

## 21. Special Considerations/Requirements for CPS Assessment

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### A. Referral on an open case

#### Procedure

- When receiving a new CPS referral on an open case, the CPS worker should:
  1. Meet with the assigned caseworker or their supervisor to gain an understanding of past and or chronic concerns.
  2. Contact the family together with the permanency worker whenever practicable and beneficial to the assessment.
  3. Review the ongoing safety plan to understand the impending danger safety threats addressed through ongoing case management.
- If, after evaluating the information, it appears there is a violation of a current safety plan, but it does not constitute an allegation of abuse or neglect, the CPS worker should:
  1. Consult with the CPS supervisor to determine if the referral should be closed without a CPS assessment. In this situation, the CPS worker should document in OR-Kids that the referral was opened in error.
  2. The CPS worker and/or the CPS supervisor must inform the permanency worker who will handle the violation through ongoing case management.

### B. CPS assessment when there is a child fatality

#### Procedure

Child protective services assessments that involve a child fatality are complex and sensitive.

It is important to be aware of and address the impact on the caseworker. Due to the challenging nature of these referrals, assignment to an experienced CPS worker should be considered whenever possible.

- While each fatality case is different and thus creates varying assessment needs, in general, the role of the CPS worker is to:
  1. Refer to the Child Welfare Fatality Protocol.
  2. Protect the surviving siblings.
  3. Determine whether there is a need for medical intervention.
  4. Determine whether abuse or neglect occurred.
  5. Determine whether there are additional CPS allegations that need to be assessed regarding the conditions and circumstances surrounding the fatality (the screener already may have identified all relevant additional allegations).

6. Provide information and make referrals for crisis intervention and counseling as appropriate.
  7. Complete an assessment for possible filing of a dependency and neglect petition and follow-up services for surviving siblings or other children in the home.
  8. Notify the CPS consultant.
- The role of the CPS worker and the role of the law enforcement officer are different. When there is a joint CPS/LEA response and the roles appear to be in conflict, the CPS worker should consult with a CPS supervisor. Child Welfare may determine that a fatality is founded for abuse even if there is no LEA determination that a crime has occurred.
  - If the LEA investigation and a medical examiner determine that the child fatality clearly was the result of abuse or neglect, and if there are no siblings to the deceased child and no other children in the home where the fatality occurred, the CPS worker:
    1. May complete the CPS assessment without face-to-face contact with the parents or caregivers. Note: Only in a child fatality, when there are no siblings and no other children in the home, may a CPS worker make a disposition without the required face-to-face contacts.
    2. Must if these circumstances apply and no contact was made, complete the CPS assessment and document a founded disposition based on the LEA investigation, medical examiner's report and any additional information gathered during the CPS assessment.
  - Must notify the child's parents, including non-custodial parents, and caregivers of the CPS founded disposition.

All medical examiner and LEA reports of any fatality must be forwarded to the CPS consultant for the district when they are received by the CPS worker.

### **C. Determine and respond to ICWA status**

For children identified as having American Indian and Native Alaskan ancestry, early tribal notification and exploration of extended family and tribal resources will help ensure safety and permanency that is culturally appropriate and complies with the requirements of the Indian Child Welfare Act (ICWA). For children eligible under ICWA, the CPS worker must support foster placement by clear and convincing evidence of serious emotional or physical harm. The testimony of a qualified expert cultural witness needs to support such an action.

#### **Procedure**

- The CPS worker must initiate the process to determine the child's ICWA status and notify the Indian child's tribe if ICWA applies. To initiate this process the CPS worker must:
  1. Assure completion of a form CF1270, "Verification of ICWA Eligibility," to assist in determining ICWA eligibility.
  2. Contact the child's tribe when an Indian child is the subject of a CPS assessment.

Federally recognized tribes must be notified within 24 hours after information alleging abuse or neglect is received by the Department.

3. If the Indian child is enrolled or eligible for enrollment in a federally recognized tribe or Alaskan Village, notify the child's tribe if the child may be placed in protective custody.
4. Consult with the local Department ICWA liaison, a supervisor, or the ICWA manager if the CPS worker has questions regarding the involvement of a tribe or the ICWA status of a child.
5. Make a diligent attempt to address the following when determining the placement resource:
  - a. Contact the tribe's social services Department,
  - b. Search for relative resources,
  - c. Search for available Indian homes,
  - d. Contact other Indian tribes and other Indian organizations with available placement resources, and
  - e. Unless the Indian child's tribe has established a different order of preference, comply with the ICWA placement preference, which is the placement preferences as follows:
    - Placement with a member of Indian child's extended family,
    - Placement with a foster family that is licensed, approved or specified by the Indian child's tribe,
    - Placement with an Indian foster home licensed or approved by an authorized non-Indian licensing authority, or
    - Placement with an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.



