroners and medical examiners;
- Patient information is needed by public health officials;
- Patient information is required for judicial and administrative proceedings; and,
- Patient information is requested by federal, state, or local LE authorities in a case in which the patient is being treated or has been treated for a bullet wound, gunshot wound, powder burn, or other injury arising from or caused by the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument.

Under [RCW 26.09.225](#), unless a court has ordered something different, parents are entitled to “full and equal access” to their child’s medical records. Under other state laws, a child, age 12 or older, must consent before parents can access these records. The Health Insurance Portability and Accountability Act (HIPAA) legislated health insurance reform to improve portability and accountability. The Federal Office enforces HIPAA standards for The Office of Civil Rights (OCR) based on patient complaints. Non-compliance or purposeful violation of the standards can result in substantial penalties. HIPAA has also legislated administrative simplification in order to encourage electronic information sharing in a safe and confidential manner. The administrative simplification legislation provides standards for the following:

- Healthcare electronic data interchange (EDI),
- Security of health information, and
- Privacy of health information.

Privileged Communications Law

- **Community-Based DV Advocate Privilege:** Under [RCW 5.60.060\(8\)](#), communications between a DV advocate and survivor privileged and not subject to compulsory disclosure. This means that a DV advocate cannot be questioned or be made to testify in court about any communication between the DV advocate and a DV survivor without consent. Under the statute, “DV advocate” is defined as an employee or supervised volunteer from a community-based DV program or human services program that provides information, advocacy, counseling, crisis intervention, emergency shelter, or support to DV survivors. A DV advocate must fall within this definition for their communications with DV survivors privileged. An important exception to this privilege is for known or suspected child abuse/neglect. This testimonial privilege does not apply to communications between DV survivors and systems-based individuals who perform investigative or prosecutorial functions, are employed by or under the direct supervision of a LE agency, are employed by a prosecutor’s office, or employed by CA services. For that reason, a systems-based DV advocate should explain the limitations of confidentiality to the DV survivor, and should consider making a referral to community-based DV advocate.
- **Attorney-Client Privilege:** Under [RCW 5.60.060\(2\)\(a\)](#), unless the client consents, an attorney cannot be examined as to any communication made by his or her client, or the advice he or she has given to the client during the course of the professional employment. Washington’s Rule of Professional Conduct for Lawyers, 1.6 (b) requires a lawyer to disclose information relating to the representation of a client “to the extent the lawyer reasonably believes necessary” to prevent “reasonably certain death or substantial bodily harm.”
- **Physician-Patient Privilege:** Under [RCW 5.60.060\(4\)](#), unless the patient consents, a physician cannot be compelled to testify as to any information acquired in treating the patient in any judicial proceeding. There is an important exception to this privilege, where the physician may testify regarding a child’s injury, neglect or sexual abuse. The privilege is also deemed waived, this means lost, if the patient files a personal injury or wrongful death action. Privileges similar to the physician-patient privilege are provided for information acquired by treating psychologists and counselors under other state laws.

- **Mental Health Counselor-Patient Privilege:** Under [RCW 5.60.060\(9\)](#), a mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter [18.225 RCW](#) may not disclose, or be compelled to testify about, any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons. Exceptions include the following:
 - With the written authorization of that person or, in the case of death or disability, the person's personal representative;
 - If the person waives the privilege by bringing charges against the mental health counselor licensed under chapter [18.225 RCW](#);
 - In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under [RCW 18.130.050](#);
 - For the mandatory reporting of child abuse/neglect or vulnerable adult abuse and neglect; and,
 - To any individual if the mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter [18.225 RCW](#) reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.
- **Husband-Wife Privilege:** Under [RCW 5.60.060\(1\)](#), neither spouse can be examined for or against the other spouse, without the consent of the other spouse, as to communications made by one spouse to the other during the marriage. There are a number of exceptions, however, to this privilege. It does not apply to civil actions or proceedings by one spouse against the other. It also does not apply to criminal actions in which the other spouse is the victim of the communicating spouse or criminal actions in which a child is the victim and the communicating spouse is the parent or guardian of the child.
- **Sexual Assault Advocate Privilege:** For purposes of the privilege, “sexual assault advocate” is defined as the employee or volunteer from a rape crisis center, victim assistance unit, program, or association that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault. The sexual assault advocate is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings. Under [RCW 5.60.060\(7\)](#), a sexual assault advocate may not, without the consent of the victim, be examined as to any communication made by the victim to the sexual assault advocate. The sexual assault advocate may disclose a confidential communication, without the consent of the victim, if failure to disclose that information is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person.

Information Sharing in the Context of Court Proceedings

- **Juvenile Court Proceedings, Role of the Dependency CASA and Guardian Ad Litem (GAL):** Under [RCW 13.50.100](#), court records in a juvenile dependency proceeding are confidential and sealed, which means not accessible by the public. Under [RCW 13.34.115](#), juvenile dependency hearings are public hearings, unless the judge finds that excluding the public is in the best interest of the child. The law has specific steps that must be taken if a parent, the child’s attorney or GAL requests the hearing be closed. Under [RCW 13.34.105](#), the role of the child’s dependency CASA/GAL is to investigate, to collect relevant information about the child, and to report factual information regarding the best interests of the child to the court. Under [RCW 13.34.105](#), the dependency CASA/GAL has access to information about the child, which includes the records of any agency, hospital, health care provider, or mental health provider.
- **Family Law Proceedings and the Role of Family Court:** With the exception of parentage actions, all court records in family law proceedings are open public records. Under [RCW 26.12.080](#), in a family court proceeding, the court may seal the file or any part of it to protect the privacy of the parties when the court determines that publication would be harmful to the children or contrary to public policy. In order to seal documents in a court file, the party seeking to seal those documents must comply with specific

rules adopted by the Supreme Court of the State of Washington. Under [General Rule 15](#), compelling reasons must be provided in order for documents and/or a court file to be sealed. [General Rule 22](#) allows for certain CA, psychological, medical, mental health and substance abuse evaluations to be sealed in accordance with the procedures set out in the rule. Under [RCW 26.09.220](#), the report prepared by a family court investigator or GAL must be shared with the parties' attorneys and with parties who are not represented by counsel. The investigator's file of underlying information must also be made available to the parties and/or their attorneys. Under [RCW 26.12.180](#), all information records and reports, obtained or created by a CASA/GAL or investigator in a family court proceeding, are discoverable. This means that the parties to the legal action, which usually is the parents, may obtain information from the CASA/GAL or family court investigator. The CASA/GAL or investigator may also share information with experts or staff that he or she has retained as necessary to perform the duties of his/her position. However, the CASA/GAL or investigator must not release private or confidential information to a non-party unless there is a court order.

- **Subpoenas and Disclosure of Information:** A subpoena is a legal document signed by an attorney, notary public, court clerk or judge that requires the person to whom it is directed, appear in court for a hearing or trial, or at a designated place to provide testimony. To enforce a subpoena and compel a person's presence, the subpoena must first be personally served on the person. Sending a subpoena in the mail or by fax is not considered effective service. A subpoena duces tecum is a legal document that directs the recipient to appear at a specified place and time and to produce records or documents. This type of subpoena can be issued with a "Notice of Deposition." If a subpoena is issued with a "Notice of Deposition," it means that an attorney wants to ask the recipient questions under oath before trial. The notice will state the date, time and place where the examination will occur. Subpoenas should not be ignored, especially those directing the recipient to appear for a trial or a court hearing. If a subpoena requires that a recipient appear in court, and the recipient does not want to appear, the recipient must follow specific legal procedures within specific time frames, such as successfully seeking to have the subpoena quashed. Attorneys often issue subpoenas to obtain agency information, medical records, mental health records, and educational records. State and federal laws restricting access to confidential and privileged information should be consulted prior to providing such information. A judge's signature may be required to obtain certain types of records, and it is best to consult with an attorney before responding to a subpoena if there is any question of its validity. Each agency should develop procedures and protocols for responding to subpoenas.
- **Court Orders and Disclosure of Information:** In order to obtain a court order authorizing access to confidential records, the person requesting the records, through his/her attorney, must file a motion and provide adequate notice to the entity that has the records. The entity maintaining the record is entitled to an opportunity to formally object to the disclosure and to explain to the court why the record should not be disclosed. If the court does enter an order that authorizes the release of confidential information, it is best to include in the court order a prohibition against any further disclosure, a requirement that the parties use the information only in the proceeding in which it was released, and a direction to otherwise seal the records from public viewing. In other circumstances, such as attempts to gain access to medical records under [RCW 70.02](#), the party seeking the information is required to give notice to the patient. The patient is then responsible for seeking a court order prohibiting disclosure of that information. A court order is required to obtain the release of the following records:
 - **DV Program Record:** Under [RCW 70.123.075](#), a person or agency who wants to use client records maintained by a DV program in a court proceeding must file a written motion with the court, which includes specific reasons why discovery is requested. The court will then review the records in camera, which means in chambers, to determine whether any portion of the records is relevant and whether the survivor's privacy rights outweigh the disclosure of the records. The court may order the release of all, part, or none of the records. A DV program is to make reasonable attempts to provide notice to the recipient affected by the disclosure of information. If personally identifying information is to be disclosed, the program is to take steps to protect the privacy and safety of the

persons affected by the disclosure of information. This statutory procedure also applies to sexual assault advocate program records.

- **DSHS/CA Record:** If someone other than a parent wants a DSHS/CA record, a court order is required. The same procedure described above must be followed.

Creating an Effective Information Sharing Policy

Each agency/entity should develop an agency protocol for information disclosures, with or without permission, which include the following areas:

- Defines the agency's role in service provision and identify what information is necessary to fulfill that role;
- Identifies the limits of confidentiality and how those limits are conveyed to the survivor;
- Obtains authorization to disclose information;
- Develops authorization forms to release information;
- Establishes who has the role to explain address confidentiality;
- Reports only the information the agency has permission to disclose;
- Defines when reporting is mandated and establish a process for making a CA Intake report; and,
- Establishes documentation procedures that include what observations and information that should be documented and why; instructions on documenting observations with objective terms and avoidance of subjective statements; and protecting confidential information contained in the record such as addresses and contact information.

Each agency/entity should develop interagency protocol, which include the following areas:

- Determines what circumstances will require interagency information sharing;
- Ensures privacy of the information received and protect against inappropriate further disclosure;
- Identifies the process for requesting and releasing information;
- Identifies agency staff that will implement the protocol and provide for staff training needs; and
- Identifies how the implementation of the protocol is monitored.

Each agency/entity should identify a person/entity within the agency that is responsible for information disclosures and:

- Designates an agency contact;
- Identifies the person who has the authority to release information;
- Identifies the person responsible for documenting the disclosure;
- Identifies protocol for documenting information disclosures including:
 - Date of disclosure,
 - What information was released,
 - To whom the information was released, and,
- Identifies when and how the DV survivor will be notified of the information disclosure.



Section 4: Court Security, Visitation Guidelines, and Court Collaboration with Children’s Administration (CA)

Introduction

Courts have a unique role in developing a coordinated response to cases involving DV and child maltreatment. This section focuses on three specific areas in which the courts play a vital role: courthouse and courtroom security, visitation guidelines to assist judicial officers in protecting children from the harmful effects of DV and an inter-systems collaborative protocol agreement between CA and King County Superior Court Family Court Services (FCS). Refer to [Appendix E](#) for a list of agencies involved in family court matters.

Courts have a variety of mechanisms by which they become aware of cases involving DV issues. Prosecutors, criminal defense attorneys, family law attorneys, juvenile court attorneys, and litigants may notify designated court staff that security is needed for a particular case. They may bring to the court’s attention the existence of other proceedings involving the parties or children. If/when the functionality in court databases is developed system-wide, it would be best to include a function to highlight high security cases for staff. King County Superior Court requires that all parties in family law proceedings identify if DV, child sexual or physical abuse exists, and record these issues in the “Confirmation of Issues” document that is filed in court. If such issues exist, the requirement for mandatory mediation of parenting issues is waived by Family Court Services (FCS). FCS obtains personal criminal history and case history screens for each person referred to it for services from the Judicial Information System (JIS). JIS is a statewide database and should be consulted by each judicial officer involved in the issuance of any court order in any case involving DV and/or child maltreatment. Judicial officers may access JIS via the Judicial Access Browser System (JABS). If a judicial officer uses information from JIS/JABS, it must be disclosed to the parties and they must be given an opportunity to address it.

Court Security Best Practices

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

- The courts should have an independent assessment for safety issues by a group outside the court, to assist them in understanding security issues at their court.
- The courts should have weapons screening and/or metal detectors at all courthouse entrances.
- There should be established procedures for emergency exits from the courtrooms, as well as established procedures for who is to respond in an emergency. This would include having a known protocol, which identifies a LE department that will respond to emergencies. Judicial officers who regularly adjudicate cases involving DV and juvenile or family law matters should adhere to the following:

- Where resources do not permit an independent assessment of courtroom safety, consult with local LE or security agencies and DV advocates who are familiar with their assigned courtroom, to assess and improve courtroom security.
- Exercise a leadership role in assuring security in their courtrooms and working with the court to implement consistent security training, where resources permit, for courtroom staff, attorneys and advocates who regularly appear on these calendars.
- Request that court security be in the courtrooms when security risks are present during DV calendars or hearings with DV perpetrators.

The court should establish practices for maintaining separation between the parties before, during and after the court proceedings, and should:

- Have conference rooms for alleged DV survivors to occupy before DV hearings.
- Establish separate areas so alleged DV perpetrators sit in a different area than alleged survivors in DV cases.
- Organize individual courtrooms whenever possible so that alleged DV survivors can enter and exit separately, and prior to alleged DV perpetrators.
- Establish procedures when resources permit, for an in-court clerk to expedite certification of copies of protection orders.
- Have judicial officers, who are assigned to DV calendars:
 - Consider utilizing an in-court announcement on DV calendars regarding procedures and expectations. This should include basic information on the court's procedures in DV cases for both petitioners and respondents, at their discretion.
 - Review calendars in advance and consider whether to adjudicate cases which may present higher risk, as early as possible during the calendar.

Visitation Guidelines when DV Allegations are Presented

Purpose: These visitation guidelines are to aid judicial officers in determining the appropriateness of interim visitation in cases where it is alleged that children have been affected by or exposed to acts of DV by their parents or guardians in [RCW 26.09](#), [26.10](#), [26.26](#), and [26.50](#) cases, or in cases where CA is conducting an investigation in [RCW 13.34](#) et. seq. These guidelines are not an evaluation or assessment tool nor are they a substitute for informed, independent discretion. For further information refer to "Navigating Custody & Visitation Evaluations in Cases with DV: A Judge's Guide," available through <http://www.ncjfcj.org/>.

Visitation Considerations:

- Review the JIS, JABS, and DV databases to determine past history, as required by statute.
- Determine the current status of the parties and their relationship to the child (parents, family members).
- Determine which party has custody.
- Determine the legal status of the parties, such as divorced or adjudicated parenting plan, and determine the following:
 - The date of the parties' separation;
 - The location of the parties and if they are residing in a shelter; and,
 - The parties' level of access to transportation and limitations.
- Determine the existence of any orders dealing with the children such as permanent or temporary parenting plans, non-parental custody order, shelter care order, and no contact orders in any other case. Pay particular attention to the status of such orders when there is more than one child of the relationship.

- Determine the identity of the children such as their age, whether or not they have special needs, and what language(s) they speak.
- Determine location of children's and petitioner's passports, if any.
- Determine the presenting issue(s) on the DV petition. Determine if the alleged survivor fears harm, death, or threats involving themselves or their children from the alleged DV perpetrator.
- Determine the history of alleged DV episodes, including any escalation of behaviors, or threats of kidnapping.
- Determine the lethality risks with the alleged DV perpetrator, including whether or not any of the following has occurred:
 - Use of weapons or threats to use weapons,
 - Use of closed fists/strangulation verses shoving and slapping,
 - Forced sexual contact or intercourse,
 - Infliction of physical assaults on a pregnant woman,
 - Engagement in any stalking behavior,
 - Presence of suicide attempts, threats of suicide, or threats of homicide, or
 - Presence of other risk factors with the DV perpetrator, such as drug/alcohol issues, mental health issues, past violations of court orders, escalation in abusive behaviors, physical abuse of a child, unemployment, firearms, or other weapons accessible to the alleged DV perpetrator.
- Screen for the abusive use of conflict by the DV perpetrator, including whether or not any of the following actions have occurred:
 - Harassing the DV survivor during residential exchanges of the children,
 - Using the children as a confidante or a control mechanism,
 - Favoring one child over another to control behavior,
 - Excessive text messaging or excessive emailing of the DV survivor,
 - Making disparaging comments about the DV survivor to the children,
 - Blaming children,
 - Using children to stalk or monitor the DV survivor,
 - Displaying excessive or obsessive jealousy, or expressing attitudes of ownership, and
 - Stalking behaviors.
- Ask if there is a history of any of the following actions:
 - Kidnapping or threats to kidnap the children,
 - Prior court orders restricting the DV perpetrator's access to other children or contact with prior partners, and
 - Contempt of court orders or custodial interference orders.
- Determine the involvement and location of the children relative to the presenting allegations including physical location of the children during the DV episode(s). Determine whether the children witnessed the event(s), whether the children were injured, harmed or threatened, and whether the children intervened or attempted to intervene during the DV event(s).
- Determine if the children are currently in safe and stable housing.
- Determine whether the children are in counseling, and if they have a pending CPS investigation, or if they are involved with CA services.
- Determine the frequency and type of contact between the parents and children, and if the parties have been separated or operating under a parenting plan. Clarify who performs parenting functions and day-to-day care under chapter [RCW 26.09](#). If contact is ordered, assess the following:
 - Determine if visitation (residential time) should be professionally supervised and by whom. See Section Seven on Services for more considerations on supervised visitation.
 - Provide for culturally competent visitation provisions where resources permit.
 - In the event of unsupervised contact, ensure the court's visitation order is clear and specific, and incorporates safety considerations. See [Appendix F](#) for the content of the supervised visitation order.

- Consider whether to allow sibling visitation as part of the court order for the protected party and minor children, where appropriate.
- In dependency case court reviews where resources permit, require proof of progress and compliance with court-ordered DV Batterer’s Intervention Program (BIP)/Domestic Violence Perpetrator’s Treatment (DVPT), which are both terms used for state-certified treatment programs. This information may determine whether visitation is supervised or unsupervised, but should not be a condition for visitation. Per [RCW 13.34.136\(2\)\(b\)\(ii\)\(A\)](#) “Visitation shall not be limited as a sanction for a parent’s failure to comply with court orders or services where the health, safety, or welfare of the child is not at risk as a result of the visitation”.
- Determine what safeguards, if any, should be in place to increase the safety of the children and the DV survivor during interim visitation and exchanges. These safeguards may include the following:
 - Supervised exchanges,
 - Specified location for exchanges, whether in a public or private setting,
 - Enrollment or engagement of the DV perpetrator in some form of BIP prior to beginning visits,
 - Abstinence from drugs/alcohol,
 - Random UA’s,
 - Surrender of firearms,
 - Restraints regarding removing the child from the jurisdiction of the court or securing passports, and
 - Minimizing communication between the parties, and avoiding provisions that require joint decision-making.
- When tailoring visitation schedules and the alleged DV survivor is the custodial parent, consider their input as to how the child is functioning since separation of the parents, and how the child is functioning before and after visits with the DV perpetrator. Consider appointing specific professionals to address issues such as DV perpetrator treatment, alcohol and drug dependency screening and assessment, and supervision of visitation and/or supervised exchanges.
- Advise petitioners to receive certified copies of the order from the clerk’s office and to keep a certified copy on their person at all times for presentation to LE. Certified copies of King County Superior Court protection orders may be obtained from the Superior Court Clerk’s Office at no cost by statute.

Children’s Administration (CA) and Family Law Guideline

DV Protection Order (DVPO) Definition: A DVPO is a civil order as described by Washington State Law, [RCW 26.50](#). Such orders are to protect people who are experiencing physical violence, threats of physical violence which create a fear of imminent harm, sexual assault, or acts of stalking perpetrated by a family or household member. Although a DVPO is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, from contacting the DV survivor and/or minor children, and from coming to the home, school, workplace, daycare, or other designated location. A DVPO can restrain the respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in [RCW 9.61.260](#), and using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communication of a victim of DV, the victim's children, or members of the victim's household. For the purposes of this subsection, "communication" includes both "wire communication" and "electronic communication" as defined in [RCW 9.61.260](#).

Assess Appropriateness of a DVPO for a Family: CA social workers should not automatically require DV survivors to seek DVPO for themselves or on behalf of their minor children. CA social workers should collaborate with adult DV survivors and determine if filing for a DVPO is the best course of action take. If it is decided that a DVPO action should be filed, CA social workers should perform the following:

- Seek input from the DV survivor regarding the family’s situation and the needs of the DV survivor and their children;

- Seek input from the DV survivor regarding any safety risks posed by the DV perpetrator to the DV survivor and their children;
- Check to see if there is an active family law case, and if there is an active case, determine the case status; and,
- Understand the statutory limitations on DVPO availability and other types of court orders before referring a DV survivor to seek a DVPO. Refer to [Appendix G](#) for a summary of different court orders that are available to DV survivors.

If the CA social worker has not received training on family law and family law procedures in regards to DVPO, they should seek information from a supervisor or speak to the Family Court Services (FCS) CA liaison before referring a parent for a DVPO or otherwise invoking the family court system. See [Appendix D](#) for FCS contact information. This will help the CA worker refer the family to the appropriate part of the family court system. CA Social Workers should refer to their DV Practice Guide for further information regarding court orders: <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>.

DVPO Limitations in Cases of DV and Child Maltreatment: There are several limitations in obtaining a DVPO for child maltreatment cases as detailed in this section.

- **There must be specific evidence of DV or child abuse:** A DVPO can be granted where there is:
 - Evidence of physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, or the infliction of fear of imminent physical harm, bodily injury or assault between family or household members;
 - Sexual assault of one family or household member by another; or,
 - Stalking, as defined in [RCW 9A.46.110](#), involves a family or household member who stalks another family or household member per [RCW 26.50.010](#).
- **CA must meet certain requirements before placing a child out of the home:** A child may be placed out of the home by CA only if the child has been placed in protective custody by LE under [RCW 26.44.050](#), there is a court order authorizing the placement under [RCW 13.34.060](#), or the custodial parent has signed a voluntary placement agreement.
- **DVPO does not generally grant custody to non-parents.** DVPO court cannot grant custody orders, except in very unusual and very time limited circumstances, to a petitioner who is not the parent of a child, and who does not have a court order giving them custody of a child. If CA believes that someone other than a parent should have custody of a child, that person may need to file a petition for non-parental custody or consider filing a dependency petition. Non-parental custody proceedings can be complicated. Such cases are also unlike DVPO proceedings, as DV advocates will not ordinarily assist the petitioner in a non-parental custody case. The King County Superior Court's Family Law Facilitator Program may be a limited resource in assisting the petitioner by providing the correct forms to fill out and file with the court. For information about the facilitators see: <http://www.kingcounty.gov/courts/FamilyCourt/facilitator.aspx>.
- **DVPO does not generally change custody or residential time or decision-making.** If a final court order has already been entered giving one parent permanent and primary custody of the child and CA believes the other parent should have custody, the other parent will need to file a petition for modification of the parenting plan. Again, such proceedings may be complicated and DV advocates do not ordinarily assist with such procedures, although the Family Law Facilitators may be a resource. Depending on the circumstances, the DVPO court may refuse to transfer custody from one parent to the other unless a modification petition has been filed, may decline to include a child as a minor protected party, or may only enter a DVPO for a very short period, even if the court finds that the child abuse has occurred or that an imminent fear of such harm has been proved.
- **Child neglect or suspicion of child abuse alone is insufficient for a DVPO on behalf of the child.** Cases involving child neglect, unaccompanied by actual physical abuse or threats of physical abuse, are not appropriate for the DVPO calendar. Similarly, neither are cases in which there is suspicion of physical or sexual abuse without competent evidence.
- **The DVPO calendar should not be used as a means to suspend parental-child contact while CPS completes its investigation.** This cannot occur unless the parent requesting the protection order can

provide actual evidence to the court of physical or sexual abuse or fear of imminent harm of such abuse of the child.

- **There must be adequate evidence of physical or sexual abuse of the child.** Adequate and legally sufficient evidence will usually require a sworn statement from someone with first-hand knowledge of the child abuse or first-hand knowledge of circumstances that would lead a court to conclude that physical or sexual abuse was occurring or had occurred or that there is reasonable fear of imminent harm if a DVPO is not granted on behalf of the child. A “voluntary services contract” between one parent and CA to suspend visitation is not in and of itself sufficient evidence of DV or child abuse. Evidence from CA, a medical provider, or another person who believes that the child may be at risk for abuse, and thus, that a DVPO should be entered on behalf of the child, must be made in a writing made under oath, signed, and dated, with place of signature included. CA should provide all pertinent information in writing, signed under oath and dated. Information provided should be specific about DV risk to the survivor and child, what other services are being provided, and why CA believes a DVPO is appropriate for the child or family. One form of a sworn declaration is as follows:
- **I swear under penalty of perjury under the laws of the State of Washington that this statement is true and correct.** **Date:** _____ **Place:** _____ **Signature:** _____

DVPO Referral Process: The DVPO process and its limitations should be carefully considered before CA recommends, after obtaining a DV survivor’s input, that a parent seek to obtain a DVPO. If the parent is referred for a DVPO, other involved agencies should be consulted to ensure appropriate interventions and support. The following steps should be considered when making referrals for DVPOs:

- Review, with the parent, whether there is a pending dissolution or paternity action. If so, the DVPO should be filed with the existing case number, in the court handling the pending matter, and with notice to all attorneys or parties in the pending case. Any temporary orders should be reviewed to determine if they adequately protect the children.
- If a dissolution action or paternity action has been concluded, review the final orders to determine if they adequately protect the children. If not, and the parent cannot afford an attorney, determine if the parent is capable of adequately representing himself or herself in the DVPO proceeding.
- Determine if the parent or legal custodian is sufficiently capable and motivated to follow through with a potentially complicated court process. Does the parent have parenting issues that may result in the court requiring services such as entry into drug treatment? If so, is the parent likely to follow the court’s orders or will the parent not follow through with required services? Consider the parent’s literacy and language barriers in terms of their ability to navigate the court process.
- Determine if the petitioning parent has sufficient evidence to present to the court that might allow the court to take action. Has CA provided necessary evidence by way of sworn declarations? If not, will a CA social worker be available to testify at the hearing?
- Determine if the petitioning parent will need help filing a DVPO petition. Petitioners can be referred to the King County Protection Order Advocacy Program where an advocate can assist with the preparation of the petition (see [Appendix E](#)). Generally the advocates are not readily available for enforcement issues.
- Determine if the parent has family law concerns. Parents needing assistance with family law matters should be referred to the Family Law Facilitator Program.

DVPO and Court Process Considerations: If one superior court is already exercising jurisdiction over custody and visitation of children, it may not be appropriate to refer the parent to another court for a DVPO. If a juvenile court has entered any order under [RCW 13.34](#), such as a shelter care order in a dependency case or guardianship, no other court may enter orders regarding contact with the child unless the juvenile court enters an order granting “concurrent jurisdiction,” which allows the other superior court action to proceed. If one superior court is handling a divorce, paternity or protection order action involving children, generally that court should handle any protection order issues involving the children. A parent may not simply go to another court to try to get a different order without first obtaining permission from the first court by way of a motion for change

of jurisdiction or venue. Such motions are complicated and it is not reasonable to expect an unrepresented parent to be able to successfully bring one. If CA believes that an existing court order fails to protect the child, CA may file a petition in juvenile court, but should not expect the parent will otherwise be able to go to a different court to get a different result.

Family Court Services (FCS) and Children’s Administration (CA) Communication Guideline: Both FCS and CA have an ongoing obligation to make the system work for children and their families. Communication regarding cases does not require separate signed authorizations; however, the following agreement is intended to facilitate the exchange of information between King County Superior Court FCS and Region Two CA. FCS may call CA for information in order to provide a CA status report to the court during the course of DV assessments or parenting plan evaluations. Information may be shared between CA and the court based on [RCW 13.50.100](#), which permits the sharing of relevant and necessary information when the court is conducting an investigation regarding the child. See Section Three: Information Sharing, for more information. When a FCS evaluator makes an information request to CA, the FCS evaluator will provide identifying information from the family and court case to the CA designated staff person to determine if a family is currently open for investigation or family assessment. If open, the CA designated staff person will provide the name and telephone number for the assigned CA social worker. If open, the FCS evaluator will contact the assigned CA social worker to gather information and the CA social worker will complete the following process:

- Confirm the FCS social worker’s identity;
- Obtain the court cause number and/or the FCS case number; and,
- Inquire as to what information is requested and the reason for the requested information.

The CA social worker can provide to the FCS evaluator the following information:

Case history;

- Child maltreatment, neglect or abuse findings;
- Recommendations, such as safety plan information;
- Brief description of the allegations;
- Status of referral as information only, accepted for CPS investigation or FAR, or third party referral; and
- CA will provide the referrer type and not the referrer’s specific name such as physician, counselor, school personnel, relative, or parent.

The CA worker will document the FCS social worker’s name and the request for information in a Service Episode Record (SER) with the cause number and/or FCS case number included. If the case is closed the CA designated staff person will provide the following information:

- Date of the most recent referral to CA;
- Nature of the allegations/brief description of circumstances surrounding the report of abuse/neglect;
- If the referral was assigned for investigation, the name and telephone number of the CPS social worker that completed the CPS investigation;
- If the referral was assigned to FAR, the name and the telephone number of the FAR social worker that completed a family assessment;
- Current case status and CA recommendations, if any, resulting from the investigation or assessment; and,
- If any prior investigation(s) resulted in findings against a parent.

CA should respond promptly when asked for information by Family Court, FCS or other recipients designated by court order. CA may be asked for information for the purposes of upcoming court hearings or trials. If CA cannot comply with those deadlines, notice should be provided to FCS so that this information can be relayed to the court.

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

CA Investigation Findings: CA determines child abuse/neglect findings, screens families for DV, and when identified completes specialized DV assessments which details children's risks from DV exposures. Sometimes CA cannot ascertain whether or not a child has been abused or neglected. If a parent disagrees with a CA child abuse/neglect finding, the parent may raise his or her concerns with FCS during its parenting evaluation in the family law case or during its DV risk assessment for civil DVPO cases. If a FCS evaluator needs to inquire about prior CA findings or assessments, the FCS evaluator may contact CA Intake and request to identify the assigned CA social worker or their supervisor.

Family Court Services (FCS) Resources: FCS does not have the resources to fund sexual abuse evaluations, psychological evaluations or other evaluations for the children and their family members. For example, FCS does not have a contract to provide sexual assault assessment services with the Harborview Center for Sexual Assault and Traumatic Stress. FCS staff provides DV Assessments for the court when DV issues are raised in a DVPO petition, and cannot be resolved by the commissioner at the hearing. The court must order a FCS assessment or investigation for the family to receive services from FCS. Typically, the FCS social worker interviews the parents and investigates their claims; reviews court, police, medical and other records; and contacts collateral agencies to determine history of services. FCS will also make recommendations to the court regarding appropriate services for the parents, where the child should reside, and what type of residential time, if any, should be allowed between the other parent and child. The court may also order FCS to provide a parenting evaluation in a pending dissolution, modification or parentage action. FCS services may include parent child observations and home visits. FCS does not provide psychological testing, specialized testing, or specialized mental health assessment. Generally, the parents must pay for such specialized services. It can be difficult to determine risks if the child's parents cannot afford specialized services.

Protocol for Obtaining Domestic Violence Protection Orders (DVPOs) at Juvenile Court: Limited DVPO services are provided at Juvenile Court only for those who have a dependency action pending, and not family, friends, or other referrals. No anti-harassment protection orders or sexual assault protection orders will be attained at Juvenile Court. The DVPO process is intended to help parents who are at juvenile court for their dependency action and who further request the relief of the DVPO, see [Appendix H](#). This limited process is not intended to be a destination for DVPOs in general nor should it be used as an avenue to require abused parents to seek a DVPO as a testament of their "ability to protect". If a dependency parent desires a DVPO and needs to come back to court to start the process, the parent should be directed to the Seattle King County Superior Courthouse. DVPO services are provided at the Kent Maleng Regional Justice Center (RJC) and dependency parents should follow the regular DVPOI procedure at the RJC. The DVPO petition is filed as stand-alone civil case, and not inside the dependency. The Department of Judicial Administration (DJA) will link the dependency file with the DVPO case. Modifications, extensions and final order hearings will be on the family law calendars and will specifically address the DVPO orders, not the dependency orders.

Process for Obtaining DVPO:

- Issues of DV are likely to come up at the court hearing, and may be known at the time of filing. Defense attorneys are to inform petitioner of the process, and direct them to the Juvenile Victim Assistance Unit of the KCPAO, if available or clerk for help with petitions/orders. The Victim Assistance Unit (VAU) Staff at the Juvenile Division of the King County Prosecuting Attorney's office are the first point of contact for petitioners; and, they will walk petitioners through paperwork and prepare them for the ex parte hearing. If no VAU staff is available, petitioners will be directed to the Clerk's Office for case number assignment, etc., before proceeding to court.

- Once the paperwork is completed and a case number has been assigned, the petitioner will proceed to check-in window with the dependency coordinator or inside the courtroom if the window is closed. The coordinator will immediately notify the commissioner if a hearing is in progress, or after the hearing is finished and submit the paperwork. The commissioner will hear the petition at the first opportunity during the calendar.
- The Clerk's Office juvenile staff is trained and has forms and case numbers available. They are ready to help petitioners before and after the hearing. Juvenile Clerk counter staff will help customers who have not visited the VAU as well as those who have.
- If interpreter services are required, contact the coordinator.
- The DVPO will be filed as a stand-alone civil case and not inside the dependency case.
- After the petition and other appropriate paperwork is completed, petitioners will be directed to the dependency window for queuing into the dependency calendar on a walk-in basis. DVPO petitioners with interpreters will be given priority, due to the cost of interpreters.
- Court coordinators will assist with fitting petitioners into the calendar flow.
- At the hearing, the dependency commissioner will help ensure the dependency case number is added to the order to ensure a copy is filed in the dependency action. A copy of the temporary order is to be stamped "copy for information only."
- After the hearing, petitioners are to be directed back to the Juvenile Clerk's Office for help with filing, copies, and service issues. Final order hearings and any modifications are to be handled by the Seattle King County Superior Courthouse or at the Maleng Regional Justice Center. The Juvenile Clerk's Office staff will link the DV and the dependency case into the SCOMIS database.
- Juvenile Clerk's Office staff will relay service packets to police agencies.
- Any modifications or extensions are to the DVPO will be in the civil case, and not to the dependency case.



