



INDIANA DEPARTMENT OF CHILD SERVICES

CHILD WELFARE POLICY

Chapter 2: Administration of Child Welfare

Section 30: Domestic Violence (DV)

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POLICY OVERVIEW

Domestic violence (DV) is a serious issue with potentially fatal implications for all family members. Exposure to DV can have long lasting effects on a child. A child who is exposed to DV in the home is more likely to experience:

1. Childhood behavioral, emotional, and social problems;
2. Cognitive and attitude problems; and
3. Long-term problems such as higher levels of adult depression and trauma and a greater likelihood to be involved in a violent adult relationship than peers.

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PROCEDURE

Intake

The Indiana Department of Child Services (DCS) will ensure every Preliminary Report of Alleged Child Abuse or Neglect (310) is screened for the presence of DV. The DCS Child Abuse Hotline (Hotline) will recommend for assessment, DV related reports that meet any of the following criteria:

1. A child has witnessed a DV incident and/or was present in the home when a DV incident occurred;
2. The child has been physically injured because of intervening in or being present during a DV incident;
3. There is reason to believe the child is intervening or will intervene in the DV, placing the child at risk of injury;
4. The child is likely to be injured during the DV incident (e.g., being held during violence or physically restrained from leaving);
5. The alleged DV offender has access to weapons or firearms, has used or threatened to use weapons or firearms, and/or has made threats of homicide or suicide;
6. There are serious, recurring DV incidents and/or DV is occurring in combination with other significant risk factors (e.g., substance abuse);
7. The alleged DV offender does not allow the non-offending parent and/or child access to basic needs impacting the child's health and safety;
8. The alleged DV offender has killed, kidnapped, substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and/or pets;

9. Serious injury to the non-offending parent (including, but not limited to, broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting, or severe malnourishment); or
10. Violence increasing in either frequency or severity.

The Hotline will also consider the following factors prior to making a recommendation to assess a DV related report:

1. Isolated victims with minimal support;
2. Stalking behaviors (i.e., patterns of behaviors that are intimidating to the other party);
3. Reports of DV combined with other risk factors including substance abuse or mental illness;
4. Previous reports to DCS or Law Enforcement Agency (LEA) with the same or other child or adult victims;
5. Previous convictions for crimes against persons or serious drug offenses;
6. Violations of restraining orders; and
7. Lack of other community responses or resources.

Assessments

For the assessment of reports involving alleged DV, follow the initiation requirements outlined in policy 4.38 Assessment Initiation. In addition, reports involving alleged DV will be initiated immediately, but no later than 24 hours following receipt of the report if:

1. The parent, guardian, or custodian or the child calls to report alleged DV and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm;
2. The alleged DV incident involved a deadly weapon; or
3. The alleged DV occurred within the past 48 hours (regardless of the report source) and the allegations would not cause a reasonable person to believe the child is in imminent danger of serious bodily harm.

When conducting interviews during an assessment, interviews should be performed separately and without the alleged DV offender present. The safety of all family members and DCS staff should be considered when structuring interviews. Consider completing interviews outside of the home, when possible, and consider if it is appropriate to request a joint assessment with LEA (see policy 4.29 Joint Assessments). In assessments where DV is alleged, the purpose of interviews with the alleged DV offender is to discuss how to ensure the safety of the child, the purpose is not to get them to admit to the DV.

Note: Due to federal and state confidentiality laws, DCS staff may not be able to obtain information from staff of a DV program (residential or nonresidential). When the child and non-offending parent are at a DV shelter, shelter staff may decline to confirm their presence.

An out-of-home placement for cases involving DV should **only** be considered when the child is at imminent risk of removal (Indiana Code uses the phrase "imminent risk of placement" rather than "imminent risk of removal"), all other means of safety have been considered and offered, and the non-offending parent is unable to protect the child or is unwilling to accept services. An assessment involving DV does not warrant an automatic removal to ensure the safety of the child. DV does not always constitute exigent circumstances to interview the child without first seeking parental consent. See 2.D Tool: Considerations When Domestic Violence is Identified and policies 4.06 Exigent Circumstances for Interviewing Alleged Child Victims and 7.01 Child at Imminent Risk of Removal for additional information.