*Both ICWA and Oregon law require any party seeking to remove an Indian child from his or her home to establish that remedial or rehabilitative services were provided to the family to avoid removal of the child. The Department must make active efforts to provide services subsequent to a CPS assessment and before making a decision to place an Indian child in substitute care. This does not supersede the need for emergency removal to prevent imminent physical danger or severe harm to a child. Case records should document factual evidence that the conduct or condition of the parent or caregiver will result in severe physical or emotional harm to the child, and that efforts were made to ameliorate the parent's or caregiver's harmful behavior and these efforts did not work. The services offered must demonstrate that prior to petitioning the court for removal of an Indian child, active efforts were made to alleviate the need for removing the child.*

### D. Determine and respond to refugee status

#### Procedure

During a CPS assessment, the CPS worker must consider whether the child is a refugee child. Under ORS 418.925, a “refugee child” is a “person under 18 years of age who has entered the United States and is unwilling or unable to return to the person’s country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion, or whose parents entered the United States within the preceding 10 years and are or were unwilling or unable to return to their country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular group or political opinion.”

The CPS worker must ask about the child’s or parents’ country of origin, length of time the child or parents have been in the United States, reasons why the child or parents came to the United States and ethnic and cultural information relevant to the child’s status as a refugee. The CPS worker does not have to make a legal determination that the child and parent are refugees, but if the child or the parents indicate they are refugees, then the CPS worker must proceed as if they are, until or unless it is known that they are not refugees.

- The CPS worker may not take a refugee child into protective custody unless, in addition to the other requirements for taking a child into custody, the CPS worker determines that:
  1. Removal is necessary to prevent imminent serious emotional or physical harm to the child; and
  2. Reasonable efforts to alleviate the harm through remedial or preventive services do not alleviate the harm, have failed, or are not practical in an emergency situation.
- Unless it is a voluntary placement, no refugee child may remain in placement more than five days unless there has been a judicial determination, supported by clear and convincing evidence that:
  1. Preventive or remedial services provided by the Department have failed to alleviate the need for removal; and
  2. Return to the home will likely result in psychological or physical damage to the child.
- When a refugee child is placed in care, the juvenile court petition must include, in addition to the information required by ORS 419B.809, the following information:
  1. A specific and detailed account of the circumstances that led the Department to conclude that the child was in imminent danger of serious emotional or physical harm;
  2. Specific actions the Department has taken or is taking to alleviate the need for removal;
  3. Assurance that the Department has complied with placement preferences listed in ORS 418.937; and
  4. Assurance that the Department is making or has made diligent efforts to locate and

give notice to all affected refugee family members and to the Refugee Child Welfare Advisory Committee that the petition has been filed.

- The CPS worker will not take a refugee child into protective custody unless both of the following apply:
  1. Removal is necessary to prevent imminent or serious emotional or physical harm to the child; and
  2. Reasonable efforts to alleviate the harm through remedial or preventive services do not alleviate the harm, have failed, or are not practical in an emergency situation.
- Unless it is a voluntary placement, no refugee child shall remain in placement more than five days unless there has been a judicial determination that the above two criteria are met. The CPS worker must address the following when determining the placement resource:
  1. Consider the child's culture and tradition.
  2. Follow the statutory mandate for placement preference as follows:
    - a. Natural parents,
    - b. Extended family member,
    - c. Members from the same cultural heritage, and
    - d. Persons with knowledge and appreciation of the child's cultural heritage.
  3. The CPS worker may determine that an exception to the placement preference is warranted when the placement is inappropriate or inconsistent with the best interests of the child if:
    - a. The placement presents threats to the child's safety;
    - b. Extreme medical, physical or psychological needs of the child cannot be met in the placement;
    - c. The informed request from either the child's biological or legal parents not to use a placement, if the request is consistent with stability, security and the individual needs of the child; or
    - d. When a juvenile court petition is filed and a refugee child is placed in care, the CPS worker must staff the case with the Refugee Child Welfare Advisory Committee (RCWAC). The CPS worker must contact the International Case Consultant to arrange a time for the staffing. In preparation for the staffing the CPS worker must:
      - Invite the CPS supervisor to the staff-



*The Refugee Child Welfare Advisory Committee will provide information about the culture of the family and how that may affect the parent's understanding of child welfare issues. They may have recommendations about culturally appropriate placement or service resources. Informed by the committee, the CPS worker finds, seeks out and uses culturally appropriate placements and services for the children and parents.*

- ing; and
- Be prepared to discuss the reasons for the CPS referral, the information indicating that family members are refugees, and their country of origin.

### **E. Obtain interpreters and translation**

#### **Procedure**

The CPS worker must obtain the services of a competent interpreter and document translation service for families who have limited or no means of communicating in or reading English, including hearing impaired families. Do not use children and other relatives for this purpose. In all cases a CF10A must be completed and faxed or forwarded to the resource in order to access the service.

### **F. Cultural considerations during the CPS assessment**

With every family assessment, a person's history and culture will affect certain areas. Effective engagement with the family is critical to understanding family functioning and cultural considerations. Use the following questions as a guide to understand cultural difference as part of the assessment.

- What is the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- Does religion play a role in this family? If so, what role does religion play? How do these beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogeneous group (e.g., tribe, race, nationality)?
- What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for child care?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection?
- How do they relate to closeness and distance?
- What are the communication styles of the family?
- How does the family solve problems?

- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?