Section 5: DV Screening, DV Assessment, Safety Planning and Service Plans

Introduction

Routine DV screening at each stage of the case; conducting a specialized assessment of identified DV; and using the DV specific information in safety planning, case decision-making and service planning are all important components of a case. It is essential that those screening and assessing for DV have appropriate training in conducting behavioral-based screening and assessments so they routinely ask key questions and listen for key behavioral information during interviews and case reviews. Routine DV screening allows us to identify whether or not there are DV issues in the case. The DV screen is followed by a specialized assessment of the DV to determine if there are any safety risks posed to DV survivors and their children. When safety risks are identified, it is critical that safety plans be developed with and for DV survivors and their children.

It is important to remember that DV screening, DV assessment, and DV safety planning are ongoing processes. These processes should be continued throughout the time that families are receiving services. The following approaches and questions may not be appropriate in every situation. Consult with program managers, supervisors or administrators regarding agency procedures. When working with DV survivors and perpetrators, be mindful also of potential safety risks to agency personnel and develop safety protocols for the agency and staff.

Routine screening and specialized DV assessment should be a part of a larger DV initiative that includes training to build knowledge and skill development, collaboration among responding entities, and development of proper procedures and policies. Without this careful review of current research, best practices, policies, and procedural guidelines, providers might misuse information about DV screening and inadvertently increase the danger to DV survivors and their children. Identifying and responding to DV are only meaningful when adequate policies, procedures, and services are in place.

DV Screening

Routine DV Screening during Intake Procedures: Asking routine DV screening questions with child abuse/neglect reports or service referrals provides a critical opportunity for the identification and disclosure of DV. CA Intake workers should refer to their procedures for DV screening in Social Worker's Practice Guide for Domestic Violence <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>. Asking about DV allows agencies to make informed decisions about how best to proceed with families. It also creates opportunities to elicit and document information about DV that can corroborate the presence of DV in a family. Document the DV screening information gathered during client intakes in agency reports/referrals. Intake staff should ask routine DV screening question at the time of agency referral as follows:

- *“Do you or someone in the household have concerns that physical or emotional abuse or violence is an issue?”* If the answer is *“no,”* then the intake worker should note that in the report and continue with the intake questionnaire.
- If the answer is *“yes,”* then the intake worker should ask, *“Has anyone in the family been hurt or assaulted? If so, describe what happened, who was hurt or assaulted, and who did it.”* Then ask, *“Has anyone in the family made threats to hurt or kill another family member or him/herself?”* If so, please describe who made the threats and against whom.
- If there are *“yes”* answers to either of these questions, then ask, *“Has anyone been injured? If so, describe by whom and how.”* Then ask, *“Do you know if someone in the home uses weapons to threaten or to harm a family member?”* If so, *“Describe who did it and against which family members.”* Ask, *“Has the police ever been called to the home to stop assaults against adults or children?”* If so, ask, *“Please describe what happened.”* Then ask, *“How has the violence injured or affected the children?”*

Planning for Routine DV Screening: DV often is an underreported and unrecognized crime. Many DV acts are not reported to providers in any formal way. In some cases, providers may not recognize or believe DV behaviors exist when it is disclosed to them. Since DV creates safety risks, imbalance of power, and coercive control issues, when DV is not identified it diminishes responders’ ability to provide effective and safe responses to families. Conduct routine DV screening with each family as it not only increases the likelihood of DV being reported, but it also increases the likelihood that providers will be able to identify DV when it is disclosed. Through routine DV screening practices, responders are better able to protect and support DV survivors and their children. The purpose of the routine screening for DV is to identify whether or not there is DV involved in the case. DV screening is an effective way to identify and detect the presence of abusive behaviors. Routine and respectful DV screening is essential in order to provide appropriate, supportive services and community referrals to DV survivors. Routine screening also provides an opportunity to engage DV perpetrators in changing their abusive behaviors. When DV is indicated, additional screening questions are asked to determine the identity of the adult DV survivor and the identity of the DV abuser. Be mindful not to overly rely on the presentation of the parties’ conduct during interviews. Sometimes DV survivors may present as unreasonable or anxious, which is not uncommon for someone involved in an abusive relationship. Likewise, some DV perpetrators can be quite charming and reasonable to individuals who are interviewing them.

It is important to plan carefully to maintain the safety of the interviewer and all involved parties during DV screening. When asking questions about DV it is imperative to interview each family member separately. Develop a plan with the DV survivor on timing of the interview so that children, friends and other relatives are not present. It is important that whenever DV is disclosed, that survivors be asked about their safety and their children’s safety. Ask DV survivors about what may reduce the risk of harm to themselves and their children. It is also important to ask DV survivors if they are planning to remain in their relationships, or are planning to leave their relationships, or have separated from their abusive partners. Each of these situations presents unique risk and safety considerations, which should be explored more in the DV assessment. Prior to initiating an interview, CA social workers should refer to their DV Practice Guide at <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>.

It is helpful to begin screening with a framing statement in order to introduce and normalize the questions like *“I have some questions that I ask everyone I work with. I’m going to ask you these questions now.”* Providers should make efforts to ask questions in a client’s language of choice. It is important to ask questions that seek descriptions of behavior and not just the impact or meaning of behaviors. Ask questions in a calm, matter-of-fact manner, and when responses are vague or confusing, briefly ask further questions for clarification. It is important to remember when conducting DV screening interviewers do not know who the DV perpetrator is and who the DV survivor is; therefore, questions should include acts of DV victimization and acts of DV perpetration. Be aware that DV survivors may use violence at times for self-defense, which is not DV perpetration. After completing DV screening, interviewers should always thank the person for the information they have shared.

Cooperating Agencies DV Screening: Screening for DV need not be time-consuming or cumbersome. Although these guidelines make a distinction among screening, assessment and services, these activities should be continuous and ongoing since violence could occur at any time while a family is receiving services. All agencies identified in this guideline should conduct routine DV screening per below.

- **Law Enforcement (LE) Agencies:** LE plays a vital role in determining whether criminal DV is present in some households. Detectives and DV advocates in King County have developed a DV Supplemental Form that can be used to gather DV information at crime scenes. This form provides a comprehensive overview of the scene and circumstances. The form can be used as a guide to ask questions about the adult DV survivor, the DV perpetrator, and the children at the time of LE response.
- **Children’s Administration (CA):** Routine DV screening should occur at each stage of the case CA services. When DV is documented in a CA Intake report, it is important to obtain information from LE about past and current DV incidents. It is also important to consult with LE about potential safety risks to social workers visiting the family and DV survivors.
- **Community-Based DV Survivor Advocacy Agencies:** Because DV survivors essentially seek help for DV from community-based agencies screening for DV in these cases would be redundant. This guideline does not address formal procedures for these agencies.
- **Batterers Intervention Programs (BIP)/Domestic Violence Perpetrator Treatment (DVPT):** DV perpetrators may self-refer themselves BIP/DVPT or they may be referred into BIP/DVPT by criminal courts, civil courts, or CA system. Per [WAC-388-60-0165](#) an extensive initial screening and assessment of DV should be conducted by treatment programs in order to identify the patterns of coercive or abusive tactics, behavioral indications of abuse, and lethality risks.
- **Legal and Court Services:** Attorneys involved in family law and juvenile court proceedings should inquire whether or not there are issues involving DV and/or child maltreatment, as their existence may affect the way in which a case is handled. The suggested screening and assessment procedures for client intake interviews.
 - Determine if there are any other family law, civil, criminal or juvenile court proceedings pending and/or court orders that involve the DV survivor, the DV perpetrator, and/or the child;
 - Obtain copies of all court orders including criminal NCOs, DVPOs, restraining orders, anti-harassment orders, and custody or parenting plan orders;
 - Be apprised of local court’s security arrangements, and if needed, request additional security personnel be present;
 - Be apprised of available DV services; and,
 - Implement safety precautions for interviews such as panic buttons.
- **Health Care Professionals:** All adult patients should be screened for DV in health care settings, through direct, respectful, and sensitive questions. The role of the health care professionals is not to force disclosure, but to create a safe and supportive environment for adult DV survivors to talk about abuse, if and when they are ready to do so. Health care professionals should:
 - Routinely screen for DV at initial patient visits and routine health care exams;
 - Provide DV screening and assessment only when the patient is alone with their provider; and
 - Use behaviorally focused standardized DV screening questions. Refer guideline references for Rabin, Campbell & Bair-Merritt review on standardized DV screening tools. The following reference guides are available for health care professionals on DV screening guidelines and tools:
 - ✓ **Futures Without Violence:** “National consensus guidelines on identifying and responding to DV victimization in health care settings”, see, <http://www.futureswithoutviolence.org/userfiles/file/Consensus.pdf>;
 - ✓ **Futures Without Violence:** “Identification and responding to DV: Consensus recommendations for child and adolescent health”, see, <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/pediatric.pdf>; and,
 - ✓ **American Academy of Pediatrics:** “Intimate partner violence: The role of the pediatrician”, see, <http://pediatrics.aappublications.org/content/125/5/1094.full>.

Questions for Routine DV Screening: The following questions can be quickly incorporated into intake processes. These questions are provided only as an example. For additional technical assistance and information on screening questions see Futures Without Violence, National Health Resource Center of Domestic Violence at <http://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence>.

- *“Have you been hit, kicked, punched, or otherwise hurt by someone within the past year?”*
- *“Have you hit, kicked, punched, or otherwise hurt someone within the past year?”*
- *“Have you ever felt controlled or isolated by a current or past partner?”*
- *“Have you controlled or isolated a current or past partner?”*
- *“Do you feel safe in your current relationship?”*
- *“Is there a partner from a previous relationship who is making you feel unsafe now?”*
- *“Is there a partner from a previous relationship that you are making feel unsafe or threatened?”*

Supporting Disclosures: It can be very difficult for DV survivors to disclose the abuse they are experiencing. It is very important for interviewers to validate and support survivors when discussing their experiences with statements such as:

- *“I believe you”*
- *“I am concerned about your safety and well-being.”*
- *“I imagine this situation must be very difficult for you.”*
- *“You are not alone.”*
- *“Thank you for telling me.”*
- *“I am concerned about the safety of your children.”*

Specialized DV Assessments

Not all DV experiences are the same. The specialized DV assessment is essential in identifying and responding to potential risks posed by the DV to children and DV survivors. A specialized DV assessment gives information for DV safety planning, information for case decisions/case planning, and information on needed linkages to services and supports. A specialized DV assessment is an interview process and not a specific tool. It creates the opportunity to offer DV survivors’ protective and supportive services that they might not otherwise have accessed. It also creates opportunities to connect with DV abusers and engage them into supports, which can increase the safety of DV survivors and their children. The DV assessment can help provide important information to courts when making determinations about protection orders and parenting plans. A specialized DV assessment gathers information for the following areas:

- Specific tactics of abuse used by the DV perpetrator against the DV Survivor;
- The impact of those tactics on the DV Survivor;
- The impact of those tactics on the children;
- The protective factors of DV survivors, children, DV perpetrators, and community factors that mitigate danger;
- Co-occurring issues including substance abuse, mental health issues, and poverty; and
- Lethality risks with perpetrator abuse tactics.

DV Lethality Risk Factors are dangerous behaviors that increase the risk of significant harm or death to all family members involved with the DV perpetrator. When working with DV survivors, DV perpetrators, and children, it is important to identify lethality risk tactics and behaviors used by DV perpetrators. This is critical to determine the level of danger posed to DV survivors/children/perpetrators/friends/family members/providers. When lethality risks are identified, it is critical to engage DV survivors in identifying appropriate interventions and safety plans that should be imminently deployed. A specialized “Danger Assessment” for inquiring about lethality risks and modified versions for same-sex relationships, immigrant women, and law enforcement response, are available

at: <http://www.dangerassessment.org/about.aspx>. For more information about DV fatality and lethality risks refer to <http://dvfatalityreview.org/> and <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>. Lethality factors are behaviors that may include, but are not limited to the following factors.

- **Separation Violence** is often, the most life-endangering violence occurs when abusers believe DV survivors are intending to separate, or are in the process of leaving, or are living apart from DV perpetrators.
- **Suicidality Ideations** by DV perpetrators who fantasize or threaten acts of suicide are extremely dangerous.
- **Threats to Kill** by DV perpetrators who threat to kill their partners, children, other family members, and friends are extremely dangerous.
- **Escalating Violence** by DV perpetrators who escalate use of violence tactics, such as strangulation, rape, or severe physical/sexual assault, increasing severity of injuries, and threats/use of weapons on DV survivors can pose significant risks to all the family members. DV Survivors or their children's use of violence to intervene or protect themselves or others can also be indicative of escalating violence by the abuser.
- **Access to Weapons:** DV perpetrators who have used weapons/threatened to use weapons and who possesses or has access to weapons are extremely dangerous to DV survivors and their children. DV perpetrators can also use fire as a lethal weapon.
- **Fear of Perpetrator** when expressed by DV survivors can be aware of escalating danger. When DV survivors express fear that the DV perpetrator will killed, or their children, or others in their social networks, providers should immediately work on safety planning with the survivor.
- **Extreme jealousy/Possessiveness** by DV perpetrators who display:
 - Pervasive obsessiveness about the survivor;
 - Extreme jealousy;
 - Excessive use of coercive/controlling behaviors;
 - Unwillingness or inability to live without DV survivors; and
 - Beliefs of full entitlement of DV survivors like *"You belong to me,"* or *"If I can't have you no one will,"* or *"You will die before you get a divorce."*
- **Lack of Regard for Consequences** are when DV perpetrators take more risks without regard to legal or social consequences, such as stalking the DV survivor at their workplace, stalking the children at school, or abusing the DV survivor in public locations the risk of lethal assault increases with their intimate partners, children, or other family members.
- **Unemployment** of DV perpetrators has been associated with DV homicides/suicides.
- **Co-Occurring Conditions** can be associated with an increased risk of lethal assault by DV perpetrators when they are:
 - Under the influence of drugs and/or alcohol;
 - Displaying acute depression, paranoia, or psychotic symptoms;
 - Seeing little hope for moving beyond their situation;
 - Feeling they have nothing to lose; and,
 - Expressing suicide and/or homicide ideations.

DV Assessments with Survivors should be achieved through survivor-focused safe, routine, respectful, and direct inquiry processes. Be mindful of the time and place of the interview, and that more than one interview may be necessary. It is important to focus on survivors' safety concerns and build an alliance with survivors to promote their safety. DV survivors may be hesitant to talk with CA social workers, court personnel, and others, as they may fear losing custody of their children or they may fear retaliation by their abusive partners. It is also important to remember that some DV survivors may minimize or deny DV as a way to cope with and survive perpetrators' abusive tactics. It can be helpful to let the survivor know that they do not deserve the abuse. It is also helpful to let them know that you are concerned that they and their children may be in danger, and that

you listen to them and explore/support ways that they are trying to protect both themselves and their children. Provide supportive responses like:

- *“I am sorry this has happened to you”;*
- *“The violence is not your fault and only _____ (insert name of abusive partner) can choose to stop his or her abusive behavior”;* and,
- *“You do not deserve to be _____ (list abuse tactic hit, kicked, beaten, raped, etc.).”*

Ask DV survivors if they will feel endangered if their abusive partners are interviewed. Inform DV survivors how and when interviews with the DV abusers will occur. Ask DV survivors about possible consequences to them and their children of such interviews and plan for their safety. If it appears that interviews with alleged abusers will endanger DV survivors or their children, delay those interviews until their safety is secured. Inform DV survivors about their confidentiality rights, as well as limits to those rights. Explain that information shared by DV survivors will not be shared with abusive partners unless a court requires disclosure. Offer DV survivors contact numbers for DV advocacy services where they can discuss DV issues confidentially.

Ask DV Assessment Questions and carefully listen for the patterns of abusive behaviors, risks to the children, and effects of DV on the children. Refer to [Appendix J](#) for a checklist on patterns of DV behaviors. The following lists of questions can be adapted when asking DV survivors the details about the DV they and their children have experienced.

Questions on DV Perpetrator’s Abuse Tactics

- *Does your partner ever act jealous or possessive?*
- *Has your partner ever prevented you from going to work/school/church?*
- *Has your partner ever prevented you from seeing friends or family?*
- *Have you ever felt afraid of your partner? In what ways?*
- *Has your partner ever followed you?*
- *Has your partner ever tracked you by phone, computer or other electronic means?*
- *Has your partner forced you to use alcohol or drugs?*
- *Has your partner forced you to perform sexual acts or interferes with your use of birth control?*
- *Has your partner behaved violently in public or with others?*
- *Has your partner destroyed your family’s possessions, such as your clothes, photographs, or furniture?*
- *Has your partner engaged in reckless behavior, like have they driven too fast with you and the children in the car?*
- *Has your partner prevented you from calling 911 or other help?*
- *Has your partner threatened to kill you, or their self, or your children, or other family members?*
- *Has your partner hurt your family pets?*
- *Has your partner ever pushed, pulled, slapped, punched, kicked, or burned you?*
- *Has your partner ever choked you?*
- *Has your partner hurt you during pregnancy?*
- *Has your partner threatened you, your children or other family members with a weapon?*
- *Has your partner used a weapon on you, your, children, family or friends?*

Questions about Level of Risk of Children

- *Have you ever been afraid for the safety of your children?*
- *Has your partner threatened to take children from your care?*
- *Has your partner called, or threatened to call, a child protection agency?*
- *Has your partner hurt you in front of the children?*
- *Has your partner assaulted you while you were holding your children?*
- *Has your partner forced your children to participate in or watch their abuse of you?*
- *Has your partner hit your children with belts, straps or other objects?*

- *Has your partner ever touched your children in a way that made you feel uncomfortable?*
- *Has your partner ever threatened to hurt or kill your children?*

Questions about Effects of DV on their Children:

- *Has your child been fearful of leaving you alone?*
- *Is your child having trouble eating or sleeping?*
- *Is your child having problems in school or day care or in the neighborhood?*
- *Has your child behaved in ways that remind you of your partner?*
- *Has your child tried to protect you or stop the violence?*
- *Has your child physically hurt you or other family members?*
- *Has your child hurt themselves or pets?*

Assessments of DV Perpetrators should occur after interview guidelines, questions, and safe planning for the interview is developed for each DV perpetrator. A personalized interview can better assess the specific concerns are risks that need further exploration. Before beginning questions, the provider should have a clear sense of their goals for the interview, and have formulated a list of questions to ask. Clearly explain to the DV perpetrator the reason for the interview and your expectations. CA social workers should refer their DV practice guide at <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>. Other providers should refer to their agency guidelines and procedures. Essential records and collaterals information should be collected and reviewed from LE reports, witness statements, medical records, Judicial Information System (JIS), school records, treatment providers and probation prior to interviewing the alleged DV perpetrator.

Interviewers should NOT disclose information obtained from DV survivors or the children to DV perpetrators. Providers can sometimes discuss LE reports or other agency reports about DV in their interviews with perpetrators; however, do not disclose any information obtained from DV survivors or their children to DV perpetrators. When asking DV assessment questions, interview DV perpetrators alone without anyone present. Interview alleged DV perpetrators in a calm and respectful way that lowers defensiveness and encourages them to disclose their own abusive conduct. Use open-ended assessment questions with DV perpetrators that allow them to lead the conversation while the interviewers attempt to understand how the perpetrator views abusive behaviors and tactics, for instance:

- *Is the perpetrator a willing informant or do they deny or minimize their behaviors?*
- *Is the perpetrator accepting responsibility for their behavior or do they blame their partner for the problems?*
- *Can the perpetrator talk about the impact of the violence on their partner or children?*
- *Can the perpetrator accept responsibility for their behavior?*
- *How motivated is the perpetrator to follow a safety plan or service plan?*

Before starting the questions, it is helpful to normalize the interview process with framing statements: *“I routinely ask assessment questions with family members. I need to ask you some questions about your relationship with your partner and the children.”*

It is also crucial to remember that when asking DV perpetrators questions, to avoid negative labeling of any problematic behaviors they disclose. Instead, focus on their responsibility for their harmful behaviors. Use statements such as *“Sometimes people end up doing hurtful things to their families. People can change their behavior. It’s not about bad people, it’s about harmful behaviors.”*

It is important that interviewers maintain environments where they can converse without being subjected by perpetrators’ attempts to intimidate, threaten, or use distracting or disruptive behaviors. Do not force disclosure if DV perpetrator denies their abusive or controlling behaviors as it may result in angry confrontations and retaliation against DV survivors or their children. Instead, move on to other subjects if the perpetrator

refuses to acknowledge or disclose their abusive behaviors. If there are signs of escalating behaviors with DV perpetrator that go beyond a reasonable level of anger or intense emotion, it is advisable to terminate the interview. Suggested responses in these situations:

- Inform perpetrator by stating: *“It looks like we have gone as far as we can in this discussion.”* Or, *“Let’s continue this interview at another time.”*
- Interviewers should inform perpetrators that they will follow up at another time and terminate interviews.
- If during interviews DV perpetrators reveal information that indicates imminent harm or danger to DV survivors or their children, the interviewers have a duty to warn of this risk. When this occurs interviewers should immediately notify their supervisors and follow agencies procedures.

DV Safety and Service Planning

With DV screening and DV assessment, information is provided on DV perpetrators’ abusive behaviors, patterns of violence, and other risk factors. When DV is a concern with families, it is critical that DV safety plans are developed in partnership with DV survivors to better plan for services, supports, and resources that reduce the risks of harm to DV survivors and children. In developing DV safety plans, the following safety principles should be considered:

- Recognize that the best way to keep children safe in a DV environment is to keep the DV survivors/caregivers safe;
- Trust and believe DV survivors about whether or not it is safe for them and their children to leave the home;
- Consider and respect the ramifications of decisions made by DV survivors on future CA involvement, custody or court proceedings; and,
- Ascertain if DV survivors are staying with DV perpetrators, are in the process of leaving, or have separated from DV perpetrators.

The status of survivors’ relationships is important to know as the risk of danger to DV survivors and their children can significantly increase during and after separation. Recognize that leaving an abuser can result in an escalation of violence. Abusers may try to coerce their partners into reconciliation or retaliate against them for the perceived rejection, abandonment, or injustice. While research indicates that ultimately survivors can best achieve safety and freedom apart from their abusive partners, leaving is not always going to be a survivor’s goal or the safest option in the short-term; however, regardless of the circumstances or the choices the survivors ultimately make, the key to safer outcomes is thoughtful, careful, and thorough safety planning processes. As with all other decision-making processes, safety planning should utilize the survivors’ knowledge of situations and prioritizes self-determination and autonomy. DV can be emotionally, physically and sexually dangerous. Let survivors know when there are concerns for their safety and inform of the available resources to help mitigate safety risks, how best to respond, and available resources and supports.

Safety planning is an ongoing, dynamic process of risk evaluation and brainstorming where the survivor and helping professional work together to identify barriers to safety and potential ways of overcoming those obstacles. Safety planning must be an active process and an ongoing discussion, not just a checklist or a form. Since DV survivors can experience risk or danger in many areas of their lives, discussions can and should be prompted around any decision the survivor is making, not just when there is a crisis or when the survivor is considering leaving the relationship. Since a survivor’s circumstances, risks and resources can change over time, it is important to periodically check back in with survivors about their plans for safety. For more information refer to Jill Davies publication *“Advocacy beyond Leaving”*

[http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide\(1\).pdf](http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide(1).pdf).

Safety planning involves three main steps including:

- **Assessing RISKS**
- **Identifying RESOURCES, and**
- **Strategizing RESPONSES**

Assessing RISKS

Research indicates that DV survivors are good judges of the risks they face. It is important to not make judgments or jump to conclusions about what particular behaviors and safety strategies might mean. Ask survivors what the behaviors mean to them. Something that sounds inconsequential to you might be a huge red flag to the survivor. Recognize that there may be a number of non-physical risks to a DV survivor's safety and stability that may influence her decision-making; factors such as legal and physical custody of children, immigration status, and economic stability, as they have a real impact on her safety planning process. Utilizing risk assessment tool can help hone in on immediate threats and barriers to safety. It may also be important to explore safety risks to others, such as children, family members, and friends. Explore other serious risks to the survivors' well-being, such as risk of becoming homeless, being deported, or losing employment. Help survivors assess their safety risks by asking questions about what has happened to them and what they think might happen to them in the immediate future, such as:

- *"What do you need now to be safe?"*
- *"Have you ever left or defied your partner before? What happened?"*
- *"How do you know when your situation is becoming more dangerous?"*
- *"How would your partner react if you...?"*
- *"Does your extended family know about the violence? What has been the response?"*
- *"What factors, other than your partner's behavior, contribute to the abuse in your relationship or make it hard for you to stay emotionally, physically, or sexually safe?"*
- *"What pressures are you under to stay in the relationship?"*

Identifying RESOURCES

It can be helpful to assess survivors' access to available resources and reinforce survivors' use or protective strategies. The following questions can be adapted to identify survivors' potential strengths, protective strategies, and use of available resources:

- *"Who in your life is an ally to you?"*
- *"What support is available to you?"*
- *"What has worked to keep you safe before?"*
- *"What have you tried/what has worked in the past to protect you and your children?"*
- *"Have the police been called? Did that help?"*
- *"Have you ever used a DV services program? What happened?"*
- *"What resources do you have (economically, culturally, spiritually, etc.) that can enhance your emotional, physical, and sexual safety?"*
- *"Do you feel that a _____ (e.g., shelter, protection order, etc.) would be helpful to you and your children?" If yes, ask, "Do you want to use these options now?" If no, ask, "What other ideas do you have about ways to keep you and your children safe?" For example, "Are you temporarily staying with relatives or friends?"*

Strategizing RESPONSES

DV Survivors utilize many strategies for protecting themselves and their children. You may be able to explore more ideas together in your safety planning conversations. Help survivors create response strategies that are safe and feasible. Ask if they would like information about community resources that might address their situation. Remember that levels of danger may increase in the future if DV perpetrators escalate their use of abuse/violence. Ask survivors if they have concerns for their safety in the future, and would they:

- Call 911?
- Call a DV helpline?
- Try to leave?
- Seek help from friends, family, neighbors, or faith community?

Remember that DV survivors may be facing risks in multiple places or life circumstances. A set of safety strategies that might work well in a home environment may need to be adapted to other places like workplace or school. The more comprehensive and tailored a safety plan, the better a survivor will be able to respond to danger. It is important to develop and implement DV safety plans in collaboration with DV survivors and their children. DV survivors are key in deciding what is in their best interest of themselves and their children. Code words can help children call for help. School and childcare providers also need to be aware of the DV and be prepared to implement safety measures when needed (see [Appendix K](#) for safety planning for children). For families with child welfare system involvement, safety planning should include considerations for partner's parenting, visitation, and other scenarios where the DV affects children's safety.

A DV safety plan should not be confused with a service plan for child victims. Agencies should provide training on appropriate DV safety planning for imminent danger and ongoing danger. Collaboration with other service providers is essential not only to appropriate safety plan development but also to the regular updating of the safety plan. See [Appendix J](#) for safety planning tools and resources. CA social workers should refer to their DV practice guide at: <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1314.pdf>.

Develop Service Plans with DV Survivors: DV survivors must be involved with service planning to ensure that safe and effective services are offered/provided to DV survivors, to their children, and to DV perpetrators. Service plans should be based upon the identified concerns and the family strengths of the specialized DV assessment. Service plans should address the DV danger risks posed by DV perpetrators to children and DV survivors. Service plans must be flexible and regularly updated so that they remain relevant and effective.

Referrals

DV Survivors should be in full partnership with service providers when referrals are being considered to community programs such as economic and housing services, LE services, and court orders. Referrals should be considered for:

- Community-based advocacy and empowerment counseling;
- DV specific parenting support regarding
 - Effects of DV on children,
 - Ways to support their children's emotional needs, and
 - Alternatives to physical discipline with their children;
- Safety planning; and
- Other community resources. Please refer to Section Seven and the Guideline Appendices [L](#), [M](#), [N](#) for detailed lists of DV survivors' supports, resources, and services.

It is best to offer and provide DV survivors with voluntary-based services. DV survivors should not be compelled to participate in DV advocacy services, support groups, or shelters. Best practice is to have DV survivors, rather than providers, contact DV programs to request community-based DV services such as shelter, counseling,

advocacy, and safety planning services. Alternatively, a service plan/order may state, “DV survivor shall be provided DV information and resources.” DV survivors should not be mandated to obtain a DVPO as this can pose significant safety risks to the DV survivor and their children. Alternatively, a service plan/order may state, “DV survivor shall be referred to safety planning or support services.” DV survivors should not be referred to couple’s counseling services as it can pose significant safety risks to the DV survivor and their children. Alternatively, a service plan/order may state, “DV survivor shall be provided community referrals for advocacy or counseling.” It can be helpful to offer survivors an opportunity to meet with an advocate at the CA office, particularly when the social worker has a relationship with the advocate and can introduce that person to the survivor.

DV Perpetrators are best served by certified batterer’s intervention programs (BIP)/Domestic Violence Perpetrator Treatment (DVPT) programs. These programs follow WAC standards and providers are specifically trained to safely intervene with the risks posed by DV perpetrators. For a full listing of Washington State Certified BIP providers, please refer to: <https://www.dshs.wa.gov/ca/domestic-violence/domestic-violence-perpetrator-treatment>. For other services that should be considered for DV perpetrators, please refer to Section Seven.

Children should be referred to professionals who are competent in understanding the complex interplay of DV and child maltreatment. Children should be referred for a mental health assessment when their emotional or physical distress and symptoms are not improving; and/or there are behavioral problems that disrupts relationships and causes problems at daycare, school, or other settings outside their homes. For other services that should be considered for DV exposed children please refer to Section Seven and [Appendix O](#).

References: Section 5

Futures Without Violence (2004). Accountability and connection with abusive men: A new child protection response to increasing family safety. Available through: <http://www.futureswithoutviolence.org/accountability-and-connection-with-abusive-men-a-new-child-protection-response-to-increasing-family-safety/>

Ganley, A. & Schechter, S. (1996). Domestic violence: A national curriculum for children’s protective services (CPS). Published by Family Violence Prevention Fund and available through: http://books.google.com/books/about/Domestic_Violence.html?id=jak3GwAACAAJ

Minnesota Department of Human Services (2002). *Guidelines for Responding to Child Maltreatment and Domestic Violence*. Guidelines available through www.dshs.state.mn.us



Section 6: Domestic Violence Response in Diverse Communities

Special Needs of DV Survivors from Refugee and Immigrant Communities

The decision to leave an abusive relationship for all DV survivors is difficult. Immigrant and refugee DV survivors face a number of barriers, which makes their disclosing abuse and separating from abusive partners much more challenging. Many may fear becoming alienated from their families, ethnic communities, and religious communities due to shame, stigma, and traditional cultural values if they do choose to report the abuse or separate. In addition, DV survivors fear of members of the criminal justice system, particularly when their immigration status is dependent upon their abusive partner, and/or those who do not have family in the United States. The special needs of refugee and immigrant DV survivors are complex and are complicated by lack of English language skills, their limited access to culturally and linguistically relevant services, and lack of knowledge about the criminal justice and legal system. To break away from the cycle of DV refugees and immigrant survivors and their families need relevant and sensitive responses to their experiences. Having bilingual and “bicultural services” or interpretation services by a qualified interpreter is crucial. Responding to refugee and immigrant DV survivors can be challenging due to many factors as detailed in the subsequent points.

- **Cultural Differences:** Refugee/immigrant DV survivors and their families may be constrained by traditional values, norms, roles, and practices of their cultures. They may face strong pressures to conform when attempting to change family roles and values. For some survivors they may have emigrated from countries that minimize the gravity of DV or see it as a normal part of intimate partner relationships. In some countries, DV is not even considered a crime that warrants criminal justice system interventions. In their countries there often are lack of DV resources and supports. Those working in the criminal justice system in their countries may be corrupt. Because of this DV survivors may not want to report the abuse authorities, and may prefer to deal with the problem within the family.
- **Service Access Barriers:** Refugee/immigrant DV survivors often lack knowledge about the criminal and legal system and available resources. They also encounter many difficulties accessing information due to limited translated materials in their native languages or they may have limited literacy skills. The lack of sensitive and relevant bicultural services in systems-based and community-based agencies may discourage refugee/immigrant survivors to report abuse and/or follow through with DV supports and services.
- **High Risk Status:** Many newcomers often experience higher levels of stress when adjusting to a new culture and daily routines and often feel isolated. They often lack employment, immigration status, and supportive networks such as extended family members and friends, which places them at increased risk for abuse and exploitation. They may experience marginal economic status and encounter many barriers in establishing housing and basic needs. Refugee/immigrant DV survivors are often are completely dependent on their spouses for economic support and for making any connections to their greater communities. Their DV experiences may be complicated by other traumatic problems

encountered in their countries of origin, which can exacerbate the incidence of mood disorders and Post Traumatic Stress Disorder.

- **Immigration Status:** Undocumented DV survivors who do not have permanent resident status may be reluctant to report abuse to authorities or services providers. They may be completely dependent on their partner for their immigration status. Their status may be at great jeopardy if they do report abuse. In addition, refugee/immigrant DV survivors may lack information that would help with their immigration problems such as U-Visa, T-Visa, and free immigration legal resources.
- **Prejudice:** Refugee/immigrant survivors may face discrimination because of racism, implicit bias, and prejudice of persons/entities who are responding to their needs. This can result in denying or delaying referrals to appropriate services and supports for refugee/immigrant survivors.

Communications with Refugee/Immigrant DV Survivors

It is critical that all oral and written materials be offered in a language that they can understand. As many survivors may have literacy barriers, they may need help with reading documents even if they are in their native language. It is also critical to provide information related to immigration options and financial resources.

When survivors do not speak the English language or have limited English skills, it is critical obtain a qualified interpreter before proceeding with any assessments or services. It is important to avoid using family members as interpreters or professional interpreter that are known to their family as they may not be able to keep the information confidential. Inform DV survivors that they have a right to request a professional qualified interpreter that can correctly communicate the information and who can keep their information confidential. When securing an interpreter, inquire if the DV survivor knows the interpreter and if they feel comfortable with the interpreter. There are a number of available interpreter services such as World Language Services or Northwest Interpreters.