Interviews should be completed in the following order:

1. Non-offending parent (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender);
2. Child (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender);

Note: It is critical to assess the unique impact of DV on each child, not just what the child was exposed to or observed. When interviewing a child who is alleged to have been exposed to DV, DCS will focus the interview on the following:

- a. Impact on the child of witnessing or being exposed to DV (see Practice Guidance);
- b. The child's understanding and/or interpretation of the violence (how does the child explain what happened or what lead to the DV, is the child aware of the aftermath of the DV incidents); and
- c. The child's concerns about safety.

3. Alleged DV offender (see 2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender); and

Exception: If there is concern for potential danger for the child and/or non-offending parent or concern that the child may share information with the alleged DV offender, the interview with the child may be postponed. This will occur only in very rare instances and the FCM Supervisor must be notified immediately and approve the decision.

4. Any other required interviews, as outlined in policy 4.04 Required Interviews.

Note: Interviews with witnesses to a DV incident should be conducted with an understanding that the personal safety of the individuals is a consideration that may impact their willingness to discuss or be fully forthcoming about the abuse and/or violence occurring within the family. All interviews should focus on child safety.

When DV has been alleged, the FCM will:

1. Inform the non-offending parent of the time and location of the interview with the alleged DV offender, if possible, prior to making face-to-face contact with the alleged DV offender; and
2. Create a Safety Plan for the child and all family members upon initiation of the assessment (see Practice Guidance). The purpose of the Safety Plan is to:
 - a. Plan for the immediate safety for the child and non-offending parent,
 - b. Begin planning for the long-term safety of the child and the non-offending parent, including what will happen when DCS is no longer involved,

Note: The Safety Plan **cannot** include a provision that requires the non-offending parent to restrict the visitation or parenting time of the offending parent. This would be a constructive removal and a CHINS would need to be filed.

- c. Provide safety options and information about community services (e.g., DV advocacy programs and programs that provide financial assistance and information about requesting a protection or no contact order on the Protection, No Contact and Workplace Violence Restraining Orders webpage) for the non-offending parent and the child, and

- d. Address behaviors demonstrated by the alleged DV offender that pose a risk to the child's safety.

Note: DCS will partner with the non-offending parent and child to create a Safety Plan in all assessments where DV has been identified. If the non-offending parent has met with a DV advocate to create a DV Safety Plan, the DCS Safety Plan may be revised to incorporate the safety plan that was created with the DV advocate. Best practice would be to include a DV advocate in the development of the DCS Safety Plan.

3. Discuss with the non-offending parent the precautions to take if the parent wants a copy of the Safety Plan (e.g., where to safely keep the document). If the non-offending parent does not want a copy of the Safety Plan, document in the case management system that the non-offending parent opted to not take a copy of the plan.

Note: If the alleged DV offender requests or subpoenas a copy of the Safety Plan, the FCM should meet with the DCS Staff Attorney, and the Safety Plan should be redacted to protect the safety of the non-offending parent and child as outlined in IC 31-33-18-2(8) and IC 31-33-18-2(13).

The FCM will consider closing an assessment without opening a case when:

1. The alleged DV offender has supervised visits or no access to the child;
2. A Safety Plan is in place for the safety of the child;
3. Support services are in place for the alleged victim/parent and child, which help provide safety for the alleged victim/parent and the child;
4. Active involvement with the alleged DV offender by the criminal justice system and an appropriate intervention program is in place; and/or
5. Risks posed by the alleged DV offender are no longer present (e.g., the non-offending parent and child are living in a shelter or there is a reasonable belief the offender will no longer have access to the child).

Note: If an assessment is closed without opening a case, the FCM should offer to refer the non-offending parent to local DV service providers and other community resources for services as warranted (see 4.G Tool: Community Resources and Prevention Services).

The FCM will consider opening a case when:

1. Violence is increasing in either frequency or severity (this is especially important when a child is too young or unable to tell what happened);
2. A relevant individual is thinking about, planning, or has made past attempts of suicide or homicide;
3. The alleged DV offender is not allowing the non-offending parent and/or the child access to basic needs;
4. The child is exhibiting observable effects of the DV, causing substantial impairment;
5. The family requests assistance; or
6. Other risk factors impact the safety of the child (see 2.D Tool: Considerations When Domestic Violence is Identified for additional information).