A culturally sensitive CPS assessment recognizes parenting practices and family structures vary as a result of ethnic, community, and familial differences and this diversity can result in different but safe and adequate care for children within the parameters of the law. The CPS assessment process must acknowledge, respect, and honor the diversity of families, building upon the strengths and reinforcing the family unit whenever possible.

### **G. Taking photographs during the CPS assessment**

#### **Procedure**

- The CPS worker must take photographs and document, as necessary, child abuse, neglect and the observable nature of any present danger safety threat or impending danger safety threat during the CPS assessment. This should always be done in the most respectful manner possible. Families may feel defensive when there is a need to take photographs and effective engagement is key to easing the family's concerns.
  1. As stated in ORS 419B.028, a law enforcement officer or the CPS worker may take photographs for the purpose of documenting the child's condition at the time of the CPS assessment. Copies of the photographs must be labeled with the case name, child's name, and the date taken and filed in the Department record.
  2. The CPS worker must document injuries, hazardous environments and any the observable nature of any present danger safety threat or impending danger safety threats in the assessment narrative by use of photographs, written description, or illustrations.
  3. The CPS worker may observe or photograph injuries to female or male genitalia if the child is not school-aged and if the observation or photograph can be facilitated without the CPS worker touching the child's genitalia. The CPS worker must facilitate an examination by a medical professional if the alleged abuse or neglect involves injury to the genitalia of any age child, or reported or disclosed injury to the genitalia of a school-aged child.
  4. See that photographs taken during the course of the CPS assessment are:
    - a. Processed in a timely manner, and
    - b. Stored in the client record in an envelope that is labeled and dated.

### **H. Obtaining medical examinations during the CPS assessment**

The CPS worker should secure a medical examination of the child and obtain the child's medical history when necessary to ensure child safety, determine treatment needs, reassure the child and family, or to assist in analyzing safety related information during the CPS assessment.

### **Procedure**

The CPS worker must proceed in the following situations as described below. The CPS worker must consult with a CPS supervisor as soon as possible, but not at the expense of delaying medical treatment.

- When there are indications of severe physical trauma to the child, the CPS worker must make arrangements to transport the child to a medical facility. This includes calling 911 when the trauma is acute. The CPS worker also must make arrangements for medical examination of a child for mild or moderate physical trauma.
- To make arrangements for the medical examination of a child, the CPS worker must do the following, unless completing the action would delay medical treatment for the child:
  1. Discuss with the parent or caregiver the need for medical evaluation or treatment.
  2. Ask the parent or caregiver to take the child to a medical facility for medical evaluation or treatment. This should always be the first option for seeking treatment for a child. Medical care can be a traumatic event for children so parental presence is encouraged whenever it does not pose a threat to the child's safety.
  3. Request that the parent sign a form DHS 2099, "Authorization for Use and Disclosure of Health Information."
  4. Contact an LEA immediately and seek a juvenile court order to obtain protective custody of the child for the purpose of obtaining a medical evaluation or treatment when:
    - a. The parent or caregiver refuses,
    - b. The parent or caregiver may flee, or
    - c. Delaying medical evaluation or treatment could result in severe harm to the child.
  5. When there is an indication of a life-threatening condition, or of a deteriorating condition that may become life threatening, the CPS worker must seek medical care and consultation immediately.
  6. When there is reason to believe a child has been exposed to dangerous chemicals such as those found in a chemical drug lab, the CPS worker must make arrangements to have the child tested for chemical exposure as soon as possible and not later than 24 hours of learning of the exposure.
  7. When a report of suspected medical neglect of a disabled infant with life-threatening conditions is referred for CPS assessment, the assigned CPS worker must refer to I-B.2.2.2, "Investigation of Suspected Medical Neglect-Infants."
  8. When it is medically indicated to subject a child in the custody of DHS to HIV testing, the CPS worker must refer to I-B.5.1, "HIV Testing of Children in Custody and HIV Confidentiality."
  9. A child who is the victim of a person crime as defined in ORS 147.425, and who is

at least 15 years of age at the time of the abuse, may have a personal representative present during a medical examination. If a CPS worker believes that a personal representative would compromise the CPS assessment, a CPS worker may prohibit a personal representative from being present during the medical examination

10. When the CPS worker is making a determination of medical neglect, the CPS worker must consult with a health care professional.

### **I. Obtaining psychological and psychiatric evaluations during the CPS assessment**

#### **Procedure**

- The CPS worker should secure an assessment of the parent, caregiver, or child by a mental health professional to ensure child safety, determine treatment needs or assist in analyzing safety related information when, during the CPS assessment, the CPS worker identifies a specific condition or behavior that requires additional professional assessment. Examples include:
  1. Unusual or bizarre forms of punishment,
  2. Mental illness,
  3. Suicidal ideation,
  4. Homicidal ideation, and
  5. Unusual or bizarre child or parental behavior indicative of emotional problems.
- The CPS worker must obtain consent of the parent or caregiver prior to making a referral for a psychological or psychiatric evaluation of the parent, caregiver or child, unless the evaluation is court ordered.

### **J. When medical assessments, dental assessments and mental health assessments need to be completed for children in substitute care