In some cultures, there is no concept or understanding of partner abuse or DV. It is important to communicate in terms that are meaningful to their culture. Bicultural providers and interpreters can be very helpful in informing providers on best practices for verbal, nonverbal, and written communications and what terms/concepts are relevant to the survivor's culture. For systems-based providers it is important to communicate with clear and simple terms. It is also important to discuss the limits of confidentiality and give examples of this before asking for information. Assure refugee/immigrant DV survivors that you are there to support them regardless of whether they choose to stay in their relationship or not. Avoid general questions like *"Have you been abused?"* Instead, ask simple behaviorally specific questions like *"Have you been pushed or hit?"* *"What happens when you refuse to have sex?"*

Recognize that DV is shame-laden in many cultures; therefore, it is imperative to establish basic trust with the client and communicate that the abuse is not their fault. Communicate respect for cultural roles, gender preferences, norms, or cultural practices whenever feasible, and provide staff that is most likely to be perceived by client as appropriate for disclosure. In some cultures it is important that DV survivors engage with providers who are the same sex gender, as other gender can pose intimation and differential power dynamics. Acknowledge your understanding on how difficult it may be for survivors to talk about abuse and provide empathetic support. Communicate that, while they may feel ashamed, that you are there to support them. Be mindful that many cultural groups have strong taboos against disclosing DV to individuals outside of the family or culture. In some cultures, taboos against disclosure extend to other members of the cultural community. Because of this, refugee/immigrant women may fear that others in their neighbors may be aware of who is coming to their homes and would speak about it within their community. Interviews should not take place at a refugee/immigrant DV survivor's home. Choose a place for interviews and services where DV survivors feel the safest, such as the provider's location, or another neutral location.

Resources—Culturally Specific DV Services

The provision of bilingual and “bicultural services” is essential. Bicultural services are services appropriate to a specific cultural/ethnic group such as counseling based on one’s cultural values. Refer and link DV survivors to culturally specific community-based DV advocacy programs. This is important as culturally specific providers are better able to engage DV survivors and link to appropriate culturally and linguistically competent services of refugee/immigrant communities. These agencies include ReWA’s DV Program, APICHaya and Consejo. For more information, refer to the following web resources:

- **APICHaya:** www.apichaya.org/
- **Refugee Women's Alliance (ReWA):** www.rewa.org/
- **Consejo Counseling and Referral Service:** consejocounseling.org/

Resources—Language Assistance

- The **Multi-lingual Access Project (MAP)** is a collaborative of community agencies working together to assist women with little or no English to access DV services that are linguistically and culturally specific. Funded by the City of Seattle Human Services Department, MAP seeks to reduce the number of and tolerance to DV incidents in multi-ethnic and immigrant communities, and to increase the responsiveness of mainstream communities to DV survivors and families. MAP accomplishes this through the provision of cultural and linguistically appropriate outreach, education, collaboration, and advocacy. Multilingual Access Project collaborative has operated an innovative hotline for limited-English proficient (LEP) DV survivors.
- MAP offers ***The Peace in the Home Helpline: 1-888-847-7205***, which is a toll-free, single-line access to DV services in 14 languages. It is a unique call transferring system that connects callers to community-based agencies who can best provide for their language and service needs in multiple languages including: Amharic, Chinese, Khmer (Cambodia), Japanese, Lao, Romanian, Russian, Spanish, Somali, Tagalog, Thai, Tigrigna, Ukrainian, and Vietnamese. Calls are confidential, anonymous, voluntary, and provided at no cost. Callers speak directly to DV advocates in their language so there is no need to wait to talk through an interpreter, affording greater confidentiality and shorter wait times to speak to a trained DV specialist. For some languages, DV assistance is available 24/7 through after-hours cell phone advocates. For more information about Peace in the Home Helpline and to request flyers, contact peaceinthehome@seattle.gov or call **(206) 615-1719**.

Translated information about DV, sexual assault, human trafficking, and services available in Seattle-King County can be found at www.map-seattle.org. Other community-based agencies that can provide DV information in other languages include:

- **East African Community Services:** www.eastafricans.org
- **International Center for Health Services (ICHS):** www.ichs.com
- **Asian Counseling & Referral Service (ACRS):** www.acrs.org
- **APICHaya:** www.apichaya.org
- **Korean Community Service Center:** www.kcscseattle.org
- **Chinese Information Service Center:** www.cisc-seattle.org

Resources—Immigration Protection

- U-VISAs:** The U-Visa is an immigration protection for DV and sexual assault survivors who are currently assisting, have previously assisted, or are likely to assist law enforcement in the investigation or prosecution of a crime. The U Visa provides eligible DV survivors with nonimmigrant status so they can remain temporarily in the United States. Their immigration status could be adjusted to lawful permanent resident status under certain conditions. To be eligible for this, a U-Visa Certification application must be completed by a certifying agency. Certifying agencies include all authorities responsible for the investigation, prosecution, conviction or sentencing of a qualifying crime. Certifiers include but are not limited to law enforcement agencies, prosecutors, judges, child and family protective services, U.S. Equal Employment Opportunity Commission, Department of Labor, and other investigative agencies. Certifications can be sought regardless of whether there was an arrest, investigation, criminal charge, or resulting prosecution. It is best for such agencies to have a department policy on the process and use of the U-Visa Certification. For more information, refer to: The Department of Homeland Security, “U Visa Law Enforcement Certification Resource Guide”: <http://www.dhs.gov/u-visa-law-enforcement-certification-resource-guide> and the United States Citizenship and Immigration Services, “Information for Law Enforcement Officials-Immigration Relief for Victims of Human Trafficking and Other Crimes”: http://www.uscis.gov/sites/default/files/USCIS/Resources/Humanitarian%20Based%20Benefits%20and%20Resources/TU_QAforLawEnforcement.pdf.
- T-VISAs:** The T-Visa is an immigration protection is for human trafficking survivors who assist law enforcement in the investigation or prosecution of human trafficking cases. The T-Visa provides eligible trafficking survivors with nonimmigrant status so they may remain temporarily in the United States When applying to U.S. Citizenship and Immigration Services for a T-Visa, an applicant may submit a declaration by a certifying agency. A declaration is considered as evidence of a survivor’s cooperation in an investigation or prosecution. A declaration can be sought regardless of whether an arrest, investigation, criminal charges, or resulting prosecution. A certifying agency, include all authorities responsible for the investigation, prosecution, conviction or sentencing of the qualifying crime, including but not limited to law enforcement agencies, prosecutors, judges, child and family protective services, U.S. Equal Employment Opportunity Commission, Department of Labor and other investigative agencies must submit a certification form. It is best for such agencies to have a department policy for the T-Visa declaration process. For more information, refer to: www.dhs.gov/humantrafficking.

Special Needs of DV Survivors from Lesbian, Gay, Transgender, and Queer Communities (LGBTQ)

Most experts agree that DV in lesbian, gay, bisexual, transgender, and queer (LGBTQ) relationships occurs with the same frequency and severity as in heterosexual relationships. However, DV in the LGBTQ community contains unique factors and characteristics that often relate to the anti-LGBTQ bias within society. The federal Violence Against Women Act (VAWA) did not specifically recognize LGBTQ DV survivors prior to the 2013 reauthorization. The 2013 reauthorization, however, added new provisions applicable to LGBTQ DV survivors. Under the reauthorization of VAWA, the definition of DV is amended to explicitly include “intimate partners” as well as spouses. In addition, it adds civil rights provisions that prohibit discrimination based on a person’s sexual orientation or gender identity. (Title IV, Sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994, H.R. 3355). Washington State’s DV laws do not distinguish between heterosexual and LGBTQ relationships. The laws provide equal protection to DV survivors who are in LGBTQ relationships. While there are many similarities between DV in LGBTQ relationships and heterosexual relationships, there are also distinct

issues that may arise in LGBTQ relationships. Some unique issues that may be present in LGBTQ relationships may include the following factors:

- **Threatening to “out” a survivor to family members, friends, and co-workers.** For various reasons LGBTQ people may not share their sexual orientation or gender with everyone in their life. This is often due to fear of violence, being ostracized from family and friends, or experiencing negative consequences at work. Someone is “outed” when another person reveals sexual orientation or gender without permission. The threat of “outing” is an effective tool to control and coerce a survivor who is “closeted” about his or her sexual orientation or gender identity. Even if a survivor is “out” to some people, she/he may not be at work or may not have disclosed his/her sexual orientation or gender identity to family members or friends. The consequences of being outed can lead to further isolation of a survivor (Burk, May 1999). The fear of outing may also make LGBTQ survivors less likely to report abuse to legal authorities. Survivors may fear that reporting abuse will require them to reveal their sexual orientation publicly.
- **Forcing a survivor to engage in sexual acts to prove the survivor is a “true” LGBTQ person.** An abusive partner may coerce a partner to perform sexual acts by complaining she/he is not “really” gay when refusing to perform the sex acts. Transgender survivors may face similar sexual coercion to prove their gender identity. For example, *“If you want to be a real woman, you have to have sex like this.”* (theNetworkLaRed 2011): People in the LGBTQ community have long been exposed to messages that their sexual relationships are wrong. Exposures to these messages may make LGBTQ DV survivors even more hesitant to disclose DV or sexual abuse.
- **Threatening to end a survivor’s relationship with his or her children due to sexual orientation, gender identity, or non-biological relationship to the children.** Many LGBTQ couples are raising children together. LGBTQ couples may have children together through assisted reproduction, surrogacy, or adoption. LGBTQ couples may also raise children together who were born while one partner was in a prior relationship. The threat to end a survivor’s relationship with a child is a powerful tactic that can be used to control the survivor.
 - If a same-sex couple has children together, an abuser may threaten to separate the survivor from the couple’s children. For example, if a survivor is not a biological parent, the abuser may claim the survivor has no legal rights to the child (Burk 1999). NOTE: Washington law provides that if a same-sex couple has a child while they are married or in a registered domestic partnership, both spouses/partners are legally presumed to be the child’s parents. [RCW 26.26.116\(1\)](#). There is also a presumption under Washington law that a person is a legal parent if the person lived in the same household for the first two years of the child’s life and the person openly held out the child as his or her own. [RCW 26.26.116\(2\)](#). In addition, Washington law also provides that if a same-sex couple raises a child together, the non-biological parent may establish a legal relationship by being adjudicated as the child’s “de facto” parent. A de facto parent stands in legal parity with a child’s natural or adoptive parent. In re: Parentage of L.B., 155 Wn.2d 679 (2005).
 - If a same-sex couple has children together and both are the children’s legal parents, the non-biological parent has the same legal rights as a parent as the biological parent. In such cases, a parent should not be awarded more residential time or be given sole decision-making because the parent is biologically related to the child.
 - Some LGBTQ individuals have children from prior heterosexual relationships. In those cases, an abusive partner may threaten to “out” a survivor to the child’s other biological parent. Washington law prohibits a parent’s sexual orientation or gender identity from being considered in custody decisions; however, LGBTQ discrimination experiences may create fear that survivors will not be treated fairly in the criminal justice system.
- **Depicting sexual violence as consensual.** People in both same-sex and different-sex relationships may engage in consensual “role playing” or sexual practices that involve violence. Many couples who participate in this type of activity have well-developed rules for keeping this experience safe through mutually-agreed upon boundaries and the use of “safe” words; however, misinformation and stereotypes may create false beliefs that LGBTQ relationships have more sexual abuse. An abuser may

recognize that these stereotypes exist and attempt to depict sexual abuse as consensual; but, if a partner violates the mutually-agreed upon boundaries, it is sexual abuse (Northwest Network).

- **Particular concerns for transgender survivors.** Transgender people are uniquely vulnerable to a number of forms of abuse in intimate partner relationships. The following are abusive tactics used by their partners:
 - Manipulating a transgender survivor’s ability to take hormones by hiding or destroying medications, which can have devastating physical and emotional affects;
 - Demeaning or coercing a transgender survivor by calling his or her body parts by the wrong names or threatening to share nude photos of the survivor either post- or pre-transition;
 - Controlling how the survivor dresses and acts, or refuse to use the name or pronouns that conform to the survivor’s gender identity; and,
 - Saying demeaning things like *“Even with that wig on, you still look like a man”* or *“You are never going to find someone else who will date someone like you.”*
- **Telling survivor “All LGBTQ relationships are like this.”** If the abuser has been “out” for longer than the survivor, the abuser may try to act as the authority on how their relationships should “look.” For example, the abuser may tell a survivor that all LGBTQ relationships are abusive or that *“men can’t abuse men”* or *“women can’t abuse women.”*
- **Exploiting survivor’s fears of discrimination.** An abuser may exploit a survivor’s fears of discrimination by telling the survivor that the police, judges, or CPS will not believe him or her because they are biased against LGBTQ people.
- **Accusing survivor of mutual abuse or being the abuser.** An abusive partner may claim the survivor was the abuser, particularly if the survivor appears to be bigger, stronger, or more masculine.
- **Using survivor’s HIV status to coerce or threaten the survivor.** An abuser may use a survivor’s HIV status in many ways to threaten, control, or demean the survivor, including:
 - Threatening to reveal the survivor’s HIV status to family, friends, and/or employers;
 - Blaming the survivor for having HIV;
 - Using the survivor’s HIV status to justify abuse;
 - Telling partner he or she is “dirty”;
 - Accusing the survivor of being an unfit parent because of HIV status;
 - Making the survivor feel guilty for the HIV status of children; and,
 - Exploiting DV survivor who has become less able to care for his/herself and more dependent on the abuser due to HIV/AIDS. This can make it extremely challenging to leave the relationship (Office for the Prevention of Domestic Violence, New York).
- **Alienating and isolating the survivor from family and friends by claiming they are homophobic or transphobic.** If a survivor does not feel comfortable contacting friends or family because the survivor believes they disapprove of his or her sexual orientation or gender identity, it will be harder to leave an abusive partner. The abusive partner may isolate the survivor by claiming that friends and family are homophobic/transphobic or judgmental. This may make the LGBTQ survivor hesitant to contact family and friends or to maintain those relationships (Burk 1999).
- **Using abuser’s vulnerabilities as an LGBTQ person to manipulate and coerce the survivor.** An abuser may use his or her own history of abuse, bullying, or discrimination experienced as a result of being LGBTQ as a means to manipulate the survivor. For example, an abuser may minimize or excuse abusive behavior as a response to the trauma of having been abused, bullied, or discriminated against.
- **Threatening to have an immigrant survivor deported.** The threat of deportation may be used in both heterosexual and LGBTQ relationships to control an undocumented survivor. However, the threat of deportation is particularly terrifying to an LGBTQ survivor if the survivor’s home country does not have adequate protections for LGBTQ people.
- **Inability of gay men and transgender people to use most shelters.** Few shelters accept male-identified survivors. With such limited services, it is less likely that someone will seek the resources provided by DV agencies. This may result in the survivor returning to the abuser often due to a lack of safe spaces.

- **Ability of abusers to access “safe” spaces such as shelters, hospital rooms, bathrooms, or LGBTQ community spaces.** Because DV is often characterized as men abusing women, service providers can miss the signs of DV in LGBTQ relationships. Survivors have reported that hospital staff have inquired about DV in the abusive partner’s presence, based on the assumption that the person is a sibling or friend. The LGBTQ community within the area may be small and insular, making it less likely that an abused partner will be able to completely avoid the abuser. Even in large cities, there are relatively few LGBTQ community spaces. In smaller communities, there may be only one or none. Because it may be difficult for a survivor to avoid contact with the abuser in a small and insular LGBTQ community, advocates in the LGBTQ community may focus on harm reduction safety planning strategies rather than asking a survivor to completely avoid their abusive partner.
- **Exploiting the survivor’s desire to present LGBTQ relationships in a positive light.** Abusers may coerce survivors not to reveal abuse because they claim it will present LGBTQ people in a negative light. For example, the abuser may tell the survivor that revealing the abuse to police, courts, or others would reinforce stereotypes that LGBTQ relationships are “abnormal.” Survivors may then fear if they disclose abuse it would harm the broader efforts to advance LGBTQ equality. They may also fear that it will cause them to lose support from friends who want to maintain the myth that there are no problems in LGBTQ relationships.

Working and Communicating with LGBTQ DV Survivors

Providers should take many steps to ensure respectful and appropriate treatment of LGBTQ DV survivors. These steps include:

- Do not force a survivor to “out” himself or herself in the process of the case;
- Do not make a big deal about the case involving an LGBTQ relationship;
- Do not assume that LGBTQ DV is “mutual combat” based on misinformation and stereotypes about LGBTQ relationships;
- Do not treat the biological parent as having superior rights to the other parent;
- Use the same terms to describe the relationship that the survivor uses, such as spouse or partner;
- Do not refer to the couple’s relationship as “friends” or “roommates” unless the survivor chooses to characterize the relationship that way;
- Ask transgender survivors what pronouns to use that conform to the survivor’s gender identity;
- Update forms to ensure that they are not worded in a way that excludes LGBTQ relationships;
- Do not tolerate derogatory remarks made about a party’s sexual orientation or gender identity by any staff, court personnel, or witnesses; and,
- Train all court personnel on barriers that LGBTQ people face in accessing services and the criminal justice system.

Resources

- **The Northwest Network of Bisexual, Trans, and Lesbian Survivors of Abuse (NW Network)** is a community-based, non-profit, social change organization. The NW Network provides safety planning, advocacy, counseling, support groups, basic legal advocacy and referrals to bisexual, transgender, lesbian, and gay survivors of dating and DV. The NW Network participates in community organizing efforts to end racism, homophobia, economic injustice, environmental injustice, and other conditions that perpetuate violence. The NW network provides community education, forums, and events, as well as training for social service providers and social change activists. Call **206-568-7777**, or TTY **206-517-9670**, or see www.nwnetwork.org.

- **Ingersoll Gender Center:** Ingersoll Gender Center supports transgender people in their growth and well-being by providing support, education, advocacy, and a wide array of resources for people interested in gender identity issues. They work to promote understanding, awareness and acceptance of gender diversity. For more information about their services see <http://ingersollcenter.org/>.
- **Seattle Area Support Groups and Community Center** provides information on Seattle and King County support groups for transgendered and those involved in other expressions of gender identity. See: <http://sasgcc.org/links/transgender>.
- **Legal Voice** provides self-help and educational materials designed to help people understand the law and their legal rights, including a dedicated page to LGBTQ law. See: www.legalvoice.org.
- **Washington Law Help** provides a free legal resource website with up to date legal rights information, self-help packets with forms and instructions, videos, and other resources, including resources on LGBTQ family law. See: www.washingtonlawhelp.org.
- **Washington State Human Rights Commission** provides education and training, including online materials, related to Washington State's Law Against Discrimination. See: www.hum.wa.gov.
- **Lambda Legal** provides information on matters of LGBTQ family law and other LGBTQ legal issues nationally and by state. See: www.lambdalegal.org.
- **National Center for Lesbian Rights** is a public interest law firm that litigates precedent-setting cases at the trial and appellate court levels. The center advocates for equitable public policies affecting the LGBTQ community; provides free legal assistance to LGBT people and their legal advocates; and, conducts community education on LGBTQ issues. Call their helpline at: **(800)528.6257**. See: www.nclrights.org.
- **Immigration Equality** provides information on matters of LGBTQ & HIV+ related immigration law. See: www.immigrationequality.org.
- **QLaw Legal Foundation - GLBT Legal Clinic** offers free 30-minute consultation with a volunteer attorney in Seattle on the 3rd Thursday of each month from 7pm - 9pm. Services are limited to King County residents and cannot be provided over the phone or by email. The QLaw website also hosts an online member directory of private attorneys. Appointments can be made by calling: **(206) 235-7235**. See: www.q-law.org.

Special Needs of DV Survivors from Communities of Color

DV Survivors of color from African American, American Indian, and Hispanic communities may have had exposures to abuse and trauma within in their relationships, families, and communities. They often have unique beliefs and experiences that make it difficult for them to report DV or seek help. Reasons for this may include:

- A strong personal identification based on culture identity, roles, and familial structure;
- Gender and religious based norms that legitimizes partner abuse;
- A strong connection to family unity and guarded trust that creates reluctance to speak of private matters;
- A strong loyalty to race and culture which causes them to fear rejection from family, friends, congregation, and community if abuse is reported; and
- Distrust of providers/services that are not viewed as culturally relevant or competent (Futures Without Violence 2005).

Survivors of color may have difficulty accessing services due to poverty, transportation barriers, limited childcare, lack of knowledge on available supports, and cultural norms that prohibits their separation from abusive partners (Women of Color Network, 2006; Wilson 2005). Some DV survivors are afraid to seek assistance from systems-based responders. Survivors may fear that their partners would need to leave their families or be deported, and that their children may be removed from their care (Mujers Latinas En Accion

2012). Some may fear that their partners would be unjustly incarcerated or harmed if they seek help from the abuse (Nash 2005). Culturally appropriate resources and services are often limited and not always accessible across the region.

Practice Considerations for Providers

It is important to be aware of your own culture, beliefs, and experiences that may affect perceptions and judgment. The norms and behaviors of a family may be very different from another's experience. Before making a judgment about a behavior, ask for clarification about the behavior or the meaning of the words that are used. Otherwise, important details that we really need to pay attention to may be missed. Recognize that many survivors have experienced poor interactions when they have reached out for help before and may be very wary of disclosing what is happening in their families. When asking about DV experiences it is helpful to slow the pacing of questions. This is critical so that you have enough time to build rapport before going into great depth. By building trust, confidentiality, and safety, it can help DV survivors keep their children safe and prevent the need for out-of-home placements (Futures Without Violence 2005). Be conscious that many DV survivors of color lack power and cannot voice their needs. It is also critical to validate their feelings and experiences and communicate in a way that is accepting and respectful. Work closely with the DV survivor to ensure that you are taking actions that will best support their needs and will not jeopardize their safety. Discuss what steps they can take for themselves and their children, and how they may strengthen connections within their own social networks, groups and communities (Finfgeld-Connett 2015; Futures Without Violence 2005).

Training Considerations for Providers

DV survivors from color communities often encounter racism, discrimination, and marginalization. As providers may come from differing racial backgrounds, they may have a lack of information or misinformation that can lead to false impressions and implicit biases. Therefore, it is important that all providers/entities have a basic understanding of internalized oppression, internalized racism, and institutionalized racism. It is important to recognize that each group/community of color experiences racism and oppression very differently based on their experiences within the United States. It is also important to recognize and understand historical traumas, abuse, loss of cultural practices, loss of identity, loss of language, and other factors that survivors have encountered and how this affects their relationships with intimate partners, family, social networks, and community.

Resources

- **Alianza National Latino Alliance for the Elimination of Domestic Violence** has information and resources on legal issues, teen dating violence, self-empowerment, articles and statistics about Latinas/os and DV, information about model programs that worked with Latina survivors and batterers, and materials that shed light on the intersectionality of DV and gender, race, class, ethnicity, immigration status, mental health, and, substance abuse. For more information see: <http://www.dvalianza.org/>
- **Faith Trust Institute of Seattle** offers a wide range of services and resources, including training, consulting and educational materials. They provide tools and knowledge they need to address the religious and cultural issues related to abuse, and work with Asian and Pacific Islander, Buddhist, Jewish, Latino/a, Muslim, Black, Anglo, Indigenous, Protestant and Roman Catholic communities. For more information see: <http://www.faithtrustinstitute.org/>
- **Institute on Domestic Violence in the African American Community (IDVAAC)** is an organization focused on the unique circumstances of African Americans as they face issues related to intimate

partner violence, child abuse, elder maltreatment, and community violence. They have posted information, webinars, videos, resources on their website at: <http://www.idvaac.org/index.html>

- **A Practice Guide for Working With African American Families in the Child Welfare System.** This guideline is available at: http://www.d.umn.edu/sw/snydersfiles/AdvCW/week8/practice_guide_working_with_African_American_families.pdf
- **National Indigenous Women’s Resource Center, Inc. (NIWRC)** is a Native nonprofit organization created to serve as the National Indian Resource Center (NIRC) Addressing Domestic Violence and Safety for Indian Women. As the National Indian Resource Center, NIWRC offers interwoven specialized expertise across DV, sexual violence and culturally specific resources. NIWRC offers free trainings, networking, NIWRC Toolkits, resources and culturally relevant responses to intimate partner and gender violence and promotes the leadership of Indigenous programs serving their communities. NIWRC is dedicated to grassroots and policy advocacy, prevention, education, research activities, program development, raising public awareness, events sharing, offender accountability and traditional interventions for justice on and off-tribal lands designed by and for Native Women base on their trial beliefs and practices. For more information see: <http://www.niwrc.org> King County’s Equity and Social Justice has information, videos, Equity Impact Review (EIR) tool, and resource on their website at: <http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx>
- **City of Seattle’s Race and Social Justice** has information, racial equity tool, and resources on their website at: <http://www.seattle.gov/rsji/resources>
- **The People’s Institute of Northwest for Survival and Beyond** offers a two day “Undoing Institutionalized Racism” Workshop. The People’s Institute Northwest also provides technical assistance and organizing support to government and community- based organizations. For more information see <http://www.pinwseattle.org/>
- **Systems-based providers** can access a no cost one-day “Building Bridges” prejudice reduction workshop provided by the Division of Children and Family Services (DSHS), Children’s Administration (CA). The Building Bridges Workshop helps participants to celebrate their similarities and differences; recognize the misinformation they have learned about various groups, including their own; reevaluate personal attributes and behaviors that may be influenced by societal prejudice and discrimination; and, develop skills in dealing effectively with offensive remarks and behaviors. For more information, contact the CA Disproportionality Program Manager, Kathy Taylor at tayloka@dshs.wa.gov.

Special Needs of DV Batterers from Communities of Color

The assessment and treatment of batterers of color including African-American, Hispanic, and American Indian/Alaskan Native batterers requires that providers working with these populations have specific experience, knowledge, and assessment skills. Not only must providers demonstrate skill navigating these complex cultural relationships, the provider must also recognize issues related to slavery, immigration, oppression, and colonization. Responses with men of color must make the link between the social context and the social oppression they have experienced, and how this intersects with the oppressive/violent acts they commit. Understand that batterers of color have intimate relationship with skin color and race as organizing principle, and this is influenced by their religion/spirituality, unique views of vulnerability, institutionalized racism, and institutionalized oppression. A “one size fits all” approach to batterers in communities of color does not address the unique experiences and circumstances they face. Although these batterers may have vastly different life experiences, treatment approaches must accept the impact and legacy of social traumas on identity development and intimate partner relationships. Providers are advised to consider the psychosocial context of racial and class oppression in which the abusive/violent behaviors occurs. The following outlines general training, assessment and treatment issues related to effectively working with men of color. Providers

are encouraged to use these guidelines as a baseline and pursue additional training to increase competence in working within these populations.

Assessment of Batterers from Communities of Color

When providers are completing assessments of batterers from communities of color, they should gather information about their unique aspects of experiences associated with the DV. This includes histories/experiences in the following areas:

- Slavery, civil rights movement, and loss of culture;
- Exploration of the impact of stereotypes on relationships through pop culture and dominate cultural definition of family;
- Prior arrest and conviction history and how cultural messages have played a part in their history with the criminal justice system;
- Geographical location and cultural experiences that are informed by geographical location;
- Racial identity;
- Culturally specific role models;
- Relationship assessment. For interracial relationship assess how power/control issues differ, if at all; and,
- Sexual identity.

Treatment Parameters and Dynamics for Batterers of Color

When providing treatment for batterers of color the following principles should be employed with service delivery and treatment:

- Provide treatment in homogeneous groups;
- Address historical impact of oppression such as slavery, immigration, colonization, on ethnic identity development and relationship choices;
- Explore the impact of negative stereotypes on ethnic identity development and relationship choices;
- Explore culturally informed sexuality/sexual expression;
- Address family roles and parenting/caregiving roles;
- Use culturally specific videos;
- Allow space for exploration of individual stories of anger and pain related to experiences of racism, discrimination, and oppression; and
- Address the need for healing.

Competency, Training and Experience Requirements

Refer to the preceding section on working with DV survivors of color for information and training resources. Providers who work with batterers of color should have the following knowledge and competencies gained through core or basic trainings as follows.

- Basic understanding of concepts, definitions, and terminology of racism, ethnicity, culture, bias, prejudice, race, and discrimination;
- Ethnic identity;
- Internalized oppression;
- Traumatic experiences from slavery, immigration/deportation, and impact of colonization on American Indians;
- Systems-based discrimination from courts, police, jail, and prison;

- Societal marginalization;
- Unequal access to/discrimination with employment, education, housing, and basic needs; and,
- Advanced DV training in internalized oppression/anger, implicit bias, white privilege, and institutionalized racism.

Special Needs of Vulnerable DV Survivors—Adults with Disabilities and Older Adults (Ages 60 years and older)

For many adults with disabilities and older adult DV survivors, DV is viewed as being normal in their intimate partner relationship and they do have an awareness that they are being controlled or abused. Often their relationship with the DV perpetrator is the horror that they know, and they still rely on that person to make it in their life. Their level of isolation and loneliness is much greater in their relationships as they often are dependent upon their partners because of mobility issues, vision/hearing impairments, and cognitive disabilities. They often rely on perpetrator to be their “life line” and connection to access food and services outside their homes. Vulnerable DV survivors commonly fear the loss of support of their abusive partner. At times they may seem to have “tunnel vision” about their partner, which makes it difficult for them to be open to other ideas, resources, or supports. Their abusive partners frequently will use a trump card like *“I will put you in a nursing home”* if they do report the abused or attempt to get help. The vulnerable DV survivor is not aware or may not believe otherwise, and this can be terrifying and immobilizing. Often survivors are unaware of the options they have for in-home assistance or other supports as it are too frightening to even contemplate.

Vulnerable DV survivors may think that no one else would understand them. Often it is extremely difficult to escape their abusive situations as they have very limited options in their social networks. Safety planning can be problematic as many cannot physically leave their homes. Vulnerable survivors may have to develop creative strategies to communicate that they are in danger, such as using their venetian blinds to send a signal to their neighbors. Reaching out to others or neighbors can have backlash for the survivor if their abusive partner becomes aware of it. Unlike other adult DV survivors, vulnerable survivors have restricted options to leave, make money, or start a new life. It can be almost impossible for vulnerable survivors to access emergency shelter or transitional housing options; and many find it so difficult to access alternative housing that it is better to remain with their abusers. For many older DV survivors they can't be in a shelter with younger families as they don't feel safe, they feel overstimulated, and the shelter setting is not designed well to manage seniors.

DV perpetrators use abuse tactics that create fear and they are more likely to retaliate if vulnerable DV survivors report the abuse to others. DV perpetrators may tell survivors they are crazy and not their brains are not what they used to be. When DV perpetrators are interviewed about abuse, they will report that the vulnerable DV survivors are confused or have memory problems. For vulnerable DV survivors with cognitive impairments it may be impossible to disclose the abuse as they may not even be fully aware of what is happening to them. DV perpetrators can abuse their partners by taking away or restricting access to adaptive equipment such as canes, walkers, wheelchairs, and eyeglasses. Financial exploitation is a leading abuse tactic used by DV perpetrators and is much more prominent with vulnerable DV survivors as their finances are more often controlled and exploited by the DV perpetrator without their awareness.

Practice Considerations

When having conversations about DV, recognize that a slower pace is needed with this population due to their cognitive/sensory impairments. Vulnerable survivors may need extra time to process questions. They may also need additional assistance to reach out to and engage in resources/supports. Vulnerable survivors may not be able to access technology like cell phones and computers and made need help. When it comes to abuse/control,

trust that vulnerable DV survivors are telling you the truth. Often they do not have a voice and is critical that they are taken seriously. Most have such difficulty talking about abuse at all, so it is imperative that they feel believable and credible. When survivors do have thinking or memory impairments, remember that they often experience fear and other powerful emotions when talking about their abusive partners. Many vulnerable survivors do not think of their partner as being abusive or controlling; therefore, avoid using terms like DV or abuse as some survivors may not feel comfortable with these words or may not understand them. Rather, talk about stress of the situation and how it how affects his/her life. Focus more on their stress and how they manage it rather than their cognitive problems or other limitations when bringing up DV experiences. For more information and support on working with vulnerable adults, contact the Senior Information and Assistance at **206.448.3110** or see: <http://seniorservices.org/financiallegalprograms/InformationAssistance.aspx>

Resources

- When vulnerable adults are experiencing abuse and/or neglect referrals can be made to Adult Protective Services (APS). When making the referral, be sure to include information on how the survivor meets the definition of a vulnerable adult, such as they are on the Social Security Disability program, they are developmentally delayed, they receive in-home personal care services, or they have an appointed guardian or protective payee, as APS will screen out referrals for those who do not meet the definition of a vulnerable adults. For more information on vulnerable adults refer to: [RCW 74.34.020](#). When reporting to APS be clear what are the safety risks such as physical abuse, sexual abuse, isolation/deprivation, or financial exploitation tactics of the DV perpetrator.
- If there are significant cognitive problems with a vulnerable adult and they are unable to act in their own behalf, any interested concerned party, like a family member, neighbor, attorney, socially worker, APS social worker, child welfare social worker, can see a vulnerable adult protection order (VAPO). A vulnerable DV survivor does not have to complete the petition nor agree to the filing of a VAPO. For more information see: <http://www.courts.wa.gov/forms/?fa=forms.contribute&formID=70>.
- For any vulnerable DV survivors who require basic needs referrals, community referrals, and support, contact the Senior Information and Assistance at **206.448.3110** or see <http://seniorservices.org/financiallegalprograms/InformationAssistance.aspx>.
- It is helpful for senior DV survivors to have a documented assessment of their impairments through Evergreen Health's Geriatric Regional Assessment Team (GRAT) when applying for a VAPO or seeking other legal and court services. For more information on GRAT see: https://www.evergreenhealth.com/for_patients/medical_services/home_care/behavioral_health_services/geriatric_regional_assessment_team/.
- For developmentally disabled adults, The ARC of King County is a resource that can provide information, training and support for individuals with intellectual and developmental disabilities, family members, caregivers, friends, community partners and professionals through different advocacy, education, parenting, and support programs. For more information contact ARC at **206.364.6337** or toll free: **1.877.964.0600** or TTY: **1.877.666.2348**. Also see <http://www.arcofkingcounty.org/what-we-offer>.