When it is determined appropriate to open a case, the FCM will ensure the following forms are completed and redactions are completed with the DCS Staff Attorney (see Chapter 6- Court policies):

1. Taking Custody of a Child without Verbal Consent or Written Court Order: Description of Circumstances, if DCS was unable to obtain a court order prior to the removal of the child;
2. Preliminary Report of Alleged Child Abuse or Neglect (310);
3. Assessment of Alleged Child Abuse or Neglect (311) if the assessment is completed;
4. Preliminary Inquiry (PI); and
5. Any other required forms or notices located in the case management system.

Case Management

For cases where DV has been identified, the FCM will:

1. Seek input from the FCM Supervisor to assess whether holding a CFT Meeting with both parents present may be accomplished safely;

Note: Due to the extreme power and control that one (1) partner typically exhibits in a relationship where DV is present, it may be unsafe and/or unproductive to have both the non-offending parent and alleged DV offender present at the same CFT Meeting.

2. Consider other options for both parents to be involved in the CFT Meeting if it is determined to not be appropriate to have both parents present for the same meeting (see 2.E Tool: Domestic Violence and Child and Family Team [CFT] Meeting Considerations);

Note: If a CFT Meeting is held with both the non-offending parent and the alleged DV offender present, a plan should be created during CFT preparation meetings to address safety before, during, and after the meeting. This may include, but is not limited to:

- a. Having the non-offending parent and alleged DV offender arrive and leave the meeting at different times,
- b. Having scheduled breaks throughout the meeting to evaluate the safety of all team members, and/or
- c. Contacting the non-offending parent within 24 hours after the CFT Meeting, when both parents were present at the CFT Meeting to assess any impact the CFT Meeting may have had on the child's and non-offending parent's safety.

3. Recommend DV services to any family in which DV may be present and include a DV advocate or another DV service provider in CFT Meetings, whenever possible and appropriate. The DV services should be recommended instead of mandated for the non-offending parent, as mandating the services may actually be perceived by the non-offending parent as mirroring the same coercive and threatening behaviors of the alleged DV offender;

Note: According to IC 35-37-6-1, communications between victims of DV and victim advocates are confidential, even if certain third parties are present when information is exchanged. Victim advocates are legally precluded from giving testimony in CHINS proceedings, without victim consent, and the release of information must be very specific, time sensitive, and Violence Against Women Act approved.

4. Review the Safety Plan at each CFT Meeting and update the Safety Plan as needed (this should not be done, though, if the alleged DV offender is present). In addition to any general safety measure for the child, the Safety Plan should address the following:
 - a. Safety for the non-offending parent and child until the non-offending parent is able to meet with a DV advocate,

Note: If the non-offending parent has met with a DV service provider to create a DV Safety/Survival Plan, the Safety Plan may be revised to incorporate the Safety/Survival Plan that was created.

- b. Referrals to DV programs,
- c. Financial assistance,
- d. Other community services available, and
- e. A plan for what will happen after the FCM is no longer present (e.g., leaves the home) and/or DCS is no longer involved.

5. Protect the confidentiality of information shared during court proceedings and the safety of a parent, guardian, or custodian who is alleged to be a victim of DV (see Chapter 6-Court policies for additional information). This may include, but is not limited to:

- a. Discussing the following with the DCS Staff Attorney:
 - i. The possibility of disclosing addresses and contact information for the parent, guardian, or custodian who is an alleged victim of DV in a sidebar, instead of offering the information to the entire court room;
 - ii. A request for confidential information regarding the parent, guardian, or custodian who is an alleged victim of DV to not be read aloud in the court room; and/or
 - iii. A request for separate hearings be held for a parent, guardian, or custodian who is an alleged victim of DV and alleged DV offender, when appropriate.
- b. Requesting a security escort for the parent, guardian, or custodian who is an alleged victim of DV and/or alleged DV offender to and from the court room and the parent, guardian, or custodian's vehicle, if necessary.