Special Needs of Military and Veteran DV Survivors

Popular media portrays service members returning from war zone deployments as aggressive and violent; however, most do not return from deployments to become abusive and violent towards their family members. In relationships where abuse and violence were present before deployment, abuse and violence may worsen upon their return home. In other situations abuse and violence may co-occur with psychiatric and/or medical conditions secondary to military experiences. When DV is present, DV survivors may be both fearful of service members or veterans while also assuming responsibility for his/her care if psychiatric or medical conditions

exist. In many ways, military DV perpetrators and DV survivors have many commonalities with the non-military community; although, some unique differences may exist including:

- The concentration of young men, ages ranging from 18 – 29 years, in the military is high, which is also within the age range for the highest risk of DV;
- Frequent moves and deployments, coupled with separation from family and friends further isolates DV survivors from their support systems;
- Fear about loss of rank or a career, and thus loss of financial support and benefits for the family is a barrier to reporting DV in the military;
- Many aspects of military life are stressful for military-families, with combat deployment as being one of the most stressful;
- Returning home from a combat deployment involves a period of adjustment. Most service members do not return home with psychiatric or medical problems, however, they may still experience problems with sleeping and possibly nightmares. They may startle easily with loud or unexpected noises, and may become easily irritated with non-life-threatening stress invoking situations; and
- Some couples may experience an increase in conflict as they reestablish roles and routines within their relationship and family. These conflicts do not usually become physically violent or life-threatening.

Co-occurring Issues of Military and Veteran Personnel

When violence and abuse are also present in family conflict, it is important to recognize that DV is not due to readjustment or co-occurring conditions that military and veteran personnel may experience. If, however, one or more of these co-occurring conditions are also present, it is important to understand how these conditions may impact the DV and visa-versa. This section describes the co-occurring issues that many military and veteran personnel encounter.

Post-traumatic Stress Disorder (PTSD)

PTSD is a psychiatric condition secondary to having experienced first-hand, or witnessed life-threatening violence and/or sexual assaults, or when persons may have heard about events happening to close family members or friends, or are personnel who have responded to persons experiencing these events, such as police, first-responders, and healthcare workers (American Psychiatric Association, 2013). PTSD is not unique to just military service members or veterans. Anyone who has had this type of traumatic experience could develop PTSD symptoms. DV survivors could develop PTSD symptoms secondary to their experiences with abuse and violence. Within the PTSD diagnosis are clusters of symptoms that directly connect to the traumatic event/s. When symptoms such as nightmares; ruminating about the traumatic events; becoming fearful; being jumpy; withdrawing from family, friends and activities; or even becoming irritable and angry persist, a person may be experiencing PTSD. Four clusters of symptoms are recognized with PTSD:

- Re-experiencing the traumatic event/s such as nightmares, ruminations, and memories;
- Avoidance of things that may trigger memories;
- Developing negative alterations in mood and outlook, such as having negative beliefs about one's self and feeling detached from others;
- Marked changes in level of arousal like problems with sleep, being jumpy, problems with concentration, becoming angry and aggressive; and,
- When DV is also present, all behaviors may be attributed to the PTSD, including the abuse and violence.

Practice Considerations for PTSD

While treatment for PTSD symptoms is important, PTSD treatment alone will not stop coercive and assaultive behaviors directed towards DV survivors that are attributed to a larger pattern of abusive use of coercive control. The anger and aggressiveness within the hyper-arousal symptom cluster may compound the risk for DV

survivors when anger is fueled by a sense of entitlement that gets directed at DV survivors and family members. Altered and distorted thinking as part of PTSD may also fuel paranoia, for example, perpetrators' beliefs of infidelity about DV survivors. DV perpetrators, who are also experiencing PTSD symptoms, may blame DV survivors for triggering their symptoms. DV survivors' attempts to provide care may be perceived as a trigger by DV perpetrators, resulting in fear associated with expected care-taking activities. Well-meaning professionals, such as health-care professionals, may attribute all behaviors to PTSD symptoms and expect spouses or partners to behave in ways so as not to trigger symptoms. By doing so, DV perpetrators are not held accountable for their assaultive and coercive behaviors, and the responsibility lands on DV survivors. When all behaviors are attributed to PTSD symptoms, critical assessments of the pattern of abuse, level of risk, and lethality assessments are not done and resources for DV survivors are not provided.

Traumatic Brain Injury (TBI)

TBI is another possible co-occurring condition experienced by a military service member or veteran. A TBI is a disruption in brain function. Combat zone related TBIs may be secondary to blast injuries or shrapnel to the head. More commonly, TBIs are associated with auto accidents and sports-related injuries. DV survivors may experience a TBI secondary to a blow to the head. Most TBIs are mild, and are also referred to as a "concussion." Symptoms secondary to a mild TBI generally resolve within a few weeks. It is likely that service members experiencing a mild TBI will be symptom free by the time they return home. However, symptoms related to moderate or severe TBIs often last months or longer. Persons with multiple mild TBIs may also experience persistent symptoms. Some TBI symptoms are similar to PTSD symptoms. For example, persons with TBI may have problems with memory and concentration, they may be intolerant of loud noises and bright lights, and they may become easily irritated and angry. TBI may also cause some subtle and not-so subtle changes in how military and veteran personnel interact with other people. For example, personnel with TBI may misinterpret harmless remarks and respond with aggression. Or, they may exhibit suspiciousness around the intentions of others. As with PTSD, it may be difficult to differentiate between symptoms related to TBI and behaviors that are related to DV. It is important to understand the differences between a TBI and DV behaviors, and how one may impact the other when both are present.

Practice Considerations for TBI

Treatment for a TBI involves symptom relief for headaches, assistance with concentration and memory aides, to name a few. While treatment may lessen some of the irritability and impulsivity associated with TBI, it will not stop coercive and assaultive behaviors directed towards DV survivors as part of a larger pattern of abusive use of coercive control. The anger, aggressiveness, and impulsivity associated with TBI symptoms may compound those seen also with DV behaviors. Altered cognitions, such as misinterpreting harmless remarks or becoming suspicious and paranoid about spouses/partners' fidelity may be a TBI symptom, but these compound the dangerousness when DV is also present. Spouses or partners may be the primary caregivers for the military service members or veterans with TBI. Their actions to provide care may be identified as a trigger by DV perpetrators, resulting in fear associated with expected care-taking activities. Well-meaning professionals may attribute all behaviors to TBI symptoms and expect spouses or partner to bears the burden of these behaviors or behave in ways to lessen these symptoms. By doing so, DV perpetrators are not held accountable for their assaultive and coercive behaviors, and the responsibility lands on DV survivors. When all behaviors are attributed to TBI symptoms, critical assessments of the pattern of abuse, level of risk, and lethality assessments are not done and resources for DV survivors are not provided.

Depression

Depression is frequently a co-occurring psychiatric disorder with PTSD. Reported rates of depression in service members who returned from deployments from Iraq and Afghanistan were estimated around 20% with symptom rates even higher when both PTSD and depression were co-occurring. Depression is a pervasive sad mood that persons experience nearly every day, for most of the day (American Psychiatric Association, 2013).

Like PTSD, persons with depression may have sleep disturbance. Like with both PTSD and TBI, persons with depression may have problems with concentration and memory. Risk factors related to depression and DV are similar for military service members/veterans and the non-military community; however, some special considerations for military do exist. When DV perpetrators with depression express despair and report that they have nothing else to lose, actions should be implemented to address not only possible suicide, but the potential for both a homicide and suicide as well. The rates of suicide among military and veteran personnel have received significant attention in both the Department of Defense (DoD) and the Department of Veterans' Affairs (VA).

Practice Considerations for Depression/Suicide

According to the 2008 Surveillance for Violent Deaths report, suicides by former and current military personnel comprised 20% of all suicides. Relationship problems or DV were precipitating factors for many forms of violence. Combat-related guilt is also strongly related to suicidal behaviors. Male combat veterans have higher risks of suicide than their civilian counterparts. When all behaviors are attributed to depressive symptoms, critical assessments of the pattern of abuse, level of risk, and danger assessments are often not done. The risk of homicide may be overlooked if DV is not assessed and aspects that could impact lethality are missed, and resources and protection for DV survivors are not provided. DV perpetrators should be assessed for depression and suicidal thinking, and should be assessed for DV.

Substance Abuse and Misuse

The relationship between substance abuse and misuse and DV perpetration has been controversial in the DV literature. The factors affecting risk when substance is present for either DV offenders or DV survivors are the same for military and non-military communities; however, military personnel use substances as a way to deal with combat-related memories, anxiety, and sleep disturbances. Military service members and veterans may increase their use/misuse of substances in the years following a combat zone deployment. When substance abuse/misuse is identified, military installations, Veteran's Administration medical centers, and Vet Centers across the nation can provide treatment to military and veteran personnel.

Military Couples

More and more women are seeking military service, and the numbers of dual military couples continues to increase. The research in the area of DV victimization among women military service members is limited to married heterosexual couples. Women who served in the military have higher life-time incidences of actual or threatened physical violence or unwanted sex from intimate partners, as compared with non-military women. Women involved with the military have special challenges when it comes to DV. Reporting DV may impact the career of a woman service member. Fear of negative consequences to their careers is a major barrier to reporting DV. Misperceptions can occur about military DV survivors and that they can handle their own problems. When DV is revealed it can affect promotions or result in early separations from military service. As with other military couples, DV survivors in dual military couples may also be fearful of reporting DV out of concern that it will negatively impact their careers or their partners' careers, and they may experience loss of military benefits and resources. Other challenges exist when both partners serve within the same unit, which places DV survivors in constant contact and surveillance by DV perpetrators. Differences in rank may also be a challenge when the military DV survivor relies on appropriate command structure responses to safe-guard their safety. Military unit command has the direct authority and responsibility to respond to any reported DV situations with the families under their command. The military unit command also had the duty to help safeguard DV survivors and hold DV perpetrators accountable.

Resources

When DV survivors separate from abusive/violent relationships while service members are still in active duty, and DV survivors were residing with service members at the time abuse occurred, certain benefits and resources, referred to as “Transitional Compensation”, may be available to DV survivors and their dependent children. Additionally, DV survivors should be informed of safety concerns around the option of restricted or confidential reporting vs. non-restricted or not confidential reporting of abuse. Non-military systems-based DV advocates and community-based DV advocates are encouraged to establish connections with military victim advocates in order facilitate DV survivors’ access to resources and services in this section.

- Active duty military, Reserve, and National Guard personnel and their families can contact **Military OneSource** (24/7), at **1-800-342-9647**, or online at <http://www.militaryonesource.mil/health-wellness/domestic-violence>.
- If DV survivors are on military installations, contact the installation victim advocate, the Family Advocacy Program (FAP), and/or law enforcement, or the community-based DV program. FAP contact information can be found online at <http://www.militaryonesource.mil/> and click on “Installation Locator.”
- The **VA Caregiver Support Services** can be contacted at **1-855-260-3274** or <http://www.caregiver.va.gov/index.asp>.
- The **Veterans Crisis Line** can be contacted by calling **1-800-273-8255** and by pressing 1, chat online, or send a text message to **838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year. This line serves active duty military, National Guard, Reserves, veterans, and their families. The website can be found at <http://www.veteranscrisisline.net/>.
- The **National Resource Directory** connects wounded warriors, service members, veterans, their families, and caregivers to programs and services that support them. See: <https://www.nationalresourcedirectory.gov/>.
- The Department of Veterans Affairs (VA) National Center for PTSD has published “*Returning from the War Zone, A Guide for Military Personnel*”, at: <http://www.ptsd.va.gov/public/reintegration/guide-pdf/SMGuide.pdf>. A similar guide for family members can be found at <http://www.ptsd.va.gov/public/PTSD-overview/reintegration/index.asp>.
- The **Military Advocacy Project** provides specialized training, technical assistance and resources to improve outcomes for individual military-related sexual assault survivors, DV survivors, and their families. For more information see the Battered Women's Justice Project: <http://www.bwjp.org/military.aspx>
- **Battered Women's Justice Project** has an online eLearning Course entitled “*Safety at Home - Intimate Partner Violence, Military Personnel, and Veterans*”. This course is designed for military and civilian advocates who provide services to military-related families who are experiencing intimate partner violence. For more information see Battered Women's Justice Project: http://www.bwjp.org/elearning_course.aspx

Safe Call Now—Support to Survivors/Families of Public Safety, Law Enforcement, and Emergency Services

Safe Call Now provides a nationwide, confidential telephone support to DV survivors and their partners who are employed in public safety, law enforcement, and emergency services. Law Enforcement Officers, former law enforcement officers, public safety personnel, and emergency response professionals staff the call line. Responders are trained in DV and sexual assault assessment and response, and can assist DV survivors with safety planning and referrals to appropriate resources. Call **(206) 459-3020** or see the Safe Call Now website at www.SafeCallNow.org.

Special Needs of Youth/Teen DV Survivors

Teen dating violence and adult DV are alike in that a person uses abuse to obtain and maintain power and control over the DV survivor; however, teens and young adults have specific issues that distinguish their abuse from adult DV. Youth/teens may lack experience in relationships or have misunderstandings of what is or is not healthy relationships. Youth/teens frequently are exposed to unhealthy relationships in social media, music, television, and internet that glamorize and support jealousy and abuse. Many youth/teens do not think that a healthy relationship is attainable or it is something that they even deserve. When partners exhibit abusive behaviors, such as extreme jealousy or limiting youth/teen DV survivors' outside involvement the DV survivor may romanticize this and misattributes the abuse as being affectionate or loving. Some youth/teen who do recognize abusive behaviors remain in relationships as they may feel the benefits of being in a relationship outweigh the costs of experiencing abuse.

Youth/teen's experience of power and control in their own lives is often limited as they have yet to achieve full autonomy from their own parents or guardians. In this way there is class oppression at play in the dynamics of teen dating violence that is not present in adult DV. While their best resource for help may be with adults, their desire for autonomy and having their relationship legitimized as "adult like" by those adults may act as a barrier to accessing that supportive help. Adults need to be careful when assisting teens that they not minimize the significance of the relationship based on the age of the person experiencing or perpetrating the abuse. Some teens feel that their parents will not be supportive if they disclose they are experiencing an unhealthy relationship. Many teens keep the dating violence a secret because they are not allowed to be dating, they are worried they will be forced to break up, they do not want to disappoint their parents or their parents are abusive towards them.

When dating partners have abusive behaviors, often youth/teen DV survivors think that it's their fault and will apologize or make excuses for their partners' behaviors. In some cases, the abuse can escalate into physical violence and aggression, and even into deadly force. Many youth/teen do not readily identify what is happening to them as dating violence or abuse. If female teens think that if they hit their partners back in self-defense, or if they were only "only pushed or grabbed" by their partners, then they think what their partners did was not abuse. Additionally, if abused youth/teens have adult friends who are also experiencing dating violence, they may think DV is the norm, and may regard their victimization as part of a "typical" relationship. It is important to recognize the context of youth culture in order to understand how abusive behaviors may affect youth/teens' lives. Some behaviors may not seem like a "big deal" to adults, such as calling youth/teen "a slut" on social media, but it may have dramatic implications.

Warning Signs in Youth/Teen Dating Relationships

Warning signs of abuse may be seen as part of a "normal" relationship. Youth/teens may perceive jealousy, a desire to always be together or constant electronic communication as expressions of love, commitment, or positive attention from their abusive partners. Many youth/teens can identify the elements of a healthy relationship but do not feel that they deserve healthy relationships or that healthy relationships are attainable. It is important to talk to youth/teens about what they feel they deserve in relationships, and how to find partners who respect them. It is also important for adults to be aware of the potential youth social capital of being in a relationship. Some youth/teens may feel that the benefits of being in a relationship outweigh the negative things that happen. Some youth may feel so elated about being "chosen" and getting to be in a relationship and ignore uncomfortable cues, feelings, or abusive actions by their partners. The potential warning signs of an unhealthy or abusive dating partner may include the following factors:

- Having rapid progression of relationship;
- Repeatedly breaking up and making up the dating relationship;

- Refusing to allow survivor to break up and talking DV survivor out of breaking-up;
- Constantly putting down, belittling, and verbally abusing youth/teen DV survivor in public or private settings;
- Falsely accusing DV survivors of cheating or flirting with others;
- Threatening to spread rumors or publicly disgrace DV survivors or disclose sexual acts they engaged in;
- Insistence on spending all their time with youth/teen DV survivors;
- Expressions of extreme anger or rage if partners are delayed or refused contact with youth/teen DV survivors;
- Pressuring survivor to dis-engage from activities like basketball team, dance team;
- Having rigid beliefs on relationship roles and sexuality;
- Expressing strong opinions that men should be in control and women should be submissive and/or passive in heterosexual relationships;
- Displaying rigidity of partner roles;
- Crossing of personal boundaries/space in LGBTQ relationships;
- Abusing drugs or alcohol and/or forcing DV survivor join in with substance abuse;
- Displaying physically aggressive or abusive behaviors including hitting or destroying objects in close proximity to survivors;
- Pressuring survivor to engage in sexual activity and/or sabotaging birth control usage, not allowing DV survivor to use birth control, or purposely hiding/destroying birth control;
- Shifting blame to others for their problems or feelings;
- Refusal to accept any responsibility for their abusive behaviors;
- Threatening youth/teen DV survivors that *“I can't live without you”* or threatening to hurt themselves or others if youth/teen survivors were to end their relationships;
- Having DV survivor on an “electronic leash” which means the abusive partner expects immediate responses to texts, cell phone calls, or other electronic communications;
- Checking survivor’s cell phone, email, social media, an internet usage without their permission;
- Demanding passwords to cell phones, computers, and social media accounts;
- Dictating friendships and punishing DV survivors for spending time with friends; and,
- Dictating clothing or makeup that is deemed “acceptable” or not acceptable for DV survivors to wear.

Partner Age Discrepancy: Fatality reviews have shown a trend with large age differences between abusive dating partner and youth/teen partners in homicide cases. Age discrepancies can make it more difficult for youth/teens to reveal to their families that they are in a dating relationship; and therefore, the youth may be conducting their relationship in secret. Due to Ageism in our society older partners inherently have power over their younger partners. Youth/teens may see older partners as being smarter or more experienced and having more resources. This may make it difficult for youth/teens to say no older dating partners.

Youth Suicide: Fatality reviews of youth/teen suicide frequently are associated with a recent break up with a partner or other dating violence concerns. Youth/teens who are threatening suicide are not only a danger to themselves but also to their partners. It is incredibly important to recognize when youth/teens are sharing that their partner is making comments such as *“I can't to live without you.”* Or, *If you break-up with me I will kill myself.”* These remarks are often missed or dismissed by adults, and these comments should be taken very seriously. When youth/teens make such disclosures, they should be encouraged to engage in suicide support/mental health services. Referring suicidal youth/teens for a full suicide evaluation should be considered.

Practice Considerations for Youth/Teen DV Survivors

Working with youth/teen DV survivors is nuanced and happens best through relationship-based and youth-centered supportive approaches. Using cookie cutter approaches are often not relevant or meaningful to youth.

Before asking questions or taking action, carefully read a youth's cues and ask yourself *"What do I hear them saying that they need from me?"* Ask yourself, *"What are they saying about I can best support them?"* The following practices can help adults to engage youth in conversations about dating relationships by:

- Carefully listening and giving them space to talk;
- Not "putting down" their partners;
- Not labeling their experiences for them;
- Identifying why you have concerns;
- Informing youth/teen survivors that you are there to help, and not to judge;
- Identifying a trusted person they can talk to;
- Focusing on their safety and self-esteem; and,
- Helping youth/teens to evaluate their dating relationships.

Remember that many youth fear disempowerment if they reach out to adults to help with their relationships. Youth may fear that when others become involved, they will lose control of their relationships and others will make choices for them. Because reaching out for help can be very difficult it is important to maintain a very youth-centered supportive stance. Ask youth:

- *"What would you like to have happen?"*
- *"What would help keep you safe?"*
- *"What choices do you have?"*
- *"How can I be most helpful to you?"*

Let youth/teen DV survivors know that you are there to support them, and you will be there for them no matter what choices they make. Survivors want to feel empowered, competent and in control of their lives. This may lead them to believe that dating violence could not happen to them; therefore, it can be shocking and immobilizing when it does occur. Youth may feel that they chose a "good partner" so they may be surprised that their partner is acting in a mean/unhealthy/abusive manner. Youth/teens may fear that by revealing what they are experiencing and reaching out for help they will look vulnerable, afraid, or less capable of making "good" decisions. There are also many reasons why youth may decide to keep their relationship a secret from families or caregivers, and so may fear adult reactions when they are reaching out for help. It is important to reframe the sharing one's story and ask of support to an act of bravery. Remind youth that they are the experts about their situation and their relationships but they always have the right to ask for help and support. Remind DV survivors that:

- If they are experiencing an unhealthy or abusive relationship, it is not their fault;
- They deserve healthy relationships that makes them feel good; and,
- You will be here to support them no matter which choice(s) they make.

Help abusive youth/teens have discussions about what they see as being unhealthy behaviors or abusive tactics by:

- **Seeing the Problem:** Let abusive youth/teens know you see unhealthy behaviors and are concerned about it;
- **Listening:** Ask abusive youth/teens questions about their unhealthy behaviors, and how they have gotten to using abuse tactics;
- **Letting them know they can change:** Let abusive youth know they can change their behaviors and they can get help with it; and,
- **Supporting:** Stay in touch. Continue to be involved in their lives and regularly check in with them about their dating relationships

Feelings of Responsibility for One's Partner: Youth survivors may feel responsible for their partners' emotional and physical well-being, especially if their partners experience mental health, self-harms or talks about suicide. These feelings of responsibility for their partners' well-being may keep them in relationships that they may want to end. Youth/teens may feel intense feelings of guilt and shame if they are considering ending their dating

relationships. If survivors express feelings of responsibility or fears for their partners, it is important to acknowledge this. Do not argue and do not dismiss their feelings. Remember to acknowledge their feelings before doing any problem solving and safety planning.

Peer Communities— Building Support around Relationships and Breaking Up: Some youth/teens experience peer communities that are not supportive of DV survivors and may be angered by a youth/teens' decisions to end relationships or reach out for help. There can be negative social ramifications when survivors choose to end a relationship. This can be especially true when both youth attend the same school or have the same peer groups where rumors and slut-shaming can occur. Friends may encourage DV survivors to stay in abusive relationships or they may form alliances with abusive partners. If adults want to support youth/teen DV survivors it is important for them to consider the impact of their peer communities. Adults can ask:

- *“How do your friends feel about your relationship?”*
- *“Who would you talk to if you ended this relationship?”* and,
- *“Who would support you emotionally?”*

Adults then can help youth/teen DV survivors identify friends who are supportive and who could help. If youth/teens can't identify anyone, let them know that you are available to help when they want to talk about it.

Safety Planning: A safety plan is a guide created by youth/teen survivors that helps them to stay safe. Survivors often have great ideas how to stay safe since they are the ones living their lives. Topics to consider for safety planning with survivors are:

- Safety when with your partner;
- Safety when breaking up with your partner;
- Safety at school/home/work;
- Sharing your situation with others so they can help you when you need it; and,
- What to do if you cannot access your phone to get help.

Training and Information Resources for Youth/Teen DV Survivors

- For a comprehensive listing of youth/teen services and supports see [Appendix N](#)
- **Centers for Disease Control** has teen dating violence information, fact sheets, and training materials. See: http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/teen_dating_violence.html
- Centers for Disease Control provides a “Dating Matters” online interactive training module. See: <http://vetoviolence.cdc.gov/index.php/dating-matters/>
- **100 Conversations:** Conversation Starters for Youth <http://www.100conversations.org/>
- **Love is Respect:** Teen Dating Violence Resource Website. See: <http://www.loveisrespect.org/>
- **Start Strong: Building Healthy Teen Relationships** is the largest initiative ever funded to prevent teen dating violence and abuse by teaching 11- to- 14-year-olds about healthy relationships. This innovative approach to prevention is rallying entire communities to promote healthy relationships and prevent teen dating violence in middle schools. See: <http://startstrong.futureswithoutviolence.org/>
- **Washington State Coalition Against Domestic Violence (WSCADV)** has a prevention webpage with information and training resources for youth, parents, community organizations, educators, DV advocates, and information about “In Her Shoes for Teens”. See: <http://wscadv2.org/projects.cfm?aid=9dd1a161-c29b-57e0-8e1ded82512a624c>
- **Prevent Connect** is a national online DV and Sexual Assault Prevention Website that provides information and webinars. See <http://www.preventconnect.org/>
- **Washington State Coalition Against Domestic Violence (WSCADV)** has a guide for advocates for reporting child/youth abuse and neglect. See: http://wscadv2.org/docs/Making_a_Mandatory_Child_Abuse_Report_updated_to_include_teen_dating_violence.pdf

Commercially Sexually Exploited Children/Youth

Commercially sexually exploited (CSEC) children/youth are pressured, coerced, or forced into the sex trade. The cycle of violence in “boyfriend” pimp and prostituted youth relationships is strikingly similar to the cycle of violence in a DV relationship. The pimp will recruit and groom their victim for weeks or months before the first act of violence or sexual exploitation occurs. Often CSEC children/youth will experience traumatic bonding with their perpetrators. When working with CSEC children/youth it is important to maintain compassionate and non-judgmental attitudes at all times. Be aware of your own beliefs, biases, and cultural worldview. Be sensitive to their unique cultural needs and experiences. Be consistent and follow through on everything. Do not make promises that cannot be kept. It is critical to stress self-determination and empowerment for CSEC children/youth. They should have information relevant to their situation and be encouraged to make informed decisions whenever possible. There are several behaviors that may alert a provider that a youth may be commercially sexually exploited, including:

- Chronic truancy, chronic runaway behaviors from foster care homes or family homes, or being a homeless youth;
- Possessing large sums of cash, hotel room keys, and multiple cell phones;
- Having signs of branding such as tattoos and jewelry;
- Having expensive items with no known source of income, especially hair styling, manicures, cell phones, and clothing;
- Lying about their age, having false forms of identification, and having inconsistencies in information they are reporting;
- Displaying dramatic personality changes;
- Displaying evasive behaviors especially around “new boyfriends”, talking about being “taken care of”, and disengaging from school, sports, community, and other social activities;
- Inability to give details of their activities or whereabouts;
- Wearing provocative clothing; and,
- Possessing several sex toys, multiple condoms, lubrication, or other sexual devices.

Practice Considerations for Commercially Sexually Exploited Children/Youth

Whenever it is suspected that children/youth have been commercially sexually exploited, it is helpful to inquire about it and offer appropriate resources. The following steps can be used as best practices in responding to exploited youth.

- Start with a framing statement first like *“Many of the youth I work with have gotten pressured into doing things for sex. I will not judge you or anything you tell me. I’m here to listen if you ever want to talk or want support getting out.”*
- Then state, *“Sometimes people trade sex for money or because they have to survive.”*
- Then Ask, *“Has that ever happened to you?”*
- If they indicate that they have been sexually exploited, ask *“What kind of support do you need?”*
- If they indicate a desire for support services, refer and link into the resources outlined below.

Resources for Commercially Sexually Exploited Children/Youth

- To help access support for a CSEC youth call the CSEC Hotline: **1-855-400-CSEC** or **1-855-400-2732**, or by email: **CommunityAdvocate@YouthCare.Org**. The CSEC Hotline is staffed 24 hours/7 days a week by a Bridge Collaborative Community Advocate who can provide case management, support, resources, and

referrals to sexually exploited youth across King County. The Bridge Collaborative is operated by YouthCare in partnership with Auburn Youth Resources and Friends of Youth.

- For help with emergency crisis residential services, contact the Secure Crisis Residential Center at **206-587-0092 or call 211**.
- For additional information and support to help CSEC children/youth see The Prostitution Prevention Network at: <http://www.seattleops.com>

References: Section 6

Burk, C. (May 1999). Think, re-think: Woman-to-woman domestic violence, **Wisconsin Coalition Against Domestic Violence Newsletter**. Available at <http://nwnetwork.org/wp-content/uploads/2011/11/Think-Re-think-Woman-to-Woman-DV.pdf>.

Finfgeld-Connett, D. (2015). Intimate partner violence and its resolution among African American women. *Global Qualitative Nursing Research*, January-December 2015 Volume 2: 1-8.

Futures Without Violence (2005). *Activist Dialogues: How domestic violence and child welfare systems impact women of color and their communities*. Available at: http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Activist.pdf.

Mujers Latinas En Accion. (2012) *Latina portrait: Latinas and domestic violence*. Available at: <http://www.mujereslatinassenaccion.org>

Nash, Shondrah-Tarrezz (2005). Through black eyes: African American women's construction of their experiences with intimate male partner violence. *Violence Against Women*, 11: 1427. Sage Publications.

theNetworkLaRed (2011): Partner abuse happens to trans folks too! Available at <http://tnlr.org/wp-content/uploads/2011/04/trans-partner-abuse-handout.pdf>.

Northwest Network. *S/M is not abuse – Abuse is not S/M*. Available at <http://nwnetwork.org/resources/info-and-articles/>.

Office for the Prevention of Domestic Violence, New York State. What do professionals need to know? Domestic violence and HIV/AIDS. Available at: <http://www.opdv.ny.gov/professionals/health/hivaids.html>

Rabin, R., Jennings, J., Campbell, J., and Bair-Merritt, M. (2009 May). Intimate partner violence screening tools: A systematic review. *American Journal of Preventive Medicine*, 36, Issue (5):439–445.

Wilson, K.J., Ed. (2006). *When violence begins at home: A comprehensive guide to understanding and ending domestic abuse*. Alameda CA: Hunter House Inc., Publishers

Women of Color Network (2006). *Facts & Stats Collection: Domestic violence in communities of color* Available at: www.doj.state.or.us/.../women_of_color_network_facts_domestic_violence_2006.pdf



Section 7: Services for DV Survivors, DV Batterers, and Children

Introduction

In order to appropriately and effectively intervene in cases involving DV and child maltreatment, close attention needs to be paid to the services that are offered or ordered for a family. A description of what services are actually available within the community is important. Additionally, describing the best practices for services to be provided to DV survivors, DV perpetrators, and children can assist providers, courts and other agencies in ensuring that the most effective services are made available. Please refer to Section Six for specialized services and supports for DV Survivors from diverse communities.

Services for DV Survivors

The primary goal of service planning is to promote safety and protection for DV survivors and their children, address the impact of DV, and address other risk factors. Provided services should be respectful, be sensitive to the survivors' needs, and be in support of survivors' strengths. The providers should be knowledgeable about DV and have expertise in working with issues of DV survivors. All service referrals should be consistent with DV survivors' wishes. Every possible attempt should be made to ensure DV survivors are provided culturally appropriate resources, referrals, and services. Assistance should be provided to DV survivors to develop and implement safety plans as outlined in Section Five. Service plans should include separate goals for each family member. Adult DV survivors and their children should be offered services whether or not DV survivors choose to remain with their abusive partners. See [Appendix L](#) for program descriptions and contact information for community-based DV advocacy services. DV perpetrators should be engaged in service planning and offered services whether or not they choose to stay involved with their families.

Community-Based DV Agency Services

- **Crisis Intervention, Information and Referral:** Several agencies operate 24-hour DV crisis lines. These crisis lines often serve as the first point of access to shelter and other services. They may also provide crisis counseling, safety planning, information, and referrals to DV survivors, their friends, or their family members. Professionals are also encouraged to contact the crisis lines for information and consultation on DV cases; refer to [Appendix M](#) for the Crisis Lines contact information.
- **Emergency DV Shelters:** "Shelter" as defined by [WAC 388-61A-0025](#), means a safe home or shelter home that provides temporary refuge and adequate food and clothing offered 24 hours/7 days basis to DV survivors and their children; however, current demand far exceeds capacity to serve those in need. King County has confidential DV emergency shelter facilities, which are specifically designed to house battered women and their children who are fleeing dangerous abusers. Their locations are kept confidential. DV shelters have protections in place to preserve the physical safety of all their residents

and staff, and all offer adult and child residents a range of services and assistance. Several King County agencies have motel vouchers to house families on a limited time basis. For more information contact the community-based DV agencies listed in [Appendix L](#). Other homeless shelters may accommodate DV survivors and their children. To locate other emergency shelters in King County telephone 211 or see Crisis Clinic's Community Resources webpage at <http://crisisclinic.org/education/2-1-1-community-resources/>

- **Transitional Housing Programs:** "Transitional housing" as defined by [WAC 458-16-320](#), means a facility that provides housing and supportive services to homeless individuals or families for up to for up to 24 months. The primary purpose of transitional housing is to enable homeless individuals or families to move into independent living and permanent housing; however, current demand far exceeds capacity to serve those in need. DV transitional housing facilities are specifically designed to meet the needs of DV survivors who need longer-term housing and support. All programs offer a variety of intensive advocacy services for the women and children they house. For more information about DV transitional housing programs call 211 or call the community-based DV agencies listed in [Appendix L](#).
- **Community-Based DV Advocacy Programs:** DV advocates work in partnership with clients to identify and address a wide variety of client needs, including housing, economic assistance, access to medical care and mental health counseling, emotional support, safety planning, legal advocacy, and may accompany a client to court. Services are tailored to meet individual client needs and continue as needed. "Advocate counselor" as defined by [WAC 388-61A-0220](#), means a trained staff person who works in a DV organization and provides advocacy-based counseling, counseling, and supportive temporary shelter services to clients. Advocates also provide DV safety-planning services, which focus on the immediate needs of DV survivors and assess their level or risk for danger. King County also has a number of agencies that provide culturally specific or diversity specific DV survivor services. Refer to Section Six for a listing of culturally specific or diversity specific resources and services for DV survivors.
- **DV Survivor Support Groups:** DV support groups help to break down barriers of isolation and provide a supportive place to discuss DV experiences. Support groups give opportunities to meet other DV survivors who have similar stories and experiences, which may help DV survivors, gain new insights into their own situations. Support groups are a safe place to talk about their needs, situations, and plans. Clients can participate in whatever way feels comfortable to them.

Basic Needs Assistance

The programs in this section are available for low-income DV survivors.

- **Financial/Food Assistance:** When a DV survivor is leaving an abusive situation with little income or resources, they may be able to obtain financial help from DSHS. Survivors can apply through their local Community Service Office for the Temporary Assistance for Needy Families (TANF) program, food benefits, and child care assistance. For DV survivors fleeing an abusive situation, the DV perpetrator's income and resources may not have to be taken into account. Disclosure of DV may exempt a DV survivor from participating in the collection of child support and with WorkFirst employment program until the family achieves a safe environment. Some King County DSHS Community Service Offices (CSO) provides DV advocates who give support, information and referrals to DV survivors. Contact your local CSO about DV advocates: http://www.dshs.wa.gov/esa/community-services-find-an-office?field_closet_zip_code_value=&field_counties_value=King&=Apply
- **Transportation Services:** Some DV and other social service agencies may provide bus tickets, gas vouchers or taxi vouchers for transportation to medical appointments, job interviews, legal appointments or other essential needs. Hopelink provides low cost transportation services for clients accessing Medicaid covered services.
- **Health Services:** For urgent medical needs, immediately refer survivors to emergency medical services. Low-income DV survivors may be able eligible for Medicaid Apple Health Insurance and can apply for

benefits at www.wahealthplanfinder.org. Community clinics may offer low-cost or sliding fee scales based on income and a few clinics can provide health care regardless of clients' ability to pay. See [Appendix M](#) for information and referrals for health care services.

- **Job Training:** Survivors can benefit from employment service agencies that have an understanding of DV dynamics. Such services can help the survivor increase their confidence and employment skills and help with workplace safety planning. There are several contracted Community Jobs (CJ) program sites in King County that provide short-term job training and job placement services for TANF eligible parents. For more information see: http://www.kingcounty.gov/socialservices/Employment%20and%20Education%20Resources/ServicesAndPrograms/AdultServices/KCJobsInitiative/KCJI_Resources.aspx. The Seattle Jobs Initiative (SJI) Program provides similar services and is available to low-income City of Seattle residents. The YWCA of Seattle, King County, and Snohomish County is a local partner for both of these programs and is staffed by professionals with DV expertise. For more information see: <http://www.seattlejobsinitiative.com/jobseekers/career-pathways-program/>.
- **Housing:** An array of shelters and transitional housing programs available to DV survivors. For more information on housing contact DV agencies listed in [Appendix L](#). Survivors of DV, sexual assault, and stalking may be able to terminate their rental agreements when they meet the following requirements:
 - Be a survivor of DV, sexual assault or stalking (or have a household member who is a victim of the above crimes); and
 - Have a valid order for protection or have reported the violence to a qualified third party, which may include law enforcement officer, state court employee, doctor or licensed health professional, licensed mental health professional or counselor, clergy member, or crime victim/witness advocate; and,
 - Make a request to terminate a rental agreement within 90 days of the violent incident ([RCW 59.18.575](#)).

Address Confidentiality Program (ACP)

The Address Confidentiality Program (ACP) helps DV, sexual assault, and stalking survivors stay safe under [RCW 49.24](#). ACP prevents perpetrators from using state and local government records to locate their partners by providing confidential addresses. To participate in the program, the client must be a survivor of sexual assault, DV or stalking; be a resident of the State of Washington; and must have recently moved to a location unknown to perpetrators and government agencies. The program is simple and has two basic parts. First, the ACP gives program participants a substitute mailing address. Once enrolled in the program, DV survivors use the ACP substitute address when working with state and local agencies. ACP staff then forward the mail to the survivor's actual residence address. State and local government agencies are required to accept the ACP substitute address. Private companies, though, do not have to accept the ACP address and the DV survivors will need to consider alternative ways to protect themselves when doing business with private companies like phone and cable companies. The second part of the program offers confidentiality for two normally public records: voter registration and marriage records. Additional protections are available for those whose abusers are members of LE. For more information about ACP see: <http://www.secstate.wa.gov/acp/>.

Protective Court Orders for DV Survivors

In Washington State, there are several types of protective court orders available to DV survivors. Survivors can seek civil protective orders, which include DV, sexual assault, stalking, harassment and vulnerable adult protection orders. In criminal cases judicial officers may issue no contact orders. Although orders can be a useful tool in protecting DV survivors and their children, there are differences in the orders regarding how and where they are obtained, who is eligible to file for a particular order, what protections they offer, and how they are

enforced. Careful review and understanding of different orders and their functions will help DV survivors receive the maximum protection available. Refer to [Appendix G](#) for a brief summary of different court orders available to DV survivors.

- **Domestic Violence Protection Orders (DVPO)** is a civil order that protects petitioners who are experiencing threats of physical violence, which creates fear of imminent harm; physical violence/harm; sexual assault; or acts of stalking that is perpetrated by a family member, household member, or current/past dating partner. A DVPO can:
 - Restrain respondent from committing further acts of harm, from contacting the petitioner or minor children, and from coming within a certain distance of the home, school, workplace, daycare, or other designated location;
 - Restrain respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in [RCW 9.61.260](#), and from using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communications of DV survivors, their children, or their household members. For the purposes of this subsection, "communications" includes both "wire communications" and "electronic communications" as defined in [RCW 9.73.260](#);
 - Order respondent to vacate a shared residence;
 - Order use of a vehicle to the petitioner;
 - Order the respondent to obtain treatment or other services; and
 - Arrest respondent when the restraint provisions of the order are violated, which may result in the filing of criminal charges. It is important for advocates to discuss with DV survivors about potential escalation of abuse/violence by perpetrators when seeking DVPOs and to help engage survivors in safety planning.

DV survivors, who are 13 and up to 16 years of age, may seek a DVPO with the help of parent, guardian, guardian ad litem, or a friend, which is a person over 18 years of age, and is pursuing a minor child's interest against an abuser who is 16 years of age or older. DV survivors, who are 16 years of age and older, may file a DVPO petition without assistance.

- **Stalking Protection Order (PO)** is an order is specifically designed for people who are being stalked by someone other than a family or household member. District courts have original jurisdiction except when:
 - They transfer such actions and proceedings to the superior court when it is shown that the petitioner, victim, or respondent to the petition is under eighteen years of age;
 - The action involves title or possession of real property;
 - A superior court has exercised or is exercising jurisdiction over a proceeding involving the parties; or
 - The action would have the effect of interfering with a respondent's care, control, or custody of the respondent's minor child.
- **Sexual Assault Protection Order (SAPO)** is an order that is specifically designed for people who have experienced unwanted sexual contact or sexual penetration. Per [RCW 7.90.030](#) the alleged Sexual Assault Survivor is not required to have a familial or intimate partner relationship with the respondent. A SAPO can be filed at any municipal, district, or superior court. Help is available to petitioners filing for sexual assault protection orders. Please contact King County Sexual Assault Resource Center at <http://www.kcsarc.org/> or **1-800-998-6423** to request assistance.
- **Vulnerable Adult Protection Order (VAPO)** is an order specifically designed for people who are legally defined as "vulnerable" and who have experienced or been threatened with acts of abandonment, sexual abuse, mental abuse, physical abuse, exploitation, neglect and/or financial exploitation by another person. There are no special relationship criteria between the victim and the abuser for this type of order. A VAPO can be filed at any municipal, district, or superior court, or through Adult Protective Services. For more information see <http://www.aasa.dshs.wa.gov/APS/reportabuse.htm> and the Assistant Attorney General at <http://www.atg.wa.gov/page.aspx?id=2380>.
- **No Contact Order (NCO)** is a criminal order that issued by a court. NCOs can only be put in place when there is a pending DV criminal charge or conviction. It is important to recognize that DV survivors do not initiate NCOs. In these cases it may be advisable for DV survivors to file for a DVPO in the event that the

NCO is no longer in place. Although DV survivors' desires to lift a NCO will be considered, it is up to judicial officers' whether or not to lift a NCO. It is important to note that DV survivors' children may or may not be protected under a NCO.

- **Restraining Order** may be issued as a part of a family law case involving divorce, legal separation, or child custody/parentage action. Restraining orders are not issued in all cases. These orders can prohibit certain types of behavior by the other party, such as molestation, harassment, and disturbance of the peace. They can also protect marital or financial assets.
- **Anti-Harassment Order for Protection** is available to persons who are seeking protection from individuals engaged in a pattern of behavior that seriously alarms, annoys and harasses them, and the behavior serves no legitimate purpose. Unlike a DVPO, it is not a requirement that the parties be family or household members or involved in a present or past dating relationship.

Filing of a DVPO

DV survivors may seek filing assistance from King County protection order advocates who can provide education/preparation for court hearings; advocacy during and after court hearings; and information and referral to social services and community-based DV agencies. Survivors can contact protection order advocates in two locations: Seattle King County Superior Courthouse, call **206-477-1103**, and Kent Norm Maleng Regional Justice Center, call **206-205-7406**. Information is also available through <http://www.protectionorder.org/> and see [Appendix M](#). Protection order advocates can assist petitioners with the filing of temporary protection orders and accompany survivors at temporary orders and full protection orders court hearings.

- **Temporary Orders for Protection:** An individual seeking a DVPO can file a petition at any King County District or Superior Court, King County Juvenile Court, Seattle Municipal Court, and some other municipal court locations in King County. The individual seeking the order will be asked to write a statement, which is called a petition that describes the most recent incident or threat of assault and/or DV and provides a history of such incidents. Petitioners may seek protection for their minor children on their request for a DVPO. The petitioner will be asked to provide the respondent's address and birth date. A judge or commissioner will review the paperwork, ask questions, and decide whether or not to grant the DVPO. Since this initial order is entered without notice to the respondent, it can only be a "temporary order" valid for 14 days. During the temporary order period, the respondent must be served with the petition and the temporary order, and will be given notice of the date set for the full order hearing. The full hearing will be held two weeks later, at which time the court will decide whether to grant the request for a full order for protection, which can be effective for a year or more. If for some reason the respondent is not served with notice of the full hearing, then the court can extend the temporary order for another limited period of time so that service can be made.
- **Full Orders for Protection:** At the "full order" hearing, the court will ask both parties to testify under oath about the abuse or threats described in the petition. An advocate can assist the petitioner in this process, but cannot speak on behalf of the petitioner during the actual hearing. At the conclusion of the hearing, the court will decide whether to grant or deny the full DVPO, which is effective for a year or more. The petitioner may request a renewal of the order at any time up to three months before its expiration date.

Protection Orders and Forfeiture of Firearms and Dangerous Weapons

Judicial officers can order the restrained party of a DVPO, NCO, or restraining order to surrender any firearms or other dangerous weapons under [RCW 9.41.800](#). Courts can require the restrained party to surrender any concealed pistol license issued under [RCW 9.41.070](#), and prohibit the party from obtaining or possessing a firearm or other dangerous weapon. Courts can also prohibit the restrained party from obtaining or possessing a

concealed pistol license. The court is required to order surrender of firearms and dangerous weapons when issuing protection orders, no contact orders or restraining orders and the order:

- Was issued after a hearing of which the person received actual notice, and at which the person had an opportunity to participate;
- Restrains the person from harassing, stalking, or threatening an intimate partner of the person or child of the intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child;
- Includes a finding that the person represents a credible threat to the physical safety of the intimate partner or child; and,
- By its terms, explicitly prohibits the use, attempted use, or threatened use of physical force against the intimate partner or child, which could cause bodily injury.

Community-based DV Agencies Legal Advocacy

Community-based DV Agencies Legal Advocacy can be provided through some community-based programs. Current demand, however, far exceeds capacity to serve those in need. Legal advocates are not attorneys and cannot provide legal advice. Please refer to Section Two on the roles of DV legal advocates. Legal advocates may help:

- Prepare for court appearances,
- Provide support in the courtroom;
- Provide legal education for client-specific issues;
- Assist in procuring protection orders, NCOs, restraining orders, or anti-harassment orders; and,
- Refer to community services, legal information, or other services.

Community-based DV Agency Legal Clinics

Certain DV agencies operate volunteer attorneys for brief thirty-minute appointments. Volunteer attorneys can provide legal advice, information on court processes, and assistance with paperwork, but they cannot provide ongoing legal representation. DV survivors can contact their local community-based DV agency for a referral that are listed in [Appendix L](#).

Legal Representation

Legal representation refers to providing civil legal assistance to DV survivors in family law, immigration, and other matters. Some assistance may be available to low income survivors including advice on a variety of legal issues, help with pleadings and temporary orders drafts, help with procedural instructions, and support client preparation for various types of hearings, see [Appendix M](#). Staff attorneys will usually become involved after receiving client referrals from social service agencies or DV advocates, and will then coordinate, as necessary, with the advocacy staff. Please note that current demand for low cost legal services far exceeds capacity.

Mental Health

DV survivors may appear to need mental health services; however, in actuality they may be showing signs of trauma and Post Traumatic Stress Disorder from abuse, such as depression, anxiety, substance abuse, and parenting difficulties. Symptoms of emotional trauma vary by individual. Trauma can be affected by current safety and stability of the survivors, their children, and other family members.

Work from the assumption that focusing on ending the abuse or threat of abuse will have a positive effect on DV survivors and their children’s mental health. This framework holds DV perpetrators accountable for the mental health distress, rather than shifting the blame to some perceived mental health deficiency of DV survivors. Diagnosis of mental health conditions should not be made until the physical and emotional abuse has ceased. A diagnosis of a mental health disorder can be used against DV survivors, and can reinforce the negative messages that DV perpetrators have given them about their mental health or sanity. While there may be a legitimate need for diagnosis or treatment, care should be taken not to treat the condition as the underlying cause of parenting concerns.

When emotional and/or psychological symptoms and concerns persist and interfere with a survivors’ ability to cope, offer referrals to appropriate mental health professionals. It is important to encourage DV survivors to seek support from mental health professionals before referring them for psychological evaluations. DV survivors can be referred for mental health agencies for “intake assessments.” The intake therapist will determine what, if any, further assessments or services that are needed including psychological evaluations, psychiatric evaluations, neurological evaluations, and if treatment is needed. Individual, group and family therapy is available at various counseling practices, agencies and mental health centers throughout King County. Providers and agencies vary in their expertise specific to DV when it co-occurs with a psychological or parenting concern. It is important to ask if the provider has expertise in working with issues of DV in the context of providing mental health, counseling, or parenting support services.

Some DV survivors may have a pre-existing mental health diagnoses prior to, the DV experiences and these conditions may be exacerbated by the current DV circumstances. Referrals to mental health services, if not already in place, are appropriate to assess symptoms and develop an appropriate plan to help the person regain or achieve emotional stability. When there is DV and a mental health concern, there should be a referral made to both a mental health practitioner and a local DV agency. Certain DV agencies, such as New Beginnings, LifeWire, DAWN and Refugee Women’s Alliance, may have mental health professionals who provide no cost, time-limited support, and refer and connect to other mental health professionals. See [Appendix L](#) regarding contact information for these agencies. For more information about DV and mental health see <http://www.kccadv.org/reports/mental-healthdv-reports/>

Parenting Groups for DV Survivors

Specialized parenting groups that support DV survivors and their children are offered through community-based DV agencies. Groups may include topics such as the effect of violence on DV survivors and their children, how DV perpetrators disrupt survivors’ parenting, single parenting under extreme stress, and effective non-violent discipline strategies.

Substance Abuse Services

Referrals for substance abuse assessment and treatment should be made to providers who can appropriately assess for DV. Few programs have resources to address the overwhelming needs of DV survivors who have chemical dependency issues. The provider’s approach should be client-centered, focused on meeting clients "where they are," and aimed at matching the individual client’s needs with appropriate services. They should also be collaborative and coordinate well with the other agencies serving DV survivors.

Services for Youth/Teen DV Survivors

DV specific services for teens are still limited in King County. There are not many resources for youth/teen survivors of dating violence and even fewer for teen batterers. Teens may access adult DV survivor services; however, these services are not tailored to the specific needs of teen DV survivors. Often, teens are reluctant to talk about DV with professionals until the level of violence is severe as detailed in Section Six. Teens, therefore, benefit from services tailored to address their unique needs. See [Appendix N](#) for resource lists for youth/teen DV survivors.

Services Not Appropriate in DV Cases

Participation in any service that increases the potential risk for further abuse or injury to DV survivors and their children are not recommended. Any service that blames DV survivors for the abuse, or does not hold DV perpetrators fully accountable for their abusive behaviors, or does not hold DV perpetrators accountable for changing their abusive behaviors, should be avoided. Couples counseling, mediation, family group counseling, and anger management programs for DV perpetrators can increase the level of danger to adult DV survivors and children. These services are contraindicated if the abusive partner has not engaged in and successfully completed BIP/DVPT to address their violent or abusive behavior towards their partners and their children.

Services for Batterers/Domestic Violence Perpetrators

Batterer Intervention Programs (BIP)/DV Perpetrator Treatment (DVPT) Programs

BIP/DVPT referrals should only be made to Washington State DSHS certified programs and who follow curriculum standards in [WAC 388-60](#) and strictly adhere to supporting and maintaining DV survivor confidentiality and autonomy. For the listing of current Washington State Certified Domestic Violence Perpetrator Treatment Program providers, see: <https://www.dshs.wa.gov/ca/domestic-violence/domestic-violence-perpetrator-treatment>. For more information about program standards contact DSHS DV Perpetrator Treatment Program Manager: <https://www.dshs.wa.gov/ca/domestic-violence/contact-information>. Community-based DV advocates in King County can also provide valuable information regarding the practices of BIP/DVPT providers in their area. BIP/DVPT providers are required to:

- Notifies DV survivors or their advocates of DV batterers' participation, termination, or decline for services and give specific details on how this has occurred;
- Adheres to transparent policies regarding DV survivor confidentiality and safety in coordination with survivors and their advocates;
- Demonstrates genuine ability to work cooperatively with DV survivor advocacy programs, CASA/GAL, courts, probation, CA and other agencies as part of a larger coordinated community response;
- Documents assessments of DV perpetrators risks to survivors, children, and others at intake and throughout treatment;
- Provides timely information to DV survivors and authorities as necessary;
- Screen DV batterers at intake for: motivation to change, organic impairments, mental health issues, chemical dependency, use of violence associated with chemical use, and sexual deviancy;
- Refers DV batterers with co-occurring issues of chemical dependency or mental health to behavioral health professionals who can appropriately evaluate and treat these issues and support the BIP goals of DV survivor safety and autonomy;
- Holds DV batterers accountable for the abuse, and avoids blaming DV survivors for the abuse; and

- Monitors compliance with any recommended adjunct treatments and confirm the abuser is stable in these areas before beginning DV treatment. Non-compliance in any of these adjunct treatments is considered being out of compliance with BIP/DVPT.

BIP/DVPT Program Limitations: BIP/DVPT treatment is most effective with first time, misdemeanor level, DV batterers who do not have serious mental health, chemical dependency or sexual deviancy issues. BIP/DVPT treatment may not be effective for individuals with repeated felony level DV incidents; chronic chemical dependency; chronic mental illness, sociopath personalities; or individuals with an absence of motivation to change. For these individuals, BIP/DVPT treatment may increase risks to DV survivors by providing these DV perpetrators with vocabulary and new tactics to control their partners. Perpetrators' attendance and completion of a BIP/DVPT has various degrees of behavioral change. Any increased access to children or parenting plan modifications should be conditioned upon reassessment of perpetrators' behaviors/attitudes and not just program completion. Reassessments should be with an evaluator, who is knowledgeable about the effects of DV on children, and who has information from survivor and BIP/DVPT. It is important to note that couples counseling or family therapy is not a replacement for BIP/DVPT services.

BIP/DVPT Program Quality and Effectiveness: When seeking treatment services it is important to contact the potential provider and inquire about their program services. The following suggested list of questions can be helpful in assessing programs' adherence to standards.

- **What are your policies and procedures concerning DV survivor contact?** A BIP/DVPT provider must notify DV survivors, preferably by phone, within fourteen days of the participant being accepted or denied entrance to the program. If a phone number is not available, attempts to access DV survivors through legal or community-based advocates should be attempted. DV survivors should be informed that all information they release to BIP/DVPT is confidential, kept in a separate file, and only presented to DV perpetrators with the DV survivors' written permission. The BIP/DVPT should advise the survivor that the amount of contact/information provided to BIP/DVPT is optional. DV survivors should be encouraged to call any time they have questions regarding DV perpetrators' participation, the program's content, or their concerns on batterer's actions, attitudes, and behaviors. DV survivors should be immediately notified of any concerns the program has with DV perpetrators' actions, attitudes, and behaviors, or when perpetrators move to a new phase or treatment, or leave the program. Written disclosures should be provided to survivors concerning the limitations of batterer's treatment, resource information and BIP/DVPT contact information if they choose further assistance.
- **Does the BIP/DVPT base their program on specific education curriculum?** As required by [WAC 388-60-0245](#) a BIP education curriculum should address each of the following with program participants:
 - Belief systems that allow and support violence against women and children;
 - Belief systems that allow and/or support the use or threat of violence to establish power and control over an intimate partner;
 - Definitions and types of abuse;
 - Perpetrators' acknowledgement of responsibility for their abusive behavior and avoid blaming DV survivors for their abusive behavior;
 - Perpetrators' acknowledgement of meeting their financial and legal obligations to family members; and
 - Perpetrators development of responsibility plans.
- **Does the BIP/DVPT have a specific and significant component on the effects of DV on children, rigid authoritarian parenting behaviors, and the abusive use of children against the other parent?** As required by [WAC 388-60-0245](#), programs are mandated to provide curriculum that includes the impact of abuse and battering on children, and the incompatibility of DV and abuse with responsible parenting. A BIP should teach participants what responsible parenting and co-parenting looks like. BIP should address how abusive use of the legal system in child custody disputes is contrary to responsible parenting and will be considered as non-compliance with program participation.

- **Does the BIP/DVPT require all perpetrators with children or contact with children to enroll in and complete a specialized parenting class that addresses the effects of DV on children, parenting and respectful co-parenting with other parent(s)?** Some BIPs provide a specialized “DV Dads” parenting class for perpetrators who have completed the initial phase of treatment. DV perpetrators, who have contact with children, should be required to complete a DV Dads parenting class. Acceptance into such a class must be conditioned upon perpetrators having demonstrated an understanding of, and established pattern of, non-controlling, non-abusive behavior towards their intimate partners. DV perpetrators should remain in the primary BIP/DVPT until completion of the parenting class. Non-compliance with that parenting class should equate to non-compliance with treatment.
- **What is the response of BIP/DVPT to perpetrators who blame and focus on DV survivors’ and children’s behavior?**
 - As required by [WAC 388-60-0245](#), programs must base all treatment on strategies and philosophies that avoid blaming DV survivors for perpetrators’ abuse;
 - Perpetrators who continue blaming DV survivors for the abuse and minimizes their own behaviors should be placed on probation with the BIP and given specific instructions/homework to address these beliefs; and,
 - If perpetrators continue blaming DV survivors and minimizes their own behaviors, they should be discharged from the program. A detailed written explanation specifying the reasons for the discharge should be sent to the perpetrator, survivor and any other involved courts or professionals.
- **Does BIP/DVPT have clear written exit criteria presented to perpetrator and made available to survivor?** A BIP must have written criteria presented to perpetrator for successful completion of the program and should provide a copy to survivor upon request. The exit criteria must include the stopping of all abusive and controlling behaviors; compliance with all court orders and child support orders; and compliance with any other conditions of the contract for treatment such as chemical dependency, parenting classes, mental health or sexual deviancy.
- **What does BIP/DVPT do with a perpetrator who has a pending court action?** Those with active, unresolved court cases should delay entry into the BIP until after the court case is resolved as they find it difficult to comply with the BIP/DVPT requirements.
- **What perpetrator actions/attitudes/behaviors does BIP/DVPT define as being “out of compliance” with the program?** A BIP should have uniform and predictable written guidelines for discharging those who do not satisfactorily complete the program or who are out of compliance due to continued controlling and abusive behavior, abusive use of legal system, and non-compliance with court orders or treatment plan.
- **What are BIP/DVPT consequences for perpetrators being “out of compliance”?** A BIP must have written policies that include consequences if perpetrators re-offend during treatment or do not comply with program requirements. Consequences should include placement on probationary status with specific actions perpetrators must take to be in compliance, re-start of the program at week one, and discharge from the program either with or without the possibility of re-enrollment. At any time there is a consequence made, prompt notification must be made to DV survivors, courts, probation, GAL and other treatment professionals. In the event of discharge, the BIP must notify DV survivors, probation, and criminal or civil court, if involved, within three days.
- **What survivor community services organization does BIP/DVPT partner with and what does the partnership look like?** A BIP should have a collaborative and respectful working relationship with local survivor community services agencies as well as participate in regional inter-agency groups working on issues of DV.
- **What is the policy of BIP/DVPT when a staff member is blaming, confrontational, dismissive or disrespectful of a DV survivor?** Under [WAC 388-60](#), any person may submit a written complaint to DSHS if there is a concern that a BIP program has acted in a way that places victims at risk or has failed to follow standards. A BIP should immediately address concerns about any staff member who acts in a disrespectful way with any program participant, survivor, advocate, court, or any other professional. Staff conduct that is incompatible with the belief and attitude of promoting respectful, non-abusive,

collaborative behavior cannot be tolerated. BIP/DVPT staff, who do not demonstrate an understanding of the intent and application of DV perpetrator treatment as outlined in [WAC 388-60](#), should discontinue services.

- **What is the length of BIP/DVPT?** Per [WAC 388-60](#) BIPs must consist of a minimum of 26 consecutive weekly sessions, followed by six months with one or more sessions per month, for a program total of 12 months; however, specific treatment schedule is set by treatment programs. Satisfactory completion is not based solely on program participation. Each program should individually tailor the treatment plan. Programs that automatically complete services within 12 months should be considered suspect.

Individual Psychotherapy

Psychotherapy is not an appropriate substitute for participation in a BIP/DVPT. The exception is in cases where the abuser is too acutely impaired or disruptive to function in a group setting. Some abusers may have additional mental health issues that require psychotherapy, concurrent with their participation in a BIP. Any individual psychotherapist working with an abuser should be familiar with the dynamics of battering relationships, safety planning for DV survivors, and safe behavior planning for abusers. Individual psychotherapists must be willing to obtain a release of information from their client to communicate with CA, courts, other treatment agencies, and DV survivors. Training, experience, and understanding regarding DV varies among psychotherapists; therefore, it is prudent to ask a clinician some of the following questions before making a referral.

- **What is your understanding of the causes of DV?** A psychotherapist who works with perpetrators should understand the coercive use of power and control including the subtler emotional, psychological, economic, legal and abusive use of children. Individual therapy should only occur when a client has serious mental health issues that interfere with their ability to cope with daily living, and should not replace group DV treatment.
- **What specific training and/or experience have you had related to issues of DV?** Psychotherapists, who work with batterers, should have attended training workshops on the full range of DV issues including the effects on children. Working with DV perpetrators is different than working with other clients in that a certain amount of manipulation, minimizing and blaming attitudes, and behavior are to be expected. Traditional psychotherapy has a tendency not to challenge, but rather to therapeutically go along with the client's perspective. Psychotherapists should also have experience working with DV survivors and demonstrate knowledge of the effects of DV on survivors and children. They should have an approach that focuses on the accountability of perpetrators' actions, behavior, and attitudes. Their approach should not blame DV survivors for the batterers' abuse.
- **How much responsibility should a perpetrator's partner take for the perpetrator's abusive behavior?** DV perpetrators should take full responsibility for their abusive, aggressive, and manipulative behaviors on the part of their partners through fear and intimidation. In cases where their partners' ability to trust them is beyond repair because of the abuse, perpetrators need assistance in "letting go." This includes learning how to respectfully end a relationship and be a co-parent. A psychotherapist should understand that, per [RCW 26.09.191](#), in the event of separation or divorce, the perpetrator's residential time with children shall be limited and the DV survivor will have sole decision making for the children.
- **How do you balance assisting a client in working through their past trauma without allowing them to use that as an excuse for their abusive behavior?** There are usually traumatic events and attitudes/beliefs role modeled in a DV perpetrators' family of origin that shaped their attitudes and behaviors toward children and intimate partners. Individual therapy is helpful only when done in the context of a persistent and concurrent focus on DV perpetrators' responsibility for all abusive attitudes and behaviors. This is accomplished by examining past traumatic experience as a means of achieving understanding, motivation and action towards respectful attitudes and behaviors with their children and partners.

- **What are your procedures for obtaining release of information forms from DV perpetrator clients?** Psychotherapists, who work with DV perpetrators, should insist on confidential contact with DV survivors and other professional providers including DV batterer's treatment. Batterers, who decline to sign release of information, should be respectfully declined treatment. Effective treatment only occurs in the context of a coordinated response.

Chemical Dependency Treatment

Chemical dependency program staff should be knowledgeable about DV. Some chemical dependency programs use strategies that may inadvertently endanger DV survivors, such as requiring family sessions, implying that survivors' survival strategies are "enabling" the chemically affected person's addiction, or indicating that either DV survivors or DV perpetrators' chemical dependency has caused DV behaviors. An appropriate chemical dependency program should also maintain close contact with treatment programs. Chemical dependency issues may need assessment and treatment prior to entering or completing BIP/DVPT. There must be discussion with treatment providers as to whether concurrent treatment is or not recommended. A relapse into substance abuse is often synonymous with a relapse into violent behavior. Drugs or alcohol usage and use of violence is often associated with serious injuries.

Parenting Classes

Some BIP/DVPT programs offer DV and parenting within the context of their program. An abuser is most likely to benefit from participation in a parenting class when they have made significant progress with their underlying abuse issues. Without having made such progress, an abuser is likely to view their parenting as above reproach. Therefore, it is unlikely that an abuser will make major parenting improvements without participation in a BIP combined with experiences of structure, monitoring, and consequences. The parenting program provider for abusers should be knowledgeable about DV (Bancroft & Silverman 2002). The program should explore how DV affects their parenting role.

- Discussing the batterer's role in the family and their role as a parent;
- Discussing how DV affects the DV survivor's parenting role and relationships with children;
- Discussing how to be accountable to children for their abusive behavior; and
- Learning appropriate communication skills, assertiveness, and expression of feelings.

The BIP/DVPT parenting curriculum should provide information about:

- Child development;
- The effects of DV exposures on children;
- The difference between child discipline and punishment; and
- Appropriate parenting skills for managing child behaviors.

Supervised Visitation Services

In an effort to provide safety for the non-abusive parent and children, visitation with the children by the abuser can be restricted. For families open to Children's Administration (CA) services or other court services, the abuser's access to children can be limited to supervised visitation and/or supervised exchanges. Visits or exchanges may need to occur in a CA office, a public setting, a designated home or office, or in a visitation center. For more information on supervised visitation, see Services for Children in Section Seven.

Services Not Appropriate in DV Cases:

- **Anger Management is not an appropriate substitute for participation in a BIP/DVPT.** Anger management programs are brief interventions, typically 8 to 16 hours. These programs do not address the underlying belief systems that support abusive behavior and entrenched patterns of abusive tactics. Anger management programs do not have protocols for DV survivor contact, and do not have procedures for ongoing lethality assessments.
- **Victim Impact Panels (VIP)** was first developed for Driving Under Intoxication (DUI) panels so that DUI perpetrators would understand the impact of their criminal behavior on victims, families and friends. VIPs do not translate well to cases involving DV. VIPs are not an appropriate substitute for participation in treatment. BIP/DVPT are better equipped to address the power and control dynamics of DV and is tailored to address the unique characteristics of DV. VIP cannot replace BIP/DVPT treatment as mandated in [WAC 388-60](#).
- **Traditional Couples or Family Counseling** is based on the assumption that partners, who possess equal amounts of power, can negotiate a conflict. In abusive relationships, there is an unequal balance of power between DV survivors and batterers, as well as a fear of physical violence or coercive attacks when batterers feel challenged. Couples or family counseling may be appropriate in the future when DV survivors feel they have regained control over their life, and batterers have completed BIP/DVPT and have demonstrated commitment to stopping all violence/reducing controlling tactics (Ganley & Schechter 1996).

Services for Children

Children's DV Exposures: Not every child is equally affected by DV exposures. Children can display a wide range of effects based upon the following factors.

- **Characteristics of the Child** or child's age and developmental stage, their prior history of trauma exposures, personality style, intelligence, or coping, their culturally based understanding of the trauma; their beliefs regarding who is responsible for the abuse, and their individual strengths or resiliency skills.
- **Characteristics of the Environment** or the immediate reactions and attitudes of those who are close to the child, the type and access to quality supports, the degree of safety afforded to the survivor in the aftermath, the prevailing community attitudes and values, availability for continuing post separation battering within systems, court outcomes in which the abusive parent is not held accountable for his actions, and the cultural and political constructions of gender, race, and sexual orientation.
- **Characteristics of the Traumatic Events** or the frequency, severity and duration of the event(s), the degree of physical violence and abuse, the level of terror and humiliation inflicted by the batterer, the persistence of DV threat, and the child's physical and psychological proximity to DV events (Carlson, et.al. 1997; Dodge et.al. 2002).

When considering making referrals for services and supports it is important to understand the child's DV exposures and the child's protective factors that can mitigate problems from DV exposures. Service referrals should be made to providers that employ the following principles:

- The best way to help children is through strengthening the relationship between the non-abusive parent and the child;
- Child safety is of utmost concern;
- A range of services involving both formal and informal supports should be provided;
- Referrals should be made to providers that are knowledgeable about DV and are competent in dealing with DV dynamics;
- Providers should consult with DV advocates for safety planning and case management; and,
- Providers should consult with or provide culturally competent services.

Considerations for Mental Health Professionals

Children may have a delay in grief and loss reactions to DV. Mental health services should be offered whenever the child shows symptoms. Children may react differently to the trauma when they are reaching different developmental states, such as when puberty starts or when they can cognitively grasp concepts of higher functioning. Carefully monitor their behavioral and emotional states as they progress through developmental stages to identify further assessment, treatment, or service needs. Mental health professionals should include DV survivors in their children's counseling. Interventions should identify children's resiliency factors or protective factors and strategies on how best to support these factors. For example, increasing the child's contact with supportive, non-abusive relatives or family members, friends, or community members may decrease the negative effects of DV exposures.

When children are involved in treatment, safeguards are necessary to protect the confidentiality of children's mental health records from being shared with the abuser. Be aware that many DV perpetrators will attempt to sabotage DV survivors' relationships with their children and mental health treatment. They may demand to be involved in services in order to control what outcomes may occur. They may insist on getting copies of service records. They may harass their children and/or service providers, and they may interfere with the means of payment for services. Safety policies should be developed to manage situations where DV perpetrators are seeking to engage with the child's therapy, or engage DV survivors/children into family therapy, or access treatment plans and records.