6. Review 2.D Tool: Considerations When Domestic Violence is Identified and policies 5.09 Informal Adjustment/Prevention Plan or 5.12 Closing a CHINS Case, as applicable, to help determine when it is appropriate to close the case.

The FCM Supervisor will assist the FCM in creating a plan that addresses safety before, during, and after the CFT Meeting when a CFT Meeting is held with both the non-offending parent and alleged DV offender present.

Out-of-Home Care

When DV has been identified, the FCM will complete the following when creating a Visitation Plan:

1. Work with the CFT members to develop a Visitation Plan for the family (see policy 8.12 Developing the Visitation Plan). Ensure the following parameters are included in the Visitation Plan for the alleged DV offender:
 - a. There should be no discussion about the current locations or activities of the non-offending parent,
 - b. Past DV incidents or any of the circumstances that led to the removal of the child should not be discussed with the child during the visit, and the child should not be questioned about treatment the child may be receiving (e.g., counseling or therapy), and
 - c. Any form of physical discipline or intimidation is prohibited.
2. Offer separate visitation times for the non-offending parent and the alleged DV offender;

3. Consider recommending supervised visitation if the child is afraid of the alleged DV offender or either parent has physically abused the child;
4. Ensure the time and location of the non-offending parent's visitation is not provided to the alleged DV offender; and
5. Ensure there is no overlap of parental visitation time.

Note: Ample time should be included for the non-offending parent to pick up or drop off the child or to arrive or leave the premises without being forced to interact with the alleged DV offender. The non-offending parent should not be expected to transport the child to or from visits with the alleged DV offender.

In addition to procedures outlined in policy 8.48 Relative or Kinship Placements, the FCM will consider the following criteria prior to approving a relative or kinship placement for any child under DCS supervision when DV has occurred:

1. The household members have no history of DV;
2. The relative or kin believes DV has occurred and does not enable the violence;
3. The relative or kin are able to protect the child from the alleged DV offender;
4. The relative or kin will not reveal the whereabouts of the non-offending parent;
5. The alleged DV offender does not have coercive control over the relative' or kin's household members;
6. The relative's or kin's household members do not fear the alleged DV offender;
7. The relative' or kin's household members will report all violations of the Safety Plan; and
8. The relative' or kin's household members have a good relationship with the non-offending parent.

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RELEVANT INFORMATION

Definitions

Domestic Violence (DV)

DV involves a pattern of assaultive and coercive behaviors that an individual uses against the intimate partner with the intent to degrade, humiliate, or instill fear. These behaviors typically fall into five (5) general categories:

1. Physical assaults;
2. Sexual assaults;
3. Psychological assaults;
4. Economic coercion; and/or
5. The use of a child to control the adult victim.

Imminent Risk of Removal/Placement

DCS defines a child at imminent risk of removal as a child less than 18 years of age who reasonably may be expected to face out-of-home placement in the near future as a result of at least one (1) of the following:

1. Dependency, abuse, or neglect;
2. Emotional disturbance;
3. Family conflict so extensive that reasonable control of the child is not exercised; or
4. Delinquency adjudication.

Safety Plan

A Safety Plan is a voluntary, non-legally binding written agreement with the family, which identifies interventions to address the safety of the child and specifies family supports and/or

community services that will be utilized.

Forms and Tools

- [2.D Tool: Considerations When Domestic Violence is Identified](#)
- [2.E Tool: Domestic Violence and Child and Family Team \(CFT\) Meeting Considerations](#)
- [2.F Tool: Suggested Interview Questions for the Child, Non-Offending Parent, and Alleged Domestic Violence Offender](#)
- [4.G Tool: Community Resources and Prevention Services](#)
- Assessment of Alleged Child Abuse or Neglect (311) (SF 113) – available in the case management system
- Preliminary Report of Alleged Child Abuse or Neglect (310) (SF 114) – available in the case management system
- [Protection, No Contact and Workplace Violence Restraining Orders](#)
- [Safety Plan \(SF 53243\)](#)
- [Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstance \(SF 49584\)](#)
- Visitation Plan – documented in the CFT Meeting Notes and court reports

Related Policies

- [4.04 Required Interviews](#)
- [4.06 Exigent Circumstances for Interviewing Alleged Child Victims](#)
- [4.29 Joint Assessments with Law Enforcement Agency \(LEA\)](#)
- [4.38 Assessment Initiation](#)
- [5.09 Informal Adjustment/Prevention Plan \(IA\)](#)
- [5.12 Closing a CHINS Case](#)
- [Chapter 6- Court](#)
- [7.01 Child at Imminent Risk of Removal](#)
- [8.12 Developing the Visitation Plan](#)
- [8.48 Relative or Kinship Placements](#)

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LEGAL REFERENCES

- [IC 5-26.5-1-3: "Domestic violence"](#)
- [IC 31-26-5-1: "Child at imminent risk of placement"](#)
- [IC 31-33-18-1: Confidentiality; exceptions](#)
- [IC 31-33-18-2: Disclosure of unredacted material to certain persons](#)
- [IC 34-6-2-34.5: "Domestic or family violence"](#)
- [IC 35-37-6-1: "Confidential communication"](#)

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PRACTICE GUIDANCE- DCS POLICY 2.30

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

Creating a Safety Plan when Domestic Violence (DV) is Alleged or Identified

When DV is present or suspected, the Department of Child Services (DCS) creates a Safety Plan which addresses the safety of the child and all family members. The purpose of this plan is to:

1. Achieve immediate safety for the child and non-offending parent;
2. Begin planning for long-term safety for the child and the non-offending parent;
3. Provide safety options for the non-offending parent and the child; and
4. Address behaviors demonstrated by the alleged DV offender that pose a risk to the child's safety.

Note: The Safety Plan for the non-offending parent and child should not be shared with the alleged DV offender. A separate Safety Plan is developed with the alleged DV offender. Both plans should also address any other safety concerns that have been identified for the child.

The plan created for the non-offending parent and/or child should include strategies to reduce the risk of physical violence and harm by the alleged DV offender and enhance the protection of the child and non-offending parent. The Safety Plan for individuals living with DV will vary depending on whether the non-offending parent is separated from the alleged DV offender, thinking about leaving, returning to, or remaining in the relationship. Specific planning may include, but is not limited to:

1. Engaging the non-offending parent in a discussion about the options available to keep the non-offending parent and the child safe, including what has been tried before;
2. Exploring the benefits and disadvantages of specific options and creating individualized solutions for each family;
3. Utilizing the criminal justice and civil court systems to hold the alleged DV offender accountable; and
4. Developing a written list of phone numbers of neighbors, friends, family, and community service providers that the non-offending parent may contact for safety, resources, and services. This requires Family Case Managers (FCMs) to stay current about resources, contacts, victim advocates, and legal options.

The plan created for the alleged DV offender should identify and address behaviors and harm caused by the alleged DV offender with the safety and protection of the non-offending parent and child as the ultimate goal. Specific planning may include, but is not limited to:

1. Agreement to refrain from any further acts of physical harm or violence against the non-offending parent and/or child;
2. Agreement to refrain from any further acts of coercive control or manipulation against the non-offending parent and/or child (e.g., harassment, stalking, verbal, or emotional abuse, and withholding basic needs [food, clothing, medical care, modes of communication or transportation, access to employment]); and/or
3. Exploring options to dispose of (temporarily or permanently) weapons kept on their person or in the home.

Examples of items that may be addressed in a safety plan for an alleged DV offender include the following:

1. The alleged DV offender will not commit further physical violence towards any member of the household or any pets.
2. The alleged DV offender will not intimidate any member of the household including verbal threats, destruction of property, or throwing objects.
3. The alleged DV offender will not possess any weapons (e.g., guns, bows, arrows, knives) and no weapons will be in the home or on the premises.
4. The alleged DV offender will not withhold basic needs from the non-offending parent (food, clothing, shelter, medical/mental health care, education, socialization).
5. The alleged DV offender will not use physical discipline.
6. The alleged DV offender will not deny the partner access to telephone, vehicle, or other forms of communication and transportation.
7. The alleged DV offender will not deny the partner access to income/financial resources.

Documentation of DV in Contacts and Reports

When documenting DV in contacts and reports, ensure the documentation goes into detail and provides specific information about the DV incident. Example A and Example B below are samples of documentation about the same DV incident. These examples demonstrate the drastic differences between reports written without specific information versus reports that go into detail about the DV incident.