Barriers to Mental Health Access

Many children would likely benefit from formal services. Unfortunately, numerous barriers prevent children and families from accessing supportive services. This includes cost, as reduced or sliding scale fees for counseling are very limited for children who lack medical insurance; transportation; lack of service providers who are competent to handle DV and/or are trained in evidence-based interventions; limited culturally-specific services; and limited services provided in other languages. Other barriers that prevent DV survivors from accessing services for their children include limited time and energy to get children to appointments in the face of continued threats, harassment, and manipulation by batterers. DV survivors fear that batterers will use their children's mental health needs against them in court proceedings, and make them seem ineffective as a parent.

Mental Health Professional Referrals

There are no current state requirements to certify mental health providers to provide DV treatment with children. When referring children to counselors or therapists, it is helpful to contact the provider and ask about their knowledge and understanding in the following areas (Groves 1999):

- Understanding of definitions of abuse, including coercion, power and control;
- Understanding of the importance of DV survivor safety and autonomy and how to support those goals;
- Understanding of how to screen for DV;
- Understanding of potential lethality indicators;
- Ability to help individual take steps to improve safety;
- Knowledge of local DV resources;
- Knowledge of basic legal options such as criminal charges and DVPOs;
- Understanding of abuser accountability and how to safely encourage it;
- Understanding of children's varying experiences and effects of DV exposures;

- Knowledge of children’s protective factors that may decrease negative effects of DV exposure on children;
- Knowledge and skills to safely and effectively respond to children and families experiencing DV;
- Understanding of how cultural issues may affect DV survivors, batterers, children, family, and community dealing with DV;
- Understanding of the most current modes of effective therapeutic interventions and evidence-based interventions;
- Record keeping standards that maintain high levels of safety, especially when it pertains to mental health privilege and the court system; and
- Knowledge of post-separation battering tactics. For a listing of appropriate therapeutic services for children.

Services NOT Appropriate for Children/Families in DV Cases

In initial stages of case planning for children and their families, referrals to the following activities/services should not be made until further DV risk assessment has been completed on the child and family:

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

Evidenced-Based Therapeutic Services

It is important that children are first assessed to determine the degree of trauma suffered, to determine if and what services may be helpful to reduce the negative effects from traumatic exposures, and to determine their possible need for counseling (Jaffe & Baker 2004). Evidenced-based counseling interventions are preferable and include the following:

- **Child-Parent Psychotherapy (CPP)** supports and improves the bonding and attachment of parents and their young children ages birth to three. In CPP, DV related trauma is healed through play and positive interactions. An expected outcome is that the child will resume progress through an age expected developmental trajectory, which may have been interrupted by trauma.
- **Parent-Child Interaction Therapy Training (PCIT)** is a parent-training program for parents with children of ages two to eight years. The program strengthens the parent-child bond through teaching and support with parents to improve their communication and parenting skills.
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is short-term therapy for children who have experienced traumatic events, such as DV. The therapy focuses on reducing symptoms of trauma in the child and enhancing the bond between the survivor and child through conjoint sessions and parental support.
- **Kids Club*** is an evidence-based national model support group developed by Dr. Sandra Graham-Bermann and has demonstrated the ability to increase a child’s feeling of safety, decrease stress, improve communication, and increase school readiness. Mothers are involved and attend some of the Kids Club sessions with their child/children. For a listing of appropriate therapeutic services for children, see [Appendix O](#).

Other Supports/Specialized Support Services

Children exposed to DV may have psychological symptoms that require professional assessment and treatment; however, not all DV exposed children will need therapeutic treatment. Due to the dynamics in violent families; however, virtually all children exposed to DV would benefit from informal supports like mentoring and community-based enrichment programs. Children's resiliency is strengthened by increasing contact with positive and caring adults through informal community supports such as school and after school programs, faith based groups, Big Brothers and Big Sisters mentoring programs, or parks and recreation programs (Graham-Bermann & Edleson 2001). Specialized support service providers are those who are trained in the dynamics of adult DV, child exposure to DV, child advocacy, and evidenced-based interventions or curriculum that are needed to deliver specialized support services. These providers include children's advocate home visitors and children's DV support group facilitators who work with the children and their parents. These special support providers work to increase a child's feeling of safety, improve their problem-solving skills, enhance their social connectedness, and increase their school readiness.

Protection of Abused Children from DV Perpetrator

A court can issue a temporary restraining order in any judicial proceeding in when it is alleged that a child has been subjected to physical or sexual abuse. This order can exclude the alleged offender from accessing the family home if the court finds reasonable grounds to believe that an incident of physical or sexual abuse occurred with the child [RCW 26.44.063](#). The court may also restrain contact with the alleged child victim and impose additional restrictions, which the court determines necessary to protect the child from further abuse or emotional trauma pending final resolution of the abuse allegations.

Visitation Arrangements

DV survivors may need support and guidance in identifying issues and making arrangements for their children to visit the abusive parent. Perpetrators need careful guidance in developing parenting skills after stopping abusive behaviors. Supervised visits can help DV perpetrators have positive interactions and visits with their children. Visitation arrangements with abusive parents must be carefully planned and evaluated, bearing in mind the physical, mental, and emotional safety of children and DV survivors. Service providers should be knowledgeable about the challenges and benefits of each of these options in order to effectively assist DV survivors with safety planning for visitation. Visitation arrangements generally fall within the following ranges of restriction (Saunders 1998):

- **Informal and non-restrictive.** Liberal access to child, and DV survivor is safe to pick up/drop off child;
- **Formal and somewhat restrictive.** Friend or family member provides supervision, and there are some provisions for time and behavior constraints; and,
- **Professional and highly restrictive.** DV trained professional supervisor is at the visit and has very specific behavior guidelines and safety protocols to follow.

Supervised Visitation

In an effort to provide safety for DV survivors and children, visitation with the children by the perpetrator can be restricted. For families open to CA services or other court services, the perpetrators' access to children can be limited to supervised visitation or that the monitored exchanges are supervised (Bancroft & Silverman 2002). Visits or exchanges may be ordered to occur in a CA office, a public setting, a designated home or office setting, or in a visitation center. Appointed supervisors must:

- Fully understand the safety risks to the DV survivor including stalking, harassment, verbal and/or physical assault, and child abduction;
- Set clear behavioral expectations for the visiting parent, that are thoroughly explained, and agreed upon in writing by the visiting parent;
- Recognize and stop manipulative tactics that might cause emotional, mental, or physical harm to the children or the DV survivor. Such manipulative tactics can include, but are not limited to the following:
 - Sending messages to the other parent through the child via gifts, food, promises, or threats;
 - Soliciting the child to be their confidante, asking the child to provide information about the other parent, or asking the child to take sides against the other parent;
 - Refusing to pay for services;
 - Asking for documentation from the provider stating how “good” the visits are;
 - Persistently pushing boundaries or bending rules;
 - Persistently challenging scheduled visits or exchange times or being non-compliant with visits and exchanges;
 - Persistently coercing, manipulating, and using the court. Examples include, making repeated requests for changes in service providers, asking for changes in the length and frequency of visits, and making frequent attempts to modify orders regardless of child’s wishes or comfort;
 - Minimization of child’s desires such as insisting child miss out on extracurricular activities/special events that conflict with visitation time or demanding a visit despite child’s stated refusal or fear;
 - Persistent defiance of or noncompliance with visitation program guidelines or agreements; and,
 - Persistent attempts at staff splitting, rule bending, or negotiating “one-time exceptions” to policies or procedures.
- Interventions by the visit/exchange supervisor should range from re-direction, to visit termination, to service suspension, and finally, to service termination; and,
- Fully explained in writing and provided to BOTH parties investigated and for consideration by the court and/or before appointing any new subsequent provider.

Supervised Visitation Orders

The following factors should be assessed when determining the need for supervised visitation arrangements:

- **The level and intensity of violence and/or stalking behavior.** If this is a concern, a lethality assessment may be appropriate.
- **The immediate safety needs and concerns of the DV survivor.** Whether the DV survivor feels physically safe and/or if there are concerns expressed about abduction, neglect, physical abuse, or active substance abuse.
- **The age and developmental stage of child.** Whether the child can keep from disclosing confidential address or other information, and is able to protect him or herself from harm.
- **The housing and financial status of the DV survivor.** If the DV survivor is in a shelter, visitation must occur in a safe place. In addition, access to safe and affordable transportation should be considered.
- **The child’s reaction to his or her exposure to the violence.** Counseling or therapeutic visitation by a qualified therapist may be necessary before further visitation is considered. Emphasis should be on the child’s needs and sense of emotional and physical sense of safety.
- **The DV perpetrator’s level of accountability for actions.** This is the DV perpetrator’s compliance or non-compliance with other court orders or conditions of orders, including cooperation with FCS risk assessment, participation in a perpetrator treatment program, engagement in substance abuse treatment, participation in parenting classes, and/or cooperation with court ordered mental health evaluations.

Referrals to Supervised Visitation Providers

In considering potential supervised visitation providers, it may be helpful to ask some of the following questions to assess that a provider understands DV and has experience working with DV (Bancroft & Silverman 2002):

- **What training have you had on batterers as parents and from whom?** During supervised visits, what behaviors may a batterer use that can be detrimental to a child? Are all staff members trained to identify battering tactics and intervene accordingly? These questions should allow you to ascertain whether or not a provider is aware of the manipulative behaviors that a batterer may use.
- **What do you feel is the role of the visitation supervisor?** This question can help to gain a clear understanding of what the main focus of the visit will be, safety or parenting. Both are important but in DV cases, safety of the children and protected parents should be first and foremost.
- **Where will the visits take place and who will determine the location?** It is important that the protected parent knows where visits will be occurring in order to increase safety. Additionally, there may be subtle messages related to specific locations.
- **How are parents and children kept safe before and after visits, in and around the visitation location?** This question is essential for understanding a program's safety protocol.
- **What are your policies on food, gifts, and guests during visitation?** Food can be used to punish and reward during visitation or to undermine the DV survivor. For example, a batterer might intentionally bring food to a visit that is known to be something the survivor does not allow the children to eat. Gifts may include subtle or blatant messages, PS or recording devices, or simply be used to bribe the child. Guests could easily pass along messages or align with batterer to undermine or discredit DV survivor. These policies should demonstrate thoughtful awareness of both the safety of the survivor and the needs of the children.
- **How do you deal with parents who want to whisper or pass notes to their children?** How do you ensure that all communication is monitored? Some batterers will utilize any opportunity, however brief, to make an inappropriate blaming or manipulative comment.
- **What steps do you take to ensure that a parent and child are never out of visual range and/or earshot?** The best defense against the type of inappropriate communication described above is to not provide the opportunity for it to happen.
- **When you write visitation reports, what sort of information do you document?** Reports to courts by supervised visitation centers should emphasize a batterer's level of risk to children. Any possible lessening of that risk cannot be measured or evaluated during supervised visits. As such, centers should not involve themselves in making recommendations to the court regarding future contact.
- **Who is responsible for paying the cost of supervision?** Supervised visitation centers should have a policy that the battering parent is to pay the full cost of supervision unless the court requires otherwise. This policy is important to avoid adding financial stress to the custodial home. This also sends clear messages to all parties that the abusive person has caused the need for supervision and thus, has the responsibility to pay for it.

References: Section 7

Bancroft, L. & Silverman, J. G. (2002). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Thousand Oaks, CA: Sage Publications

Bragg, H. (.2003). *Child protection in families experiencing domestic violence*. U.S. Department of Health and Human Services.

Carlson, E.B., Furby, L., Armstrong, J. & Shales, J. (1997). A conceptual framework for the long-term psychological effects of traumatic childhood abuse. *Child Maltreatment*, 2(3): 272-295.

Dodge, J., Pettitt, G, Bates, J., Crozier, J. & Kaplow, J. (2002). A 12-year prospective study of the long-term effects of child maltreatment on psychological, behavioral, and academic problems in adolescence. *Archives of Pediatric and Adolescent Medicine*, 156: 824-830.

Ganley, A. & Schechter, S. (1996). *Domestic violence: A national curriculum for Children's Protective Services (CPS)*. Published by Family Violence Prevention Fund and available through: http://books.google.com/books/about/Domestic_Violence.html?id=jak3GwAACAAJ

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

Groves, B. M. (1999). *Mental health services for children who witness domestic violence*. *The Future of Children Domestic Violence and Children*, Vol. 9 (3), Winter 1999, Princeton.

Jaffe, P. G., Baker (2004). L. L., & Cunningham, A. J. (eds.), *Protecting children from domestic violence: Strategies for community intervention*, New York NY: The Guilford Press.

Lansford, J. E., Dodge, K. A., Pettit, G. S., Bates, J., Crozier, J., and Kaplow, J. (2002). "A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Archives of Pediatric and Adolescent Medicine*, 156: 824-830.

Saunders, D. G. (1998). *Child custody and visitation decisions in domestic violence cases: Legal trends, research findings, and recommendations*, National Center on Domestic Violence, PCADV/NRCDV, summary available through <http://www.vawnet.org/>



**Appendices: 2015 King County Domestic Violence and Child
Maltreatment Coordinated Response Guideline**

Appendix A: Previous Guideline Signatories & Project Participants

Guideline Signatories—2010

King County Domestic Violence and Child Maltreatment

Coordinated Response Guideline Signatories

2010



Bruce Hilyer, Presiding Judge,
King County Superior Court



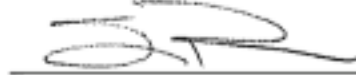
Mary Li, Senior Assistant Attorney General,
Division Chief, SHS/Seattle Division,
Washington State Attorney General's Office



Barbara Linde, Presiding Judge,
King County District Court



Dan Satterberg, King County Prosecutor,
King County Prosecuting Attorney's Office



Sue Rahr, Sheriff,
King County Sheriff's Office



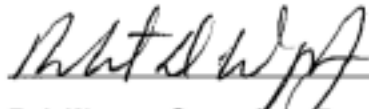
Merril Cousin, Director,
King County Coalition Against Domestic Violence



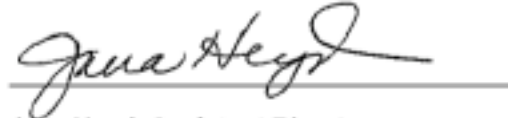
Jorene Reiber,
Director of Family Court Operations,
King County Superior Court



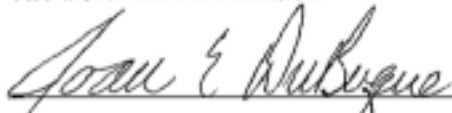
Linda Katz, Program Manager,
Dependency CASA Program,
King County Superior Court



Rob Wyman, Supervisor, Dependency Division,
The Defender Association



Jana Heyd, Assistant Director,
Society of Counsel Representing Accused Persons



Joan DuBuque, Judge and Project Chair,
King County Superior Court



Joel Odimba, PhD, Regional Administrator,
Region Four, Children's Administration



Terri Kimball, Director, City of Seattle Human
Services Department, Domestic Violence and
Sexual Assault Prevention Division

King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Revision Project Members: 2009-2010

Project Chair

Judge Joan DuBuque	<i>King County Superior Court</i>
---------------------------	-----------------------------------

Project Coordinators

Deborah Greenleaf	<i>Public Health—Seattle & King County</i>
Jeff Norman	<i>Region Four, Children’s Administration</i>

Project Facilitators

Judge Marianne Spearman	<i>King County Superior Court</i>
Judge Catherine Shaffer	<i>King County Superior Court</i>
Commissioner Jacqueline Jeske	<i>King County Superior Court</i>
Commissioner Mark Hillman	<i>King County Superior Court</i>
Mary Li	<i>Washington State Attorney General’s Office</i>
Jana Heyd	<i>Society of Counsel for Accused Persons</i>
Terri Kimball	<i>City of Seattle DV and Sexual Assault Prevention Division</i>
Rob Wyman	<i>The Defenders Association</i>
Rachael DeVillar-Fox	<i>King County Superior Court</i>
Stephanie Moyes	<i>King County Department of Community and Human Services</i>

Project Support

The revision of the King County DV and Child Maltreatment Coordinated Response Guideline was supported through the Washington State Supreme Court Gender and Justice Commission STOP Grant FFY08 # IAA09652 and STOP Grant FFY09 # 1AA10405 for Court Related Purposes. The FFY09 STOP Grant was awarded by the Office on Violence Against Women, U.S. Department of Justice through Grant # 2009-WF-AX-0004

Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice. Grant funds are administered by the Washington State Supreme Court Gender and Justice Commission and the Office of Crime Victims Advocacy, Washington State Department of Community Trade and Economic Development.

This guideline revision project would not have succeeded without the financial support and resource commitments of:

King County Superior Court	<i>Paul Sherfey, Chief Administrative Office Jorene Reiber, Director Family Court Operations</i>
Public Health—Seattle & King County	<i>Deborah Greenleaf</i>

Guideline Revision Project Participants: 2009-2010

Adams, Mark	<i>Wellspring Family Services</i>
Allison-Noone, Stephanie	<i>Region 4 Children's Administration (CA)</i>
Alquist, Margaret	<i>Department of Corrections, Bellevue</i>
Barrett, Jessica	<i>King County Superior Court, Family Court Operations</i>
Berliner, Lucy	<i>Harborview Center for Sexual Assault and Traumatic Stress</i>
Blair, Cyndie	<i>Region 4 CA</i>
Brandt, Jackie	<i>Children's Hospital and Regional Medical Center</i>
Bridge, Justice Bobbe (Retired)	<i>Center for Children and Youth Justice</i>
Castilleja, Commissioner Elizabeth	<i>King County Superior Court</i>
Cousin, Merril	<i>King County Coalition Against DV (KCCADV)</i>
Cooper, Lisa	<i>Sound Mental Health</i>
Copenhaver, Tanya	<i>Region 4 CA</i>
Daud, Laila	<i>Region 4 CA</i>
Delman, Joel	<i>Washington State Attorney General's Office</i>
DeVillar-Fox, Rachael	<i>King County Superior Court, Family Court Services (FCS)</i>
Dillion, Naomi	<i>Region 4 CA</i>
Doane, Deborah	<i>Children's Response Center</i>
Dreschel, Lee	<i>Domestic Abuse Women's Network (DAWN)</i>
DuBuque, Judge Joan	<i>King County Superior Court</i>
Dungan, Scott	<i>King County Sheriff's Office (KCSO)</i>
Ellner, Seth	<i>Private Practice</i>
Englund, Maureen	<i>King County CASA Family Law Program</i>
Glenwell, Alicia	<i>Domestic Abuse Women's Network (DAWN)</i>
Ganley, Dr. Anne	<i>Private Practice</i>
Garcia, Judy	<i>King County Probation</i>
Green, Natalie	<i>Region 4 CA</i>
Greenleaf, Deborah	<i>Public Health – Seattle & King County</i>
Grey, Andrea	<i>King County Prosecuting Attorney Office</i>
Hayden, Sharon	<i>Seattle City Attorney's Office</i>
Hellyer, Whitney	<i>King County Prosecuting Attorney's Office</i>
Heyd, Jana	<i>Society of Counsel Representing Accused Persons (SCRAP)</i>
Heyden, Amy	<i>City of Seattle DV and Sexual Assault Prevention Division</i>
Higgins, Jacqueline	<i>Sound Mental Health</i>

Hillman, Commissioner Mark	<i>King County Superior Court</i>
Hinton, Colleen	<i>Office of Family & Children's Ombudsman</i>
Hobart, Margaret	<i>Washington State Coalition Against DV (WSCADV)</i>
Inman, Detective Ellen	<i>Bellevue Police Department</i>
Jackson, Kaaren	<i>Region 4 CA</i>
Jeske, Commission Jacqueline	<i>King County Superior Court</i>
Johnson-Taylor, Melinda	<i>King County Superior Court Family Court Services</i>
Kennelly, Kathleen	<i>King County Superior Court Family Court Services</i>
Keys, Karen	<i>King County CASA Family Law Program</i>
Kimball, Terri	<i>City of Seattle DV and Sexual Assault Prevention Division</i>
King, Lieutenant Debbie	<i>Seattle Police Department (SPD)</i>
Lambert, Representative Kathy	<i>King County Council</i>
Lenz, Connor	<i>King County Superior Court, Family Court Services (FCS)</i>
Leonard, Robert	<i>Washington State DASA</i>
Li, Mary	<i>Washington State Attorney General's Office</i>
Martin, David	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
Meinhold, Chris	<i>Broadview Emergency Housing and Transitional Housing Program</i>
Moses, Cassandra	<i>Region 4 CA</i>
Moyes, Stephanie	<i>King County Department of Community and Human Services</i>
Murphy, Ciara	<i>Salvation Army DV Programs</i>
Negash, Tigist	<i>Refugee Women's Alliance</i>
Norman, Jeff	<i>Region 4 CA</i>
Nyguen, Phuong	<i>Asian Counseling & Referral Service</i>
Odimba, Dr. Joel	<i>Region 4 CA</i>
Orcutt, Tracy	<i>King County Prosecuting Attorney's Office.</i>
Parker, Tracee	<i>City of Kent, Safe Havens Supervised Visitation Center</i>
Pasion, Pam	<i>Associated Counsel for the Accused (ACA)</i>
Perry, Naomi	<i>Haborview Center for Sexual Assault and Traumatic Stress</i>
Peterson, Sergeant Bruce	<i>King County Sheriff's Office</i>
Pham, Lan	<i>Asian & Pacific Islander Safety Center</i>
Ponomarchuk, Commissioner Les	<i>King County Superior Court</i>
Provenzo, Sergeant Tony	<i>King County Sheriff's Office</i>
Reamer, Grace	<i>King County Council, Kathy Lambert's Office</i>
Reiber, Jorene	<i>King County Superior Court, Family Court Operations</i>
Rogers, Kellie	<i>South King County YWCA</i>
Rivera, April	<i>King County Dependency CASA Program</i>
Satterberg, Dan	<i>King County Prosecuting Attorney's Office</i>
Schram, Sandi	<i>Domestic Abuse Women's Network (DAWN)</i>
Sena, Sarah	<i>Eastside DV Program (EDVP)</i>
Shaffer, Judge Catherine	<i>King County Superior Court</i>
Shanahan, Sandra	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>

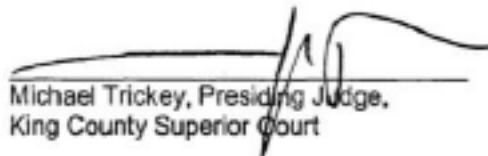
Smith, Pat	<i>Department of Social and Health Services, Renton CSO</i>
Spearman, Judge Mariane	<i>King County Superior Court</i>
Trickett, Kristi	<i>Public Health-Seattle & King County</i>
Vann, Sathia	<i>King County Superior Court, Family Court Operations</i>
Ware, Ginny	<i>New Beginnings</i>
Walum, Maureen	<i>Region 4 CA</i>
Waterland, Keith	<i>Anger Control Treatment & Therapies</i>
Webster, Kristin	<i>Bellevue Police Department</i>
West, Kelly	<i>Eastside Domestic Violence Program</i>
Wiley, June	<i>South King County YWCA</i>
Williams, Carrie	<i>Northwest Justice Project</i>
Wyman, Robert	<i>The Defender Association (TDA)</i>
Zegree, Joan	<i>Private Practice</i>

Guideline Signatories—2007

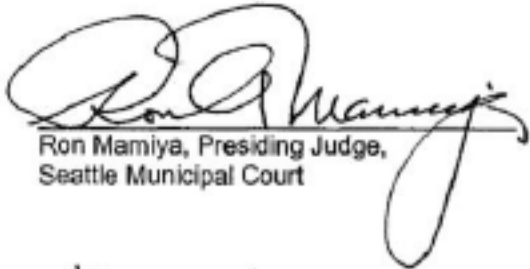
King County
Domestic Violence and Child Maltreatment
Coordinated Response Guideline
Signatories



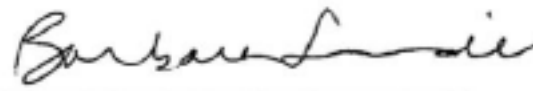
Rob McKenna, Attorney General,
Washington State Attorney General's Office



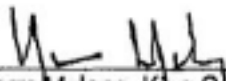
Michael Trickey, Presiding Judge,
King County Superior Court



Ron Mamiya, Presiding Judge,
Seattle Municipal Court



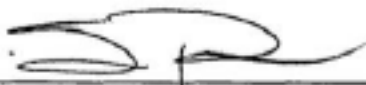
Barbara Linde, Presiding Judge,
King County District Court



Norm Maleng, King County Prosecutor,
King County Prosecuting Attorney's Office



Ron Sims,
King County Executive



Sue Rahr, Sheriff,
King County Sheriff's Office



Merrill Cousin, Director,
King County Coalition Against Domestic Violence



Terene Moore, Director of Family Court Operations,
King County Superior Court



Linda Katz, Manager, Juvenile Court CASA Dependency
Program, King County Superior Court



Jean DuBuque, Co-Chair,
King County Superior Court



Laurie Buchanan, Co-Chair,
Region Four, Division of Children and Family Services

King County Domestic Violence and Child Maltreatment Coordinated Response Guideline Development Project Members: 2005-2007

Project Co-Chairs

Judge Joan DuBuque	<i>King County Superior Court</i>
Jackie Buchanan	<i>Washington State Department of Social and Health Services, Region Four, Division of Children and Family Services</i>

Project Coordinators

Deborah Greenleaf	<i>Public Health—Seattle & King County</i>
Jeff Norman	<i>Region Four, Division of Children and Family Services</i>

Leadership Group Facilitators

Judge Catherine Shaffer	<i>King County Superior Court</i>
Judge James Doerty	<i>King County Superior Court</i>
Judge Corinna Harn	<i>King County District Court</i>
Noella Rawlings	<i>Washington State Attorney General's Office</i>
Kaaren Jackson	<i>Region Four, Division of Children and Family Services</i>
Naomi Dillon	<i>Region Four, Division of Children and Family Services</i>
Maureen Walum	<i>Region Four, Division of Children and Family Services</i>

Project Consultants

We gratefully acknowledge and appreciate the work of Dr. Anne Ganley and Dr. Jeffrey Edleson, who gave their expert review and consultation for the development of this guideline.

Project Support

This project would not have succeeded without the financial support and resource commitments of:

King County Superior Court	<i>Paul Sherfey, Chief Administrative Officer Jorene Moore, Director Family Court Operations</i>
King County Department of Community and Human Services	<i>Natalie Lente</i>
Public Health—Seattle & King County	<i>Lois Schipper and Deborah Greenleaf</i>

DV and Child Maltreatment Coordinated Response Guideline Development Project Participants: 2005-2007

Adams, Mark	<i>Family Services</i>
Akina-James, Sadikifu	<i>King County, Department of Community & Human Services</i>
Almeda, Sherrie	<i>Puget Sound Educational District</i>
Aragon, Shirley	<i>Division of Children & Family Services, Region Four</i>
Baldwin, Detective Jennifer	<i>Redmond Police Department</i>
Ballinger, Dennis	<i>Kent Youth Family Services</i>
Barnhart, Pat	<i>Division of Children & Family Services, Region Four</i>
Bartholomew, Doug	<i>Doug Bartholomew & Associates</i>
Blair, Cynthia	<i>Division of Children & Family Services, Region Four</i>
Bohanna, Denese	<i>South King County Community Network</i>
Bradburn-Johnson, Commissioner Nancy	<i>King County Superior Court</i>
Brandt, Jackie	<i>Children's Hospital and Regional Medical Center</i>
Brazzle, Sabrina	<i>Salvation Army Catherine Booth House</i>
Brown, Sonia	<i>Grayson & Associates</i>
Carr, Thomas	<i>Seattle City Attorney's Office</i>
Chapman, Karen	<i>King County Superior Court, Unified Family Court</i>
Chavez, Dorianna	<i>Broadview Emergency Shelter & Transitional Housing Program</i>
Clark, Ella	<i>Division of Children & Family Services, Region Four</i>
Clark, Judge Patricia	<i>King County Superior Court</i>
Cousin, Merril	<i>King County Coalition Against DV (KCCADV)</i>
Daly, Anne	<i>Society of Counsel Representing Accused Persons (SCRAP)</i>
Davey, Janice	<i>Seattle Indian Health Board</i>
Delman, Joel	<i>Washington State Attorney General's Office</i>
DelVillar-Fox, Rachael	<i>King County Superior Court, Family Court Services (FCS)</i>
Doane, Deborah	<i>Children's Response Center</i>
Dolan, Kevin	<i>Associated Counsel for the Accused (ACA)</i>
Dungan, Scott	<i>King County Sheriff's Office (KCSO)</i>
Ellner, Seth	<i>Private Practice</i>
Faith, Detective Elizabeth	<i>Bellevue Police Department</i>
Forrest, Celia	<i>South County YWCA</i>
Frampton, Sergeant Thad	<i>King County Sheriff's Office (KCSO)</i>
Gay, Elizabeth	<i>King County Superior Court, Judicial Administration</i>
Gold, Kiese	<i>King County Superior Court, Family Court Operations</i>
Goldman, Linda	<i>Abused Deaf Women's Advocacy Services (ADWAS)</i>
Gonzales, Kris	<i>King County Superior Court, Court Appointed Special Advocate (CASA), Dependency Program</i>
Goodkin, Jarett	<i>Washington State Attorney General's Office</i>

Gunderson, Karin	<i>University of Washington, NW Institute for Children and Families</i>
Hathaway, Susan	<i>King County Prosecuting Attorney's Office (KCPAO),</i>
Hayden, Sharon	<i>Seattle City Attorney's Office</i>
Heinisch, Mike	<i>Kent Youth Family Services (KYFS)</i>
Henderson, Mareon	<i>Division of Children & Family Services, Region Four</i>
Heyd, Jana	<i>Society of Counsel Representing Accused Persons (SCRAP)</i>
Hill, Dr. Sheri	<i>University of Washington, Center on Infant Mental Health and Development</i>
Hobart, Margaret	<i>Washington State Coalition Against DV (WSCADV)</i>
Katz, Linda	<i>King County Superior Court, Court Appointed Special Advocate (CASA), Dependency Program</i>
Kimball, Terri	<i>Domestic Abuse Women's Network (DAWN)</i>
King, Lieutenant Debbie	<i>Seattle Police Department (SPD)</i>
Koon, Kelly	<i>Northwest Intertribal Court System</i>
Laird, Jennie	<i>King County Bar Association</i>
Lambert, Representative Kathy	<i>King County Council</i>
Lente, Natalie A.	<i>Department of Community and Human Services, Community Services Division, Women's Program</i>
Lenz, Connor	<i>King County Superior Court, Family Court Services (FCS)</i>
Leonard, Robert	<i>Washington State DASA</i>
Lippold, Laurie	<i>Children's Home Society</i>
Littlejohn, Marilyn	<i>City of Seattle, Human Services Dept.</i>
Loontjens, Lois	<i>New Beginnings</i>
Martin, David	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
McMahon, Sergeant Rose	<i>Seattle Police Department (SPD)</i>
McCurdy, Demarie	<i>King County Sexual Assault Resource Services (KSARC)</i>
McLaughlin, Kim	<i>King County Sexual Assault Resource Services (KSARC)</i>
McMorris, Jeff	<i>King County Council</i>
Meining, Mary	<i>Office of Family & Children's Ombudsman</i>
Miller, Geoffrey	<i>King County Mental Health Chemical Abuse & Dependency Services (MHCADS)</i>
Miller, Lowell	<i>Family Law CASA of King County</i>
Moore, Jorene	<i>King County Superior Court, Family Court Operations</i>
Moorehead, Bernice	<i>Division of Children & Family Services, Region Four</i>
Olsen, Linda	<i>City of Seattle, Human Services Dept.</i>
Parker, Tracee	<i>City of Kent, Safe Havens Supervised Visitation Center</i>
Patterson, Julia	<i>King County Council</i>
Perry, Naomi	<i>Harborview Center for Sexual Assault and Traumatic Stress</i>
Ponomarchuk, Commissioner Les	<i>King County Superior Court</i>
Prettyman, Carmen A.	<i>Society of Counsel Representing Accused Persons (SCRAP)</i>
Rietschel, Judge Jean	<i>Seattle Municipal Court</i>
Rogers, Kellie	<i>YWCA Renton</i>

Rosenblatt, Jackie	<i>Washington State Attorney General's Office</i>
Ross, Wendy	<i>King County Prosecuting Attorney's Office (KCPAO)</i>
Schipper, Lois	<i>Public Health – Seattle & King County (PHSKC)</i>
Schram, Sandi	<i>Domestic Abuse Women's Network (DAWN)</i>
Sena, Sarah	<i>Eastside DV Program (EDVP)</i>
Shanahan, Sandra	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
Smith, Pat	<i>Department of Social and Health Services, Renton CSO</i>
Snow, Cheryl	<i>King County Prosecuting Attorney's Office (KCPAO), DV Unit</i>
Spearman, Judge Mariane	<i>King County District Court</i>
Steuby, Scott	<i>Division of Children and Family Services, Region Four</i>
Tuttle, Lynn	<i>King County Superior Court, Family Court Services (FCS)</i>
Wells, Alicia	<i>Domestic Abuse Women's Network (DAWN)</i>
Winston, Susie	<i>Seattle Mental Health (SMH)</i>
Wood, Susan	<i>Associated Counsel for the Accused (ACA)</i>
Wyman, Robert	<i>The Defender Association (TDA)</i>
Yoophum, Carlin Tsai	<i>Refugee Women's Alliance (REWA)</i>
Zegree, Joan	<i>Private Practice</i>

Appendix B: Law Enforcement Referral Guidelines to Children's Administration Intake*

*This checklist was developed through the efforts of the King County DV and Child Maltreatment Coordinated Response Project and King County Sheriff's Office. This checklist provides guidelines for officers responding to DV incidents where children are present. The checklist is intended to assist officers by highlighting common investigation steps. The guidelines will not always be applicable in their entirety because of differing circumstances.

Telephone CA Intake Immediately to Triage Children/Youth's Safety Needs at the DV Scene

- LE places child into protective custody or places with another responsible adult
- The child experiences assault or injury during the DV incident
- Perpetrator violates child NCO and/or protection order
- Discharge of a firearm or use of a lethal weapon in the presence of child
- The child expresses fear that perpetrator will kill or injure someone in the home
- Perpetrator threatens to kill child during DV incident
- Perpetrator displays a pattern of lethality indicators and the child remains at high risk of severe injury or death if perpetrator has access to the child.

Law Enforcement Must Call CA Intake Referral for the Following Circumstances

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

Law Enforcement Should Consider a CA Intake Referral for the Following Circumstances

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

CA Intake Reporting Numbers

King County Day Time CA Intake Telephone Number
Monday through Friday, 8-5
1-800-609-8764

King County Day Time CA Intake FAX Number
Monday through Friday, 8-5
206-389-2442

Statewide 24/7 CA Intake Telephone Number
1-866-363-4276 or
1-866-END-HARM

Statewide After Hours CA Intake FAX Number
206-464-7464

Appendix C: Law Enforcement Children and Domestic Violence Investigation Checklist*

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

1. Upon Arrival at Scene

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

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

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

3. Provide Reassurance/Support to Child

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

4. Talk to Child and Ask Simple Non-Leading Questions

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

5. Assess for Risks of Imminent Harm to Children

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

6. Determine if Need for Protective Custody

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

7. Child and Family Resources

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

8. Completing Incident Report/DV Supplemental Report

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

Appendix D: Services Provided by Family Court Services (FCS)

King County Superior Court Services Provided by Family Court Services (FCS)			
516 Third Avenue Room W-280 Seattle, Washington 98104-1604 (206) 477-1500		401 Fourth Avenue N. Room 1-D Kent, WA 98032-4429 (206) 477-2740	
Service	Description	Time Frame	Cost
Parent Seminar	Four hour class required under Local Family Law Rule (LFLR) 13(d) for parents who have to develop a parenting plan for minor children in dissolution, parentage and third party custody actions. Parents watch videos and presentations on substantive, procedural and affective issues related to parenting plan development; review of court process and parenting plan format; and learn what helps and what hurts children during separation/ divorce.	Eight to ten classes are offered per month during mornings, afternoons, and evenings, at various locations in Seattle, Kent, and Mercer Island.	\$40 per person and fee adjustments available Registration and payment is through Family Court Services in Kent and Seattle.
Mediation	Mediation is mandatory per LFLR 13(b) in parenting plan disputes and upon filing of Objection to Relocation unless waived for cause, typically RCW 26.09.191 restriction issues. FCS generally meets with the parties together, without attorneys, for 1-3 sessions, drafts parenting plan and provides it to parties and attorneys. FCS only mediates parenting plan issues. FCS sends a dismissal notice to court stating outcome. Parties can also initiate mediation upon sending a co-petition to FCS per the dispute resolution provision of an existing parenting plan. <i>FCS does not mediate in cases of disputed parenting plans with alleged domestic violence, child maltreatment, or other significant parenting concerns</i>	<ul style="list-style-type: none"> Assigned to mediator after parties attend Seminar and submit paperwork. Standard timeline to complete mediation is 60 days after assignment. 	Fee is \$1000 shared between the parties with sliding scale based on combined incomes. Fee is based on 5- hour average at \$200 per hour.
Parenting Plan Evaluation	When mediation does not resolve parenting plan in pre-decree or modification cases or it is waived, evaluator interviews the parties; observes parent-child interaction through in office or home visits; contacts collateral sources; and, provides written report to court.	<ul style="list-style-type: none"> Assigned to evaluator after parties attend Seminar and submit paperwork. Standard timeline to complete is 120 days from assignment. 	Fee is \$4,000 shared between the parties with sliding scale based on combined incomes. Fee is based on 20-hour average at \$200 per hour.
Domestic Violence Assessment	Abbreviated DV assessment can be provided in Protection Order cases, and focuses on temporary orders for residential schedule; protections for adult and child survivors; and, appropriate services to address safety of children and DV survivor. Recommendations include temporary access plan for parents.	<ul style="list-style-type: none"> Ordered by family law commissioner; return hearing usually set at 45-60 days to review report. Reports are given to both parties on day of re-hearing for safety purposes. 	No Charge.
Information Exchange with CA/CPS	Order for CA/CPS to provide records/ to Superior Court. FCS serves as liaison to assist in obtaining the needed written records from CA/CPS. The FCS social worker may also talk with the assigned CA/CPS social worker if there is an active CA case.	<ul style="list-style-type: none"> Ordered by Ex Parte at time of temporary orders in Protection Order cases where CA/CPS has been or is involved. Report gives only CA/CPS generated information, and is used solely as a resource for the court. 	No Charge.

Appendix E: Agencies Involved in Family Court

Family Court Services

Seattle - King County Superior Court

Kent - Regional Justice Center

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

Family Law CASA of King County

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

Private Guardians Ad Litem

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

King County Superior Court Family Law Facilitator Program

Seattle - King County Superior Court

Kent - Regional Justice Center

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

Protection Order Advocacy Program

Seattle - King County Superior Court & Maleng Regional Justice Center

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

Appendix F: Supervised Visitation Order—Washington State, King County Superior Court

<i>In re the [marriage/parentage/custody] of</i> <div style="text-align: center;"><i>Petitioner,</i></div> <i>and</i> <div style="text-align: center;"><i>Respondent.</i></div>	NO: SUPERVISED VISITATION ORDER FOR DOMESTIC VIOLENCE CASES (ORVS) <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FINAL
---	--

The Court hereby Orders that:

1. _____ (non-residential parent), shall have professionally supervised visitation with the following children (please print names of children and ages):

Name _____ AGE _____

Name _____ AGE _____

Name _____ AGE _____

Name _____ AGE _____

2. The supervision provider/agency ("supervisor") shall be:

(name of Visitation Provider or Agency) Phone Number

3. The parties, _____ (non-residential parent) and _____ (residential parent) are each responsible for initiating contact with the supervisor.

4. Visits shall be scheduled as follows (subject to supervisor's policies and availability):

_____ hour/s

_____ weekly _____ alternate weeks _____ other

5. *The non-residential parent shall pay all fees due and owing to the supervisor, unless otherwise specified by the Court, as follows:_____.*

- 6. *Because of allegations of domestic violence in this case, the supervisor will:*
 - a. *prevent contact between parties and/or their representatives before, during, and after visits;*
 - b. *take every precaution to keep all contact information of the protected parent confidential;*
 - c. *conduct a thorough intake interview with the protected parent to determine specific safety concerns;*
 - d. *intervene in any and all conduct, behavior, or conversation that might increase the level of danger for the child and/or the protected parent (such as asking about the other parent’s activities or plans, attempting to contact other parent at the visitation site, asking visitation supervisor about the other parent, talking about the court case to or in front of the child, etc.);*
 - e. *refuse to pass messages or requests between the parties; AND*
 - f. *abide by any food, gift, or guest restrictions set forth by the residential parent and/or the Court.*

7. *The visitation location shall at all times be made known to the residential parent by the supervisor.*

8. *Each parent shall provide the supervisor with a copy of this Order before services begin.*

9. *Any time the supervisor refuses, terminates, or shortens a visit, the supervisor shall give written notice to the Court and all parties, clearly stating the reason for the supervisor’s action.*

10. *The supervisor’s observations and/or notes shall NOT include parenting assessments or custody/visitation recommendations.*

11. *The supervisor shall not release information, including notes about the case without court order.*

12. *Other provisions:*

13. *This Order shall remain in effect until _____ or until further order of the court.*

DONE IN OPEN COURT on this _____ day of _____, 20_____.

Judge/Commissioner

Notice of presentation waived:

Notice of presentation waived:

Petitioner

Respondent

Appendix G: Comparison of Court Orders for Washington State

Prepared by: Washington State Coalition Against Domestic Violence, July 2013: www.wscadv.org

Note: Many Tribal Courts have similar civil and criminal court orders. Check with your local Tribal Court for details.

Kind of Order	Sexual Assault Protection Order	Domestic Violence Protection Order	No-Contact Order	Restraining Order
Nature of Proceeding	Civil or criminal, in context of pending criminal action or as a condition of sentence, under RCW 7.90	Civil, under RCW 26.50.	Criminal, in context of pending criminal action, under RCW 10.99.	Civil, normally in context of pending dissolution or other family law action, under RCW 26.09, 26.10, 26.26.
Who may obtain order?	A person who does not qualify for a domestic violence protection order, and is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident, may petition for a civil order. Minors under age of 16 with parent or guardian. Court may appoint a guardian ad litem for either petitioner or respondent at no cost to either party. The court may issue an order on behalf of victims of sex offenses when criminal charges are filed.	A person who fears violence from a "family or household member" (RCW 10.99.020), or who has been the victim of physical harm or fears imminent physical harm, or stalking from a "family or household member", (includes dating relationships). Petitioners 13 or older in a dating relationship with a Respondent, 16 or older; minors aged 13-15 with a parent, guardian, guardian ad litem, or next friend.	Incident must have been reported to the police. Criminal charges must be pending. Judge must consider issuance pending release of defendant from jail, at time of arraignment, and at sentencing.	Petitioner who is married to respondent or has child in common.
Jurisdiction	District, Municipal, or Superior Court. See RCW 26.50.020(5). Telephonic hearings available pursuant to court rule and in limited circumstances.	Telephonic hearings available in limited circumstances. <ul style="list-style-type: none"> • TPO—District, Municipal, or Superior Court. • PO—limited to Superior Court if Superior Court has family law action pending, or if case involves children or order to vacate home. 	District, Municipal, or Superior Court.	Superior Court only.
Cost to Petitioner	No filing or service fees.	No filing or service fees.	None.	Same as dissolution. Filing fee waived if indigent.
How does the respondent receive notice?	Notice of civil order served on the respondent. Notice by certified mail, or publication authorized in limited circumstances. Notice of criminal order given to defendant verbally and in writing when order is entered.	Notice served on the respondent. Notice by certified mail, or publication authorized in limited circumstances.	Verbal and written notice given at bail hearing, arraignment, or sentencing. As part of sentencing, the court may issue a no contact order.	Notice served on respondent or respondent's attorney.

Kind of Order	Sexual Assault Protection Order	Domestic Violence Protection Order	No-Contact Order	Restraining Order
Consequences if order is knowingly violated	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.	Mandatory arrest. Release pending trial may be revoked. Additional criminal or contempt charges may be filed. Felony if any assault, reckless endangerment or drive-by-shooting, otherwise Gross Misdemeanor.	Mandatory arrest. Gross Misdemeanor. Possible criminal charges or contempt.
Maximum duration of order	<ul style="list-style-type: none"> • Temporary civil SAPO—14 days with service. • Full civil SAPO—Designated by court up to two years. • Criminal orders—Designated by court. • Post sentencing provision may last up to two years following imprisonment, or community supervision, conditional release, probation or parole. 	<ul style="list-style-type: none"> • TPO—14 days with service. • TPO—24 days certified mail or with service by publication. • PO—Designated by court, one year, or permanent. 	Until trial and sentencing are concluded. Post-sentencing provision lasts for possible maximum of sentence in Superior Court. In District or Municipal court, for a fixed period not to exceed 5 years.	<ul style="list-style-type: none"> • TRO—14 days. • Preliminary injunction—dependency of action. • RO in final decree—permanent unless modified.

Kind of Order	Anti-Harassment Order	Vulnerable Adult Protection Order
Nature of Proceeding	Civil, under RCW 10.14.	Civil, Under RCW 74.34.110 and RCW 26.50.
Who may obtain order?	A person who does not qualify for a domestic violence protection order, and who has been seriously alarmed, annoyed or harassed by a conduct which serves no legitimate or lawful purpose. Petitioners 18 or older with Respondent 18 or older. If Respondent is under 18, unless emancipated or guardian ad litem appointed. Or, Petitioner under age 18 with parent or guardian with a Respondent under 18 in cases where adjudication of offense has happened or is under investigation against petitioner. Parties generally are not married, have not lived together, and have no children in common.	A vulnerable adult, or an interested person on behalf of a vulnerable adult, who has been abandoned, abused, subject to financial exploitation, or neglect or threat thereof. The Department of Social and Health Services may also obtain an order on behalf of a vulnerable adult.
Jurisdiction	Must file in District or Municipal Court. Transfer to Superior Court when there is an action pending between the parties, order to vacate home, the respondent is under eighteen; or the action would interfere with a respondent's care, control, or custody of the respondent's minor child.	Superior Court.
Cost to Petitioner	No filing or service fees for stalking, sexual assault or domestic violence victims.	No service or filing fees.
How does the respondent receive notice?	Notice served on respondent. The court may permit service by publication if the petitioner pays or if the petitioner's costs have been waived.	Notice served on the respondent. Notice by certified mail, or publication authorized in limited circumstances.
Consequences if order is knowingly violated	Gross Misdemeanor. Discretionary arrest with possible criminal charges or contempt.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.
Maximum duration of order	TAHO–14 days. TAHO–24 days certified mail or with service by publication. AHO–1 year or permanent.	TVAPO–14 days with personal service. TVAPO–24 days certified mail or with service by publication. VAPO–Designated by court, for a fixed period not to exceed 5 years.

Kind of Order	Stalking Protection Order	Stalking No Contact Order
Jurisdiction	Telephonic hearings available pursuant to court rule and in limited circumstances. Must file in District or Municipal Court. Transfer to Superior court if the petitioner, victim or respondent is under eighteen, there is a pending Superior court action involving the parties, the action involves possession of property, or the action would interfere with a respondent's care, control, or custody of the respondent's minor child.	District, Municipal, or Superior Court.
Cost to Petitioner	No filing or service fees.	No fees.
How does the respondent receive notice?	Notice of civil order served on the respondent; if respondent is a minor, parent or legal guardian shall be personally served. Notice by certified mail, or publication authorized in limited circumstances. Verbal and written notice of order given at bail hearing, arraignment, or sentencing. If criminal charges dismissed or defendant acquitted, victim may file for civil stalking order.	Verbal and written notice given at bail hearing, arraignment, or sentencing.
Maximum duration of order	<ul style="list-style-type: none"> • TSTPO—14 days with personal service • TSTPO – 24 days certified mail or with service by publication. • STPO—fixed period of time or permanent. 	Five years for a final stalking no contact order.
Consequences if order is knowingly violated	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment otherwise Gross Misdemeanor.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment otherwise Gross Misdemeanor.

GLOSSARY

TAHO Temporary Anti-Harassment Order
AHO Anti-Harassment Order
TPO Temporary Order for Protection
PO Order for Protection
RO Restraining Order
TRO Temporary Restraining Order
TVAO Temporary
VAO Vulnerable Adult Order
TSAPO Temporary Sexual Assault Protection Order
SAPO Sexual Assault Protection Order
TSTPO Temporary Stalking Protection Order
STPO Stalking Protection Order

Document Prepared by the Washington State Coalition Against Domestic Violence, www.wscadv.org, June 2013. Consultation from David Ward, Legal Voice, www.legalvoice.org, Washington Coalition of Sexual Assault Programs, Olympia, WA, www.wcsap.org. Originally adapted from the *Domestic Violence Manual For Judges, Volume I - Criminal*, 1992. The Criminal Domestic Violence Manual Subcommittee, the Office of the Administrator for the Courts for the State of Washington, Olympia, WA, updated 1998.

Appendix H: King County Superior Court Protocol for Obtaining Domestic Violence Protection Orders (DVPOs) at Juvenile Court - Effective 9/11/13

Policies:

- Limited DVPO services are provided at Juvenile Court only for those who have a dependency action pending: not family, friends, or other referrals. No anti-harassment protection order or sexual assault protection orders will be attained at Juvenile Court. The process is intended to help dependency parents who are at juvenile court for their dependency action and who further request the relief of the DVPO. This limited process is not intended to be a destination for DVPOs in general nor should it be used as an avenue to require abused parents to seek a DVPO as a testament of their "ability to protect". If a dependency parent desires a DVPO and needs to come back to court to start the process, the parent should be directed to the Seattle King County Superior Courthouse.
- DVPO services are also provided at the Maleng Regional Justice Center and dependency parents should follow the regular procedure there.
- The DVPO petition is filed as stand-alone civil case and not inside the dependency case. Department of Judicial Administration (DJA) will link the dependency file with the DVPO case.
- Modifications, extensions and final order hearings will be on the Seattle King County Superior Courthouse, Family Law calendars. The modifications, extensions, and final orders will be to the DVPO orders, not to the dependency orders.

Process Steps:

- Issues of domestic violence are likely to come up at the court hearing and may be known at the time of filing.
- Defense attorneys are to inform petitioner of the process and direct them to the Juvenile Victim Assistance Unit (VAU) of the KCPAO, if available or clerk for help with petitions/order.
- VAU staff at the Juvenile Division of the Prosecuting Attorney's Office are the first point of contact for petitioners. VAU staff will walk petitioners through paperwork and prepare them for the ex parte hearing. If no VAU staff is available, petitioners will be directed to the Clerk's Office. Petitioners will be directed to the Clerk's Office for case number assignment, etc., before proceeding to court.
- Once the paperwork is complete and a case number has been assigned, the petitioner will proceed to check-in with the dependency coordinator at the check-in window or inside the courtroom if the window is closed. The coordinator will notify the commissioner immediately if hearing is in progress, or immediately after the hearing finishes, of the petition and give them the paperwork. The commissioner will hear the petition at the first opportunity during the calendar.
- The Clerk's Office juvenile staff is trained and has forms and case numbers available. Staff remain ready to help petitioners before and after hearing. Juvenile Clerk counter staff will help customers who have not visited the VAU as well as those who have.
- If interpreter services are required, contact the coordinator at **(206) 477-1415**. Appropriate forms need to be completed for the payment of court interpreter.
- **Note:** Per the policy above, the DVPO will be filed as a stand-alone civil case and not inside the dependency case.
- After the petition and other appropriate paperwork has been completed, petitioners will be directed to the dependency window for queuing into the dependency calendar (court 8) on a walk-in basis. DVPO petitioners with interpreters will be given priority, due to the cost of interpreters.
- Court coordinators assist with fitting petitioners into the calendar flow.

- At the hearing, the dependency commissioner will help ensure the dependency case number is added to the order to ensure a copy is filed in the dependency action. A copy of the temporary order is to be stamped copy “for information only.”
- After the hearing, petitioners are to be directed back to the Juvenile Clerk’s Office for help with filing, copies, and service issues.
- Final order hearings and any modifications are to be handled at the Seattle King County Superior Courthouse or at the Maleng Regional Justice Center. Clerk’s office staff will link the DV and the dependency case in SCOMIS.
- Juvenile Clerk’s office will relay, likely via fax, service packets to police agencies.
- Any modifications or extensions are to the protection order in the civil case, not to the dependency case.

Appendix I: Patterns of Domestic Violence*

**This document was created by King County DV Best Practices Workgroup with community and governmental agency providers. It summarizes patterns of behaviors that can manifest with DV. Be aware that many of these behaviors can continue or worsen when a DV survivor separates from an abuser.*

Physical Abuse:

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

Use of Weapons: Weapons may include guns, knives, other objects, use of fire that can cause bodily injury

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

Emotional Abuse:

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

Intimidation, Use of Fear, or Use of Threats:

- Making the other person feel afraid
 Using looks, actions or gestures to create fear
 Damaging property
 Destroying specifically the other person's property
 Abusing pets
 Perpetrator threatens DV survivors with consequences from taking action like: "If you do this, then..."
 Threatening to leave, commit suicide, etc.
 Attempting to coerce the DV survivor into dropping charges or change their testimony
 Attempting to interfere with the investigation or prosecution through fear, force or manipulation
 Threatening to report survivor to authorities (such as CPS, immigration, or law enforcement)
 Forcing or coercing them to do illegal things

Sexual Abuse:

- Forced sexual contact
 Reproductive coercion or survivors into unwanted sexual activity
 Sabotages use of birth control
 Gender discrimination
 Sexually demeaning behavior and comments
 Sexual blackmail
 Inappropriate sexual behavior
 Inappropriate sexual comments around or in regards to the children

Economic Abuse:

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

Gender Privilege:

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

Perpetrator's Use/Abuse of Children:

- Undermining relationship between DV survivor and children
- Criticizing or demeaning the DV survivor in children's presence
- Using the children to relay messages
- Trying to lobby the children
- Threatening to take the children away
- Manipulating the DV survivor through the children
- Attempting to buy the children's favor
- Criticizing or demeaning the children or using harsh/punitive discipline
- Doing abusive behaviors in the presence of the children or in such a way that they become aware of those actions
- Forcing/coercing children to participate in DV
- Forcing/coercing children to participate in killing or torturing family pet or other animals
- Abusing children physically or sexually
- Interferes with the provision of the children's minimal needs of safety, supervision, food, shelter, or necessary health care
- Sabotaging visitation arrangements

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

- Saying it didn't happen
- Shirking responsibility for abusive behavior
- Blaming the DV survivor for their own abusive behavior
- Minimizing or making light of the abuse
- Blaming children for perpetrator's abusive behavior

Perpetrator's Using Isolation and Social Abuse:

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

Perpetrator's Abuse through the Legal System:

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

Appendix J: Safety Planning with DV Survivors



The most important element to safety planning is that it be done in collaboration with the identified survivor of the DV. Each safety plan must be specific to the individual DV survivor's situation. This safety plan may not be appropriate for all DV survivors to take home because it contains information that may increase risks to families if abusers become aware of the plan. The details of the safety plan should not be included into the DV survivor's record. The individual assisting the DV survivor in creating the safety plan should address the identified child maltreatment concerns related to the DV survivors' behavior with appropriate services that do not undermine the survivor's self-determination or empowerment, and should recognize the effects that the DV has had on survivors' parenting. Additionally, DV survivors can be referred to community-based DV advocates who have had specialized training in safety planning; however, community-based DV advocacy are voluntary services and DV survivors should not be mandated or ordered to participate in them.

Not all of the following tips or safety planning suggestions will be safe for every survivor and every family; therefore, it is imperative that DV survivors take the lead and guides the safety planning process.

- Refer adult survivors to DV services, when appropriate and consistent with DV survivors' wishes, such as advocacy services, survivor support groups, and individual counseling. Appropriate services may also include education and support concerning the dynamics of domestic abuse.
- Do not refer to services such as couples counseling and mediation that are predicated on the assumption of an equal relationship between the two parties are not appropriate when DV is present.
- Help DV survivors plan for safe child visitation and exchange arrangements that preserves the safety of children and DV survivors.
- Help adult survivors' access agencies or community resources to replace the loss of income, home, belongings, transportation, childcare, and other basic needs and services if survivors separate from abusive partners.
- Thoroughly document all reports of abusive and controlling behavior.
- Manage and protect information concerning adult survivors to prevent abusive partners from making unwanted contact or using information to continue the pattern of abuse and control.

Safety Planning Tips When Living With Abuser

Refer survivors to safety planning web resource guides such as <http://www.thehotline.org>. Support DV survivors who continue to live with their abusive partners to develop safety strategies like those on the following suggested list:

- Identify your partner's use and level of force so that you can assess the risk of physical danger to you and your children before it occurs.
- Identify safe areas of the house where there are no weapons and there are ways to escape. If arguments occur, try to move to those areas.

- During violent incidents, don't run to where the children are, as your partner may hurt them as well.
- If violence is unavoidable, make yourself a small target. Dive into a corner and curl up into a ball with your face protected and arms around each side of your head, fingers entwined.
- If possible, have a phone accessible at all times and know what numbers to call for help.
- If your life or your child life's is in immediate life-threatening danger, please call the police.
- Let trusted friends and neighbors know of your situation and develop a plan and visual signal for when you need help.
- Teach your children how to get help. Instruct them not to get involved in the violence between you and your partner. Plan a code word to signal to them that they should get help or leave the house.
- Practice with your children how to get out of the home or living arrangement safely.
- Plan for what you will do if your children tells your partner of your plan or if your partner otherwise finds out about your plan.
- Keep weapons like guns and knives locked away and as inaccessible as possible.
- Make a habit of backing the car into the driveway, keeping the car fueled, and keeping the driver's door unlocked so you may quick escape in your car.
- Try not to wear scarves or long jewelry that could be used to strangle you.
- Create several plausible explanations for when it is necessary to escape at different times of the day or night.

Safety Planning Tips When Preparing to Leave Abuser

- Keep important phone numbers near the phone, and teach children when and how to use them.
- Tell neighbors about the violence and instruct them to contact the police if they see or hear anything suspicious.
- Make a list of safe places to go in case of emergency: families' or friend's homes, shelter or police department.
- Try to put money aside for phone calls or open a separate savings account from your abuser.
- Create a code word for children or friends so they can call for help.
- Keep copies of important documents, keys, important possessions in a safe place outside the home.
- Take important items with you when leaving the home:
 - Identification
 - Birth certificates
 - Social Security cards
 - School and medical records
 - Money, bank books, credit cards
 - Driver's license and auto registration
 - Medications
 - Passports, green cards, work permits
 - Divorce papers
 - Lease/rental agreement
 - House deed
 - Insurance papers
 - Address book
 - Picture of abuser
 - Change of clothes and personal items
 - Keys to house/car/office
 - Items of sentimental value
 - Children's favorite toys and/or blankets

Safety Planning Tips For When Living Separately From Abuser

- Change locks and install security system or an outdoor lighting system. Install smoke detectors.
- Inform people that abusive partner no longer lives at residence and notify DV survivors or police if abuser is seen in the area.
- Tell people who take care of children who have permission to pick them up, that you are leaving the relationship. Supply caretakers with copies of any court papers ordering the perpetrator to stay away.
- Avoid locations where abuser may be, including bank, stores and restaurants.
- Consider obtaining a protective order from the court; keep it with you at all times; put an additional copy in a safe place or with someone you trust, and; notify police of violations.
- Make a plan to contact someone for support, such as a friend or family member. Consider calling a hotline and/or attend a support group.
- Your safety plan should include ways to ensure your continued safety after leaving an abusive relationship. Here are some safety precautions to consider:
 - Call the telephone company to request caller ID. Ask that your phone number be blocked so that if you call anyone, neither your partner nor anyone else will be able to get your new, unlisted phone number.
 - Change your work hours and the route you take to work.
 - Change the route taken to transport children to school or consider changing your children's schools.
 - Alert school authorities of the situation.
 - If you have a restraining order, keep a certified copy of it with you at all times, and inform friends, neighbors and employers that you have a restraining order in effect.
 - Call law enforcement to enforce the order and give copies of the restraining order to employers, neighbors and schools along with a picture of the offender.
 - Consider renting a post office box or using the address of a friend for your mail
 - Reschedule appointments that the offender is aware of.
 - Use different stores and frequent different social spots.
 - Alert neighbors and request that they call the police if they feel you may be in danger.
 - Tell people you work with about the situation and have your calls screened by one receptionist if possible.
- Tell people who take care of your children or drive them/pick them up from school and activities. Explain your situation to them and provide them with a copy of the restraining order.

Plan for Safe Exchanges with Your Children

- When you are exchanging children with your partner, avoid doing so at your home or your partner's home. Instead, meet in a safe, public location and bring a friend or relative with you to the exchanges.
- When possible have the drop off/pick up location at school or daycare so that you do not have to connect with your partner.
- It is also to plan for your and your children's emotional safety and identify strategies you can do to limit and calm your stress and do an enjoyable activity when your children come home.

Safety Planning When Abuser is Stalking Survivor

Stalking is a common tactic used by DV perpetrators to intimidate and control both current partners and ex-partners. No safety tip will work in all circumstances. It is very important that you work with the survivor, and that you rely on instincts and knowledge of the relationship and perpetrator to create a safety plan that will work for them. Common stalking behaviors may include:

- Making repeated phone calls or texting the DV survivor including hang-ups.

- Following the DV survivor and show up where the survivor is.
- Sending unwanted gifts, letters, cards, or e-mails.
- Damaging the survivor's home, car, or other property.
- Monitoring the survivor's/children's phone calls, texts, computer use, social media sites, and all electronic devices.
- Using of hidden cameras, global positioning systems (GPS), or other electronic tracking devices to track where the survivor goes.
- Threatening to hurt the DV survivor, their friends, family, or pets.
- Finding out about the DV survivor by using public records or on-line search services, hiring investigators, going through his/her garbage, or contacting friends, family, neighbors, or co-workers.

Safety Planning Strategies for Stalking

- **Stalking is unpredictable and dangerous. There are no guarantees that a given safety strategy will work for a DV survivor.**
- If the DV survivor is in immediate danger, and it is safe to do so, call 911.
- The DV survivor should trust his/her instincts. If s/he feels unsafe, she/he probably is.
- Take threats seriously. The danger usually increases when the perpetrator talks about suicide or murder.
- Work with DV service organizations to help with safety planning.
- As long as it does not increase the danger to the DV survivor, she/he shouldn't communicate with the stalker or respond to their attempts to contact the survivor.
- The DV survivor should keep evidence of the stalking. She/he can keep a journal of the perpetrator's attempts to follow or contact him/her and write down the time, date, and place. Keep e-mails, phone messages, letters, and notes.
- Take photographs of anything that the perpetrator damages and any injuries caused.
- The DV survivor can contact the police. Washington state has stalking laws, and many perpetrators who stalk their partners also break other laws such as assaulting the survivor, damaging property, or breaking and entering.
- The DV survivor can tell family, friends, roommates, co-workers, security staff at job or school about stalking behaviors and ask them to watch out for his/her safety.
- **The Stalking Resource Center (SRC):** The SRC works to raise national awareness of stalking and to encourage the development and implementation of multidisciplinary responses to stalking in local communities across the country. The SRC provides training, technical assistance, and resource materials for professionals working with and responding to stalking victims so that communities are more aware of and better equipped to respond to the crime of stalking. For more information about stalking, please contact (SRC) at: <http://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Safety Planning Regarding Use of Technology

- **Get Help from DV Advocates.** Navigating violence, abuse, and stalking is very difficult and dangerous. Ask for help from a DV advocate on planning for safety with electronic devices. There are also specially trained advocates at the National Domestic Violence Hotline who can discuss secure options and help you in your safety planning. Local crisis-line advocates can also help you plan for safety. You may also obtain advice and strategies for technology safety with the *National DV Hotline* advocates are available to take your calls on their toll free, 24/7 hotline at **1-800-799-SAFE (7233)**. The National Network to End Domestic Violence's Technology, Safety and Privacy Toolkit at: <http://techsafety.org/resources-survivors>.

- **Monitor all Electronic Devices.** Abusers and stalkers can act in incredibly persistent and creative ways to maintain power and control through tracking your activities. Assume your abuser will have access to any hand held electronic devices, cell phones, laptops, tablets, IPADS, computers, and social media sites and will be used to monitor and/or abuse you. Be aware that your abuser can also track your children by placing tracking devices on their electronic devices and cell phones. All electronic devices should be checked regularly with spyware programs. After these devices are checked and are clean install up-to-date security software. Free security software is available on-line.
- **Get a confidential cell phone.** When making or receiving private calls or arranging escape plans, try not to use a shared or family cell phone because cell phone billing records and phone logs might reveal your plans to an abuser. Contact your local hotline program to learn about donated cell phones or obtain prepaid, no contract cell phones.
- **Avoid providing detailed information** about yourself on social media sites, texting, email, or other electronic communications.
- **Use a safer computer or electronic devices.** If anyone abusive has access to your computer or electronic devices, he/she might be monitoring your activities. It may be safest to use a computer at a public library, community center, or Internet café. You may need to secure new electronic devices.
- **Create new passwords for emails or other accounts.** If you suspect an abuser can access your email or other accounts, consider creating an additional email account on a safer computer. Do not create or check this new email from a computer your abuser could access it. Use an anonymous name, and account: (example: bluecat@email.com not YourRealName@email.com). Look for free web-based email accounts.
- **Take extra precautions if you have a technology savvy abuser.** If computers and technology are a profession or a hobby for the abuser/stalker, they often have the latest information on how to track you on all electronic devices. Trust your instincts and act on them. If your abuser may be monitoring or tracking you, please do speak with a Stalking Resource Center hotline advocate, a crisis line advocate, or your local police.
- **Check you vehicles for GPS tracking devices.** Tracking devices can be hidden inside, outside or under your car. If you are unfamiliar with these devices, you can ask a car technician to check your car. There are GPS detecting devices but they can be expensive.

Appendix K: Safety Planning with Children



Safety Planning with Children

If you are a DV survivor, it is important to let your children know that the violence is not your fault, and the impact of the violence on your children is not your fault. You can help your children by getting safe yourself, and by talking to them, listening to them, and recognizing that the violence may have affected them too.

Many parents think that their children don't know when there is DV in their home. Almost all children know that the violence is going on in their home in some way. Some children may appear to be behaving normally, doing well in school, and playing with their friends. Some children may act aggressively and parents may think they have temper problems. Children may have painful feelings and act on these feelings in destructive ways. Most children are very resilient, and they can recover with support and help from their parents and from other supportive and non-violent people in their lives.

It is important to let children know that **they are NOT RESPONSIBLE for the violence, and they are NOT RESPONSIBLE in making it stop**. Tell your children that violence is never right, even when someone they love is being violent or abusive. Tell them that neither you, nor they, are at fault or are the cause of the violence. Tell them that when anyone is being violent or abusive, their number one job is to stay safe. It is important to acknowledge that seeing, hearing or witnessing DV can be scary. Let them know that you are there to talk about their feelings and experiences. Let them know that you are there to talk with them, to give them your love, and to support them.

It is important to help children plan for their safety. It is important to talk about their worries. Encourage them to help you find ways to stay safe when DV happens. They will also need your help to practice, review, or modify their safety plan on a regular basis. Whenever there are changes with your family's circumstances, help your children know what to do and update your safety plan.

When parents have separated, and their children are going between the parents' homes, it is important to plan on children can stay safe during exchanges with the other parent. It is important to regularly check in with your children to see if their safety plan is working or if changes are needed.

The following tool has some suggested questions that can help you make a safety plan. Please make a separate safety plan for each of your children so they know what to do.



This Safety Plan is for

When someone is acting in scary ways, I should not get in the middle of the fight.

When someone is acting in scary ways, I should go to:

(List safe places in the home or neighborhood for your child to go)

I can ask _____ (list siblings names) to come with me, but if they can't I can still go to my safe place.

The best way to help my parent is to have an adult to help me. (Discuss with children who are safe people that could help)

I can call these people for help.

(List their names and their phone numbers. Write down what your child can say to them.)

I can try and help calm my feelings by:

(List activities your child can do, like listen to music, watch a video, or play a game)

Appendix L: King County Community-Based DV Agencies*

*Prepared by the King County Coalition Against Domestic Violence

AGENCY	GENERAL SERVICES OFFERED
<p>Abused Deaf Women’s Advocacy Services (ADWAS) 8623 Roosevelt Way NE Seattle, WA 98115 Ph: (206) 726-0093 (TTY) F: (206) 726-0017 Crisis: (206) 236-3134 (TTY) www.adwas.org</p>	<p>ADWAS provides direct services, advocacy and counseling/therapy to Deaf and Deaf & Blind survivors of DV and/or SA, and their families; we also offer information and training to legal and medical professionals, thus, enhancing their cultural knowledge and enabling them to fulfill the needs of Deaf clients with skill and compassion. ADWAS operates transitional housing units, and operates the national domestic violence hotline for Deaf survivors.</p>
<p>APIChaya PO Box 14047 Seattle, WA 98114 Helpline: 206-325-0325 Ph: (206) 467-9976 F: (206) 467-1072 Toll Free: (877)-922-4292 www.apichaya.org</p>	<p>API Chaya conducts community organizing; outreach; education; information and referrals to advocacy, legal services, and housing; multi-lingual/cultural advocacy and linkage with Natural Helper support services; and technical assistance/training in response to domestic violence and sexual assault in Asian, South Asian & Pacific Islander communities, and all other communities affected by human trafficking.</p>
<p>Broadview Emergency Shelter & Transitional Housing Program c/o Solid Ground 1501 N 45th St Seattle, WA 98103 Ph: (206) 694-6700</p>	<p>Broadview provides shelter and transitional housing in individual studio apartments. Services include shelter, one-on-one counseling, legal advocacy, children and youth services, health care access and referral, and a toll-free help line. On-site support groups include domestic violence, chemical dependency, parenting, and age appropriate children and youth groups. Transitional housing for women with children is provided on a sliding fee scale.</p>
<p>Consejo Counseling and Referral Services 3808 S Angeline Seattle, WA 98118 Ph: (206) 461-4880 Fax: (206) 461-6989 Crisis: N/A www.consejo-wa.org</p>	<p>Consejo Counseling and Referral Services is a community mental health clinic that provides mental health services for children and adults, vocational rehabilitation services, substance abuse prevention, intervention, and outpatient services for Hispanics living in the King County area. Consejo operates a domestic violence program that provides community advocacy, legal advocacy, and peer support groups. Consejo operates transitional housing programs for DV survivors and for homeless mentally ill clients.</p>
<p>Domestic Abuse Women’s Network (DAWN) PO Box 88007 Tukwila, WA 98138 Ph: (425) 656-4305 Fax: (425) 656-4309 Crisis: (425) 656-7867 Shelter: (206) 622-1881 www.dawnonline.org</p>	<p>DAWN offers a 24-hour crisis line, confidential shelter, multiple extended stay units, and a community advocacy program (CAP). DAWM offers culturally appropriate advocacy services, medical care, mental health counseling, play and family therapy, chemical dependency support groups, women’s groups, HIV testing and counseling, education, emotional support, access to computers, emergency cash assistance, information and referral, and children’s advocacy and programming. The CAP offers DV education, safety planning, emotional support, legal advocacy, referrals, emergency cash assistance, motel vouchers, support groups (with childcare), community education, professional trainings, teen advocacy, and short-term therapy.</p>

AGENCY	GENERAL SERVICES OFFERED
<p>LifeWire PO Box 6398 Bellevue, WA 98008-0398 Business Phone: (425) 562-8840 Fax: (425) 649-0752 Crisis: (425) 746-1940 (800) 827-8840 www.edvp.org</p>	<p>LifeWire services include a 24-hour crisis line, community advocacy (individual intakes, shared case advocacy, systems advocacy, education, professional trainings, and outreach), legal advocacy, support groups for women, short-term therapy, children’s groups, parent education groups, advocacy at the Eastgate CSO office, confidential shelter for women and their children, hotel vouchers, emergency shelter option through apartments, and rental assistance program for survivors transitioning in place. LifeWire also provides a transitional housing program for women dealing with dual issues of safety and sobriety.</p>
<p>Jewish Family Services 1601 16th Ave Seattle, WA 98122 Ph: (206) 461-3240 Fax: (206) 461-3696 http://www.jfsseattle.org/</p>	<p>Jewish Family Services' DV Program, Project DVORA, provides advocacy-based counseling, legal advocacy, support groups for Jewish women, and Jewish healing rituals. It offers DV training, education and consultation to rabbis, other Jewish communal professionals, and the Jewish community at large. Project DVORA also consults with secular agencies to make their services sensitive to the needs of Jewish families, and collaborates across programs within Seattle JFS, assisting in screening for DV, consulting with therapists and case managers around individuals and DV situations, and coordinating training programs.</p>
<p>New Beginnings PO Box 75125 Seattle, WA 98175-0125 Admin: (206) 783-4520 Admin Fax: (206) 706-0291 24-hr Crisis: (206) 522-9472 www.newbegin.org</p>	<p>New Beginnings’ DV programs include an 18-bed emergency shelter, a 17-unit transitional apartment building, and a community advocacy program offering a weekly chemical dependency/domestic violence group, parenting classes and six weekly support groups in four neighborhoods. Each program offers advocacy-based counseling, safety planning, legal advocacy, short-term therapy, and services for children.</p>
<p>Northwest Family Life Learning and Counseling Center (NWFL) 1015 NE 113th Street Seattle, WA 98125 Ph: (206) 363-9601 Fax: 206) 363-9639 24 hr Crisis: 866-427-4747 www.northwestfamilylife.org</p>	<p>NWFL provides survivor advocacy through women’s support groups, children’s play groups, and chemical dependency groups for women and teens. Survivor advocates provide safety planning and education and facilitate access to safe housing, medical care, childcare, legal and other services. A free legal clinic is offered on-site. NWFL is committed to community outreach and education aimed at raising awareness and reducing the incidence of violence. Work within the faith-based community (Christian women who have suffered abuse, clergy and congregations) is emphasized, but is not the exclusive focus of NWFL.</p>
<p>The Northwest Network of Bisexual, Trans, and Lesbian Survivors of Abuse (NW Network) PO Box 18436 Seattle, WA 98118 Ph: (206) 568-7777 TTY msg: (206) 517-9670 www.nwnetwork.org</p>	<p>The NW Network is a community-based, non-profit, social change organization. The NW Network provides safety planning, advocacy, counseling, support groups, basic legal advocacy and referrals to bisexual, trans, lesbian, and gay survivors of dating and domestic violence. The NW Network participates in community organizing efforts to end racism, homophobia, economic injustice, environmental injustice, and other conditions that perpetuate violence. The NW network provides community education, forums, and events, as well as training for social service providers and social change activists.</p>

AGENCY	GENERAL SERVICES OFFERED
<p>Refugee Women's Alliance (ReWA) 4008 Martin Luther King Jr., Way S Seattle, WA 98108 Ph: (206) 721-0243 Fax: (206) 721-0282 www.rewa.org</p>	<p>REWA services include ESL classes, early childhood and parenting education, youth services, citizenship classes, services for people with developmental disabilities, mental health counseling, and domestic violence program. The domestic violence program provides culturally appropriate multi-lingual advocacy in 14 languages to DV survivors, and operates a program for survivors of trafficking.</p>
<p>The Salvation Army DV Programs 1101 Pike St Seattle, WA 98101 Ph: (206) 365-0268 Crisis: (206) 324-4943 http://salvationarmydomesticviolenceprograms.org/</p>	<p>The Salvation Army DV Programs comprise a 12 unit 30 day emergency DV shelter named Catherine Booth House, a 10 unit one year DV Transitional Housing Program named Hickman House and a DV Community Advocacy Program, which provides non-residential services to survivors including move in costs and rental assistance to eligible households via its "Housing First" program. All three programs offer supportive services to survivors including safety planning, legal advocacy, DV education, emotional support, information and referrals and limited financial assistance.</p>
<p>Seattle Indian Health Board 611-12th Ave. S PO Box 3364 Seattle, WA 98114 Ph: (206) 324-9360 x2806 Fax: (206) 324-8910 www.sihb.org</p>	<p>Seattle Indian Health Board's Domestic Violence Community Advocate Project seeks to raise the awareness of Native Americans, Canadian Natives, Alaska Natives, Aleuts and Eskimos living in the greater Seattle area to recognize the ill of DV. It also seeks to stop the violence by helping survivors find support services, free legal advocacy and renewed self-esteem. Privacy and confidentiality are honored at all times.</p>
<p>YWCA East Cherry 2820 E Cherry Street Seattle, WA Ph: (206) 568-7845 Fax: (206) 568-7851 Crisis: N/A www.ywcaworks.org</p>	<p>The goal of the E. Cherry YWCA DV program is to provide a safe, comfortable environment for women to address the abuse in their lives. The program offers support groups, individual counseling, public education, crisis intervention, and assistance through the legal system. The program offers services to all women who have experienced DV with specialized programs for African American women.</p>
<p>YWCA—South King County 1010 S 2nd Renton, WA 98055 Ph: (425) 264-1400 Fax: (425) 226-2995 Children's DV Program Ph.: 425-264-1412 http://www.ywcaworks.org/page.aspx?pid=448</p>	<p>The YWCA provides advocacy-based counseling, DSHS advocacy, support groups, The Children's Domestic Violence Program, Hope and Power for finances, Rapid Rehousing Program, emergency resources and public education about domestic violence. Advocates meet survivors in a safe place anywhere in South King County. The YWCA's Anita Vista Transitional Housing Program is for families who have experienced domestic violence.</p>

Appendix M: Adult DV Survivor Services



King County Community-Based DV Agencies 24-Hour Hotlines and Emergency Shelter

- Domestic Violence Abuse Women’s Network (DAWN): (425) 656-7867
- LifeWire: (425) 746-1940
- New Beginnings: (206) 522-9472

Other 24-Hour DV Hotlines

- Domestic Violence Statewide 24-Hour Hotline: 1-800-562-6025 (Voice and TTY)
- National Domestic Violence Hotline: 1-800-799-SAFE or 1-800-787-3224 TTY
- King County Domestic Violence Information Line: (206) 205-5555 (recorded information only)
- King County 24-Hour Crisis Information Line: (206) 461-3222 or 1-866-4-CRISIS

Sexual Assault 24-Hour Hotlines

- King County Sexual Assault Resource Center
24 Hour Resource Line: 1-888-99-VOICE Main Office: (425) 226-5062
- Harborview Center for Sexual Assault & Traumatic Stress:
(206) 744-1600 or (206) 744-1616 (TDD)
- Abused Deaf Women's Advocacy Services (ADWAS):
(206) 726-0093 (TTY only) or (206) 236-3134 (TTY Hotline)

Alcohol and Drug Helpline

The Alcohol and Drug Helpline provides crisis intervention and emotional support for those affected by addiction. The helpline offers information and referral 24 hours a day, 7 days a week to community resources and support groups, and refers to in-patient and out-patient treatment programs. Call: **(206) 722-3700** or see their website at www.adhl.org.

On this Alcohol and Drug Helpline website there is contact box that will allow for confidential communications with several electronic messaging choices. These can be very helpful alternatives when DV survivors are in the midst of crisis and cannot use a phone. For a listing of chemical dependency inpatient and outpatient programs in Washington State, please refer to <http://www.dshs.wa.gov/dbhr/dadirectory.shtml>

Community Information Line

This referral line connects people to community services, local health and human service information, DV agencies, and referral providers.

Call: 2-1-1 or (206) 461-3200 or (206) 461-3610 (TTY) or see their website at www.crisisclinic.org.

Health Care Referrals

Within Reach provides health, mental health, vision, and dental referrals for low-income women and families. Refer to their website at <http://www.withinreachwa.org/>. Within Reach also provides information on childcare subsidies, basic food, and utility resources, as well as information on Apple Health Medicaid Programs and Washington health insurance programs including the Washington Health Plan Finder.

Washington Health Plan Finder also provides online assistance in applying for Medicaid and low cost insurance programs. See: <https://www.wahealthplanfinder.org>

The Community Health Access Program (CHAP) provides health, mental health, vision, and dental referrals for low-income women and families. Call (206) 284-0331 or 1-800-756-5437. Refer to their website at <http://www.kingcounty.gov/healthservices/health/personal/insurance.aspx> CHAP also provides information on childcare subsidies, basic food, and utility resources, as well as information on Apple Health Medicaid Programs and Washington health insurance programs including the Washington Health Plan Finder.

Legal Information and Resources:

Eastside Legal Assistance Program: Serves East & Northeast King County. See: www.elap.org/	(425) 747-7274
City of SeaTac Systems-Based Advocates. See: http://www.cityofseatac.com/index.aspx?page=126	(206) 267-7010
King County Protection Order Advocacy Programs: See: http://protectionorder.org/ <ul style="list-style-type: none"> • Regional Justice Center Kent Division: • King County Courthouse Seattle 	(206) 205-7406 (206) 477-1103
King County Bar Association Lawyer Referral: Call and ask for Domestic Violence assistance. See: http://www.kcba.org	(206) 973-4630
King County Family Law Facilitator Program: Provides help with legal forms & information on legal procedures for parenting plans, child support, & family law issues. See: http://www.kingcounty.gov/courts/FamilyCourt/facilitator.aspx	(206) 296-9092 Seattle (206) 205-2526 Kent
Northwest Immigrant Rights Project: Provides help for refugees or immigrants with immigration issues. See: www.nwirp.org	(206) 587-4009
Northwest Justice Project: Call and ask for Domestic Violence assistance. See online legal resource directory at: http://www.nwjustice.org/ .	(206) 464-1519 x 295
Northwest Women’s Law Center: Provides help with legal information & referral.	(206) 621-7691
Office of Support Enforcement: Provides help with child support. See: https://www.dshs.wa.gov/esa/division-child-support	(206) 341-7000

Appendix N: Resources and Services for Youth/Teen DV



Crisis Intervention, Information, Referral, and Support Services

- **DV and Intimate Partner Relationship Problems:** LifeWire operates a 24-hour crisis line. Call **425-746-1940** or **1-800-827-8840**. Life Wire provides teen resources and referral to Youth Eastside Services (YES) Dating Violence Program. YES makes attempts to meet in person with a teen within 24 hours. They can arrange to come to a school or teen center to make services more accessible.
- **Crisis Clinic Teen Link Hotline:** Provides crisis counseling and referral for DV and intimate partner relationship concerns. Teen peer support is given daily from 6 pm – 10 pm through a web chat line at <http://866teenlink.org/>. You can also connect to Teen Link on Facebook or through their telephone hotline between 6 pm – 10 pm. **Call 1-866-TEENLINK (1-866-833-6546)**. When the helpline is closed the call will be transferred directly to Crisis Clinic hotline.
- **Crisis Clinic Teen Alcohol/Drug/Mental Health/Gambling Support:** Teen peer support is given daily from 6 pm – 10 pm through a web chat line at <http://866teenlink.org/> or through their telephone hotline 1-866-TEENLINK (1-866-833-6546). Teen Link’s web page for drug alcohol issues is <http://866teenlink.org/issues/drugs-alcohol/>. When TeenLink staff is not available, teens can contact the Washington Recovery Hotline chat line at <http://warecoveryhelpline.org/for-teens/> or call their 24-hour telephone hotline at **1-866.789.1511**.
- **Love is Respect:** Offers a helpline and a texting option for teens wanting to get support or ask questions about teen dating violence. Call **1-866-331-9472** or text **“loveis” to 22522**. They also have information on unhealthy relationships, dating violence, technology abuse, and safety planning available on their website: <http://www.loveisrespect.org/>
- **Northwest Network - Individual Support:** Lesbian, Bisexual, Transgender, Gay, Queer, and Questioning youth benefit from specialized individual support that is offered through the Northwest Network’s youth programming. The Staff provide one-on-one advocacy-based counseling over the phone or in person. Staff can help youth navigate complicated systems or offer support to youth going through a hard time. This support is free and confidential. Call: **206-568-7777**.

Peer Advocacy

Trained staff coordinates with teen peer advocates to assist teens in ending or preventing dating violence, sexual assault, family violence and substance abuse, and to access appropriate resources such as crime victim compensation benefits, counseling, teen support groups, etc. Peer advocacy support services are provided in

King County schools by Consejo Counseling and Referral Services, Youth Eastside Services, Asian Counseling and Referral Service, and API/Chaya provide peer advocacy services.

Youth/Teens DV Support Groups

- **Life Wire Voices Support Group** is for youth ages 12-18 that have been exposed to domestic violence at any point in their life. Young women and young men are encouraged to seek support from their peers and group leaders. Call Life Wire at **(425) 562-8840** or **1-800-827-8840** Monday thru Friday 8 am to 5 pm to join.
- **Lesbian, Gay, Bisexual, Trans, Queer and Questioning Youth (LBTGQQ) Voices in Power (VIP) Project** offers a wide array of support to lesbian, gay, bisexual and trans youth (14-23) around issues of violence and crime, such as dating violence, bullying, hate violence, assault, exploitation, theft, police harassment and youth in the sex trades. Centering youth empowerment and self-determination, the VIP project works with queer and trans youth to develop healthy relationship skills and stronger support networks. The VIP program supports youth to increase their confidence and abilities to address and prevent future incidents of violence and crime.

Counseling Services

As many as one in three teenagers have been sexually assaulted, with survivors often left struggling with emotional, behavioral and social difficulties in the aftermath. Counseling guides teens through the painful healing process, while therapy groups for teen survivors help them realize they are not alone.

- **Youth Eastside Services (YES)** provides counseling for teens who are DV or sexual abuse survivors. **YES Teen Dating Violence Program** serves teens ages 20 and younger who are affected by DV. Teen Dating Violence Services includes crisis intervention, one-on-one counseling, group support, advocacy, peer outreach programs, and case management services. Teen Dating Violence program is provided to teens living in any geographical location, and is provided at no cost. YES also provides individual and family counseling (not including the abuser), and case management services. Serves up to age 19 for drug/alcohol counseling. YES accepts Medicaid and Medical Insurance, and offers a sliding fee scale
- **Sound Mental Health** Operates a Children's DV Response Team (CDVRT) which pairs mental health therapists and advocates who can support the needs of both adult DV survivors and teens. For more information about the CDVRT see [Appendix O](#).
- **The Atlantic Street Center** provides customized counseling services including youth of color and can support them in coping with difficult issues like DV. The Atlantic Street Center also supports two family centers: New Holly Youth and Family Center and Rainier Beach Family Center.
- **King County Juvenile Court:** Youth who are involved with Juvenile court may have a background of complex trauma in their families including exposure DV or unhealthy relationship dynamics and child maltreatment issues. These teens often have own problems of DV and sexual abuse with their intimate partner relationships. They may also have their own health/behavioral health special needs. **It is important that youth involved with juvenile justice system are not referred to family counseling until a full assessment of their needs has been completed.** King County Juvenile Court's Juvenile Justice Assessment Team staff includes a clinical psychologist, mental health clinicians, chemical dependency professionals and a social worker. The team provides mental health assessments, chemical dependency assessments, and psychological evaluations. In addition, the team has funding to pay for psychiatric evaluations and neuropsychological evaluations with providers in the community. Any youth involved in the Juvenile Justice system is eligible for services at no cost to the youth or family.
- **Step-Up** is a group intervention program designed to address youth violence toward family members. The program uses a 20 session cognitive behavioral, skills and restorative practice based curriculum in a

group setting where youth and parents learn and practice skills for respectful, non-violent family relationships and safety in the home. The program includes a youth group, parent group, and multi-family group. A collaborative, family based approach is used. In the family groups parents and youth learn respectful family relationship skills with feedback and support from others. In parent group, parents learn a model of respectful parenting that balances leadership with positive support, promoting non-violence and respect in the family. Family safety is a priority of the intervention with development of a 'safety plan' followed by weekly check-ins within the group to assess the youth's progress in staying non-violent and safe with family members. The program serves youth ages 12-17 and is free of charge. Interested parties or an outside entity can refer or the family can self-refer for services. **Call (206) 296-7841.** For more information, see the Step-Up website: www.kingcounty.gov/courts/step-up

DV and Sexual Assault Outreach and Education

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

- **New Beginnings** offers a semester-long healthy relationship groups in Seattle middle schools and does presentations on healthy and unhealthy relationships to middle and high school students. They also offer Teen DV trainings to educators and youth serving agencies, and provide a helpline that teens can call if they need support. Call: **(206) 522-9472**
- **Asian/Pacific Islander Chaya (APICHaya)** offers a **youth leadership network called PAINT**, which focuses on gender-based violence concerns, such as DV and sexual assault, and building leadership skills around how to address these issues in our community. They offer one-on-one advocacy and support to youth and offer school based outreach and education. Call: **(206) 325-0325**
- **Powerful Voices/Powerful Choices** offers healthy relationship school based groups and one-on-one advocacy at Denny and Asa Mercer Middle School. Call **(206) 860-1026**
- **DAWN (Domestic Abuse Women's Network)** offers school based healthy relationship groups and outreach and education to schools and dating violence. Call **425-656-7867**
- **Coaching Boys Into Men (CBIM)** was developed through Futures Without Violence. The program facilitates connections between high school athletic coaches and young males to promote respectful behavior among their players. The program goal is to help prevent relationship abuse, harassment, and sexual assault of intimate partners. The CBIM curriculum consists of a series of coach-to-athlete trainings that illustrate ways to model respect and promote healthy relationships. The CBIM card series instructs coaches on how to incorporate themes associated with teamwork, integrity, fair play, and respect into their daily practice and routine. For more information about CBIM see: <http://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/>. For information on local programs providing CBIM contact the LifeWire Social Justice Manager at **425.562.8840**.

Appendix O: Domestic Violence Resources for Infants and Children

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

Community Information Lines and Web Sites	
Crisis Clinic Hotline: Provides immediate crisis support and referral for DV and other emotional concerns. 24-Hour Service. www.crisisclinic.org	(206) 461-3222 1-866-4-CRISIS
Community Information Line: Provides referral for DV services, basic needs and other community supports.	2-1-1 (206) 461-3200
Family Help Line / Parent Trust: Provides information for parenting resources and family activities. www.parenttrust.org	1-800-932-4673
King County Coalition Against DV: Provides information on DV services and parenting/support groups for DV survivors and children. Provides information on DV training, conferences, and other community activities in King County. www.kccadv.org	(206) 568-5454
Parent Help 1-2-3: Provides information and help applying for DSHS programs, health insurance, and food assistance programs. www.parenthelp123.org	Family Health Hotline: 1-800-322-2588
Washington State Domestic Violence Hotline: Provides referral to DV programs and shelter services 24 Hours a Day / Seven Days a Week.	1-800-562-6025 (Voice and TTY)
Within Reach provides health, mental health, vision, and dental referrals for low-income children. Refer to their website at http://www.withinreachwa.org/ . Within Reach also provides information on childcare subsidies, basic food, and utility resources, as well as information on Apple Health Medicaid Programs and Washington health insurance programs including the Washington Health Plan Finder. The Washington Health Plan Finder also provides online assistance in applying for Medicaid and low cost insurance programs: https://www.wahealthplanfinder.org	(206) 284-2465 Family Health Hotline: 1-800-322-2588
Counseling/Therapy, Groups, and other Community Support Services	
Broadview Emergency Shelter & Transitional Housing Program PO Box 31209 Seattle, WA 98103 (206) 299-2500	Broadview is a facility providing emergency shelter units, transitional housing units, and support services to women, children and youth whose lives have been disrupted by family violence and other problems. Support services include on site crisis intervention, case management, advocacy-based counseling, legal advocacy, information, referral and long-term stabilization services. Broadview provides parenting support groups and information on DV effects on children and youth. Broadview's Children's Program is responsible for developing and implementing services and activities that respond to the unique needs of homeless children, youth and mothers residing at Broadview. The program serves children and youth; ages birth to 22 years. The program provides family time, swimming and age appropriate groups for children; childcare during adult groups and meetings. The Children's program provides general advocacy with schools, CA/CPS, camps, healthcare providers, and assists with school enrollment, transportation, clothing bank, uniform assistance, and referrals to Family Support Workers.

<p>Consejo 3808 S Angeline St. Seattle WA 98118 (206) 461-4880</p>	<p>Consejo's DV program assists the mother and the children by providing necessary resources and support services. All Consejo staff are bilingual in Spanish and English, and are bi-cultural. Services are provided in the Seattle Office. Therapy/case management services provided through satellite offices in Bothell, Bellevue and Federal Way. Consejo accepts Medical Coupon or Insurance and may provide some services to children at no cost Consejo provides the following group support:</p> <p>Parenting classes for DV survivors is offered which provides tools to support the recovery of the children.</p>
<p>Domestic Abuse Women's Network (DAWN) PO Box 88007 Tukwila, WA 98035</p> <p><i>Community & Youth Advocate</i> (425) 656-4305, Extension 249</p> <p><i>Kids Club</i> (425) 656-4305, Extension 7</p>	<p>Kids Club* is an evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. This program serves children ages 6 – 10, and groups held in a confidential South King County location. Eight weekly support group sessions are provided to help kids deal with past exposure to DV. DV survivors are involved and attend the sessions with their child(ren). Kids Club* is provided at no cost.</p> <p>Children's Services through DAWN's House Confidential Shelter: This program serves children birth to 18 years, who are residing at the DAWN shelter. Children's groups are provided with the focus on creating a peaceful environment where the children can share their experiences and engage in activities to learn about feelings, respectful behavior, self-esteem and anti-bullying behaviors through art, games and role playing. An enclosed teen room provides space for teens ages 12 – 18 years, for private teen groups, individual privacy, support, and computers access. The Children's Annex includes a quiet library space stocked with books specifically reviewed for content appropriate to children who have experienced DV. The program provides tutoring; childcare; enrollment in schools and daycare; individualized resources and support; field trips; and planned family activities. Parenting workshops with additional support are provided throughout the week</p>
<p>East Cherry YWCA 2820 E Cherry St. Seattle, WA 98122 Oriel Alfred (206) 650-1720</p>	<p>The Children's Domestic Violence Program provides in-home counseling services for children who have witnessed DV and are currently living in a safe environment. This program serves central Seattle children, ages 3-17, who have witnessed DV. The program provides safety planning, conflict resolution, counseling, parenting support, and education materials on Children and DV. The program is provided at no cost.</p>
<p>Jewish Family Service 1601 16th Ave Seattle, WA 98122 (206) 461-3240</p>	<p>Project DVORA: Domestic Violence, Outreach, Response and Advocacy Program provide advocacy based counseling to survivors, Jewish rituals in healing from DV, and outreach/education to Jewish community and secular program providers. Project DVORA provides Kids Club* children's groups for all religious/cultural backgrounds with co-current parenting group for families who have experienced DV. Kids Club is an evidenced-based national model developed by Dr. Sandra Graham-Bermann of the University of Michigan and has demonstrated to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. Serves children in two groups, ages 5-8 and 9-12.</p>

<p>LifeWire (Formerly known as Eastside Domestic Violence Program-EDVP) PO Box 6398 Bellevue, WA 98008 (425) 746-1940</p>	<p>Parent Support Group is a group that offers education and support to DV survivors. Participants discuss parenting challenges and learn new parenting techniques; discuss how DV affects children/parenting; and helps DV survivors gain confidence by learning new ways to approach parenting. The group is held at a confidential East King County location and is provided at no cost.</p> <p>Children’s Support Group is offered simultaneously with parent support group, and serves children ages birth-11. Children ages 4 years and older focus on diverse activities with advocates that cover topics such as feelings, anger management, safety, self-esteem, healthy relationships and the violence they have witnessed in their homes.</p> <p>Kids Club* is an evidence-based national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated ability to increase a child’s feeling of safety, decrease stress, improve communication, and increase school readiness. Kids Club is periodically offered in place of Children’s Support Group. Mothers are involved and attend some of the Kids Club sessions with their child/children.</p>
<p>Mental Health Referrals</p> <p>For referral to a local Medicaid provider: call Within Reach Family Health Hotline at (206) 284-2465 or 1-800-322-2588.</p> <p>For private insurance referrals, call the health plan.</p>	<p>Mental Health Services: Infants, children, and youth who exhibit behavioral or emotional problems, can receive mental health assessments, counseling and therapy. There are community-based agencies located throughout King County that provide services. When scheduling an appointment, ask for a clinician who has had training and experience in working with children exposed to DV. Many accept Medicaid and private insurance may also cover mental health services.</p>
<p>Navos Mental Health Solutions</p> <p>2600 SW Holden, Seattle, 98126 1210 SW 136th St, Burien, 98166</p> <p>To make a referral contact: Haruko Choosakul, Clinical Supervisor 206-933-7142</p>	<p>Navos’ Infant and Early Childhood Mental Health Program provide counseling for families with children ages birth-5 years. Counselors offer support and developmental guidance to caregivers as they parent their young children and heal from the trauma of domestic violence. Counselors meet together with caregivers and children in their homes or at a Navos campus in West Seattle or Burien. Services are covered by Medicaid and other medical insurance.</p>

<p>New Beginnings P.O. Box 75125 Seattle, WA, 98175 24-Hour Hotline (206) 522-9472</p>	<p>Kid's Club* is an evidenced based national model developed by Dr. Sandra Graham-Bermann of the University of Michigan and has demonstrated the ability to increase a child's feeling of safety, improve problem solving skills, and enhance social connectedness. Kids Club* is provided in ten weekly support group sessions, to children ages 7-12. This group helps kids deal with past exposure to DV. Groups held in a confidential location in greater Seattle area at no cost. DV survivors are involved and attend three sessions with their child.</p> <p>Parenting Classes for Women who are DV Survivors: This ten-week group is offered twice a year, providing parenting support to DV survivors. The group helps mothers understand the impact of DV on children; teaches mothers how to talk and listen to their children about DV; and supports mothers in strengthening relationships with their children. Childcare is provided at no cost.</p>
<p>Sound Mental Health/ Children's Domestic Violence Response Team (CDVRT)</p> <p><i>Services available in Auburn, Tukwila, Seattle, and East King County</i></p> <p>Contact Sound Mental Health for More information at (206) 302- 2300</p>	<p>Sound Mental Health is a community mental health agency that provides counseling to children and parents. Sound Mental Health offers a specialized Children's Domestic Violence Response Team (CDVRT). CDVRT services are provided countywide. This program utilizes a team model to offer integrated advocacy and mental health services, and is partnered with YWCA South King County, DAWN, LifeWire and New Beginnings. The program serves children ages 3-13 who have witnessed DV. CDVRT provides evidenced-based therapy, such as TF-CBT and PCIT along with play therapy and Kids Club* DV groups.</p> <p>The overall goals of CDVRT are to decrease trauma symptoms, increase resiliency and protective factors, address child's possible belief that the DV is their fault, and improve their social and relationship skills, and encourage children to access social supports in the future.</p>
<p>South King County YWCA 1010 South 2nd Street Renton, WA 98055 <i>Kellie Rogers</i> (425) 226-1266 x1029 <i>Spanish Speakers:</i> (425) 226-1266 x1038 <i>Brochures:</i> (425) 226-1266</p>	<p>The Children's Domestic Violence Program provides in-home counseling services for children who have witnessed DV and are currently living in a safe environment. This program serves South King county children, ages 3-12, who have been exposed to DV. The program provides safety planning, conflict resolution, counseling, parenting support, and education materials on Children and DV. The program is provided at no cost.</p>
<p>Wellspring Family Services Domestic Violence Intervention program 1900 Rainier Avenue S. Seattle, WA 98144 (206) 826-3044</p>	<p>"DV Dads" is A five-month program that meets twice per month for fathers, who have completed the weekly portion of their DV batterer's intervention program. This class is designed to equip batterers in understanding the impact their violence against their intimate partner has had on their children. This class is ongoing. This group is located in the Seattle office. Fees are based on a sliding scale. Medicaid and private insurance not accepted.</p>
<p>Youth Eastside Services (YES) 999 164th Ave. NE Bellevue, WA. 98008 (425) 747-4937</p>	<p>YES provides services to children and youth affected by DV, ages 6-20. They provide individual and family counseling that does not include abusers, and case management services. YES serves children living in Kirkland, Redmond, Bellevue, and Sammamish areas for counseling or drug/alcohol services. YES accepts Medicaid and Medical Insurance, and has a sliding fee scale.</p>

Trauma Services

UW Medicine, Harborview Medical Center Center for Sexual Assault and Traumatic Stress

401 Broadway
Seattle, WA 98122
Mailing: 325 9th AVE,
Box 359947
Seattle, WA 98104
(206) 744-1600

*Services available in
Seattle, Shoreline, and
Redmond Offices*

UW Medicine, Harborview Center for Sexual Assault and Traumatic Stress

provides counseling and therapy for King County children of all ages and their family members who are experiencing emotional or behavioral trauma symptoms. Services include 24/7 crisis support and intervention from Harborview Medical Center Emergency Department after regular business hours; 24/7 telephone crisis intervention availability; evaluation for post-trauma reactions; legal advocacy in cases where child involved in criminal proceedings; medical advocacy and care coordination; and, referral to care and service referrals with other DV, mental health, teen services, or other community support services.

King County Sexual Assault Resource Center

200 Mill AVE S, Suite 10
Renton, WA 98057
(425) 226-5062
24-Hour Crisis Line:
1-888-998-6423

King County Sexual Assault Resource Center provides counseling and therapy for King County children of all ages and their family members who are experiencing emotional or behavioral trauma symptoms. Their services include 2/7 telephone crisis support and intervention; evaluation for post-trauma reactions; legal advocacy in cases where child involved in criminal proceedings; medical advocacy and referral to care as appropriate; and, referral to care and service referrals with other DV, mental health, teen services, or other community support services. KSARC accepts Medicaid and Private Insurance

Child Abuse or Neglect

To make a referral for Children/Youth with Abuse and Neglect Concerns call the Washington State Children's Administration (CA) Intake

**24-hour telephone number:
1-866-363-4276 or
1-866-END-HARM**

Website:

<http://www.dshs.wa.gov/report-abuse-and-neglect>

Child Protective Services (CPS) social workers receive intake referrals and investigate reports of child abuse and neglect. Referrals accepted for investigation are assigned to a social worker who will interview the children and caregivers. The CPS social worker completes a safety assessment and risk assessment for the family and makes findings for their investigation. The social worker can develop a safety plan with the caregiver and their children. Some families may also be referred to voluntary assessment and support services through their Family Assessment Response (FAR) social workers in lieu of CPS investigation. The FAR social worker completes a family and safety assessment but makes no findings of child maltreatment. For CPS/FAR eligible families case management services and resources can be made available for daycare, basic needs, and other supports.