Example A (Lacking Specific Information):

The department substantiated neglect against both Mr. Smith (father/step-father) and Mrs. Smith (mother) due to domestic violence in the presence of Mrs. Smith's older two children and their mutual child as well as substance abuse by the mother. Mrs. Smith's older two children have different fathers. She has a history of domestic violence in those relationships. Mrs. Smith has a long history of abusing substances and not maintaining sobriety. Mrs. Smith had a bruise and cuts to her face following the last incident due to which Mr. Smith was arrested. The older children were in close proximity to the violence. Mrs. Smith denied abuse by Mr. Smith and bonded Mr. Smith out of jail. Mrs. Smith failed to protect the children and intends to remain in a relationship with Mr. Smith. Mr. Smith's parents help take care for the youngest child and want him placed with them.

Example B (Detailed Information- Best Practice):

The department substantiated neglect against Mr. Smith (father/step-father) due to domestic violence in the presence of Mrs. Smith's (mother) older two children and their mutual child. Mr. Smith was arrested due to physical violence against Mrs. Smith specifically, punching Mrs. Smith in the face multiple times with a closed fist leaving bruises, shoving Mrs. Smith over a sofa resulting in a laceration to her temple, and putting his knee to her chest with enough force to restrict her breathing. Mrs. Smith denied abuse by Mr. Smith and bonded Mr. Smith out of jail. Both older children were within 3 feet of this violence and at risk of being harmed. Both children were crying and begging Mr. Smith to stop. The oldest child attempted to intervene and was shoved out of the way by Mr. Smith. Mrs. Smith indicates she plans to stay in a relationship with Mr. Smith. Mrs. Smith was not able to verbalize a plan to ensure the safety of her children.

Mr. Smith has a history of being verbally and physically abusive to Mrs. Smith and controlling of finances as well as Mrs. Smith's contact with family and friends. The older children have witnessed Mr. Smith batter their mother multiple times (punching in the face, choking, twisting her arm, and kicking her in the stomach) over the past year and express fear that their mother

will be harmed. Mr. Smith has punched holes in the walls and broken both the living room coffee table and a chair when he has been violent. Mr. Smith repeatedly throws dishes breaking them. The children have observed Mrs. Smith with a black eye and bruises on her face and arms following Mr. Smith battering her on past occasions. None of the children have received injuries as a result of the violence.

Mr. Smith's violence toward Mrs. Smith and controlling behaviors have negatively impacted Mrs. Smith and the children. Mrs. Smith participated in substance abuse treatment services for 6 months to address her substance use and maintained sobriety. Mr. Smith refused to allow her to continue treatment and refused access to the car or money for transportation. Mrs. Smith did relapse once and has since regained sobriety.

The family has been evicted multiple times due to frequent domestic violence perpetrated by Mr. Smith. They have moved 6 times in the last year. These moves have impacted the older children's performance in school. Both have missed more than 30 days of school. When the children do attend school, they struggle to remain focused in class and frequently fall asleep. The children struggle to complete homework in the home with the tension and violence.

Mr. Smith frequently threatens to take his child and leave the home. He threatens that he will disappear, and Mrs. Smith will never see their child again. Mr. Smith has left with their child on two prior occasions, once for 4 days and another time for 3 weeks. Mrs. Smith did not know the child's whereabouts. She questioned Mr. Smith's parents and they denied knowing where Mr. Smith and their grandchild were.

Mr. Smith's parents regularly keep their grandchild on weekends. They shared concern for Mrs. Smith's caregiving of the children and her substance abuse history. The grandparents had no concerns about their son or his caregiving of his child. They shared that Mr. Smith stayed with them for 3 weeks about 4 months ago when he left Mrs. Smith. The grandparents are not interested in caring for the older two children. They would like to care for their grandchild.

Indicators of Domestic Violence

If any of the following indicators of DV are observed, carefully consider how to proceed. The alleged DV offender should not be present during other interviews, which may require a court order. Staff with your DCS Staff Attorney and FCM supervisor about how to proceed.

Child Indicators:

1. Child may blame self for the abuse;
2. Child may identify with the alleged DV offender by "acting out" aggressively toward the non-offending parent;
3. Child may be depressed, confused, or exhibit animosity, anger, or sadness;
4. Infants may be moody, restless, sleepless, or lack responsiveness;
5. Child may experience regression, such as bed wetting or thumb sucking;
6. Child may show signs of school phobia- a manifestation of leaving the non-offending parent alone in the home;
7. Child may experience guilt or the inability to establish trusting relationships;
8. Child may try to hide the fact that DV is present in the home;
9. Child may take on the "mothering" role;
10. Child may demonstrate fear when the alleged DV offender is around;
11. Child may be overly protective of one (1) parent; and/or
12. Child may be withdrawn, apathetic, or feel insecure and powerless.

Potential Indicators of DV

During each home visit, the FCM will look for the following potential signs of DV:

1. Evidence of damage to property (e.g., holes punched in walls and doors ripped off hinges);
2. Evidence of one (1) parent being deprived of a phone or unable to have access to a phone;
3. Reluctance of adults/partners to be interviewed separately; one (1) adult/partner answering questions for the other (i.e., not letting the other person talk);
4. One (1) adult/partner appears emotional, nervous, or extremely uncomfortable and uncooperative while the other partner seems composed and cooperative;
5. One (1) adult/partner seems afraid of the other adult/partner;
6. Children being overly protective of one (1) parent;
7. Pet abuse;
8. Visible injuries or attempts to hide injuries (e.g., long sleeves in warm weather, sunglasses inside, or pulling of sleeves down to cover arms);
9. Flinching or signs of anxiety;
10. Use of dominating or intimidating body language;
11. Potential weapons are present in the home, openly visible, or are not secured (be aware of common household items that may be used as a weapon);
12. Home not adequately accessible for a family member's disabilities;
13. Presence of guard animals, especially if family members exhibit fear of them;
14. Home is in an isolated location; and/or
15. One (1) adult/partner appears to have other forms of isolation (e.g., social, electronic, financial, inability to work outside of the home).

Types of Domestic Violence

Domestic Violence (DV) typically involves a pattern of assaultive and coercive behaviors that people use against their family or household members with the intent to degrade, humiliate or instill fear in them. These behaviors typically fall into five (5) general categories: physical assaults, sexual assaults, psychological assaults, economic coercion, and/or the use of children to control the adult victim.

Physical assaults may include, but are not limited to:

1. Pushing and shoving;
2. Restraining;
3. Slapping;
4. Punching;
5. Biting;
6. Kicking;
7. Suffocating or Strangling;
8. Using a weapon;
9. Kidnapping; and
10. Murder.

Sexual Assaults may include, but are not limited to:

1. Rape;
2. Forcing unwanted sex or sexual acts;
3. Forcing the victim to have an abortion or sabotaging birth control methods;
4. Sexual mutilation;

5. Objectifying or treating the victim like a sexual object; and
6. Forcing the victim to watch pornography, have sex with others, or participate in prostitution.

Psychological assaults may include, but are not limited to:

1. Destroying cherished objects;
2. Killing or harming family pets;
3. Humiliating the victim privately or in front of others;
4. Harassing the victim;
5. Isolating the victim;
6. Making accusations of infidelity;
7. Stalking;
8. Refusing to talk to the victim; giving him or her the “silent treatment”;
9. Blaming the victim for the abusive behavior; and
10. Controlling where the victim goes, who he or she talks to, and what he or she does.

Economic coercion may include, but is not limited to:

1. Withholding money from the victim;
2. Controlling how much money he or she has access to;
3. Stealing the victim’s money;
4. Withholding all information about finances;
5. Ruining his or her credit;
6. Preventing the victim from obtaining employment or an education; and
7. Making the victim beg or ask for money.

Using the children to control the adult victim may include, but is not limited to:

1. Forcing the children to spy on the victim;
2. Assaulting or threatening to assault the children;
3. Sabotaging the other’s parenting and discipline with the children;
4. Forcing or encouraging the children to assault the victim;
5. Taking the children; and
6. Calling or threatening to report the victim to DCS for poor parenting.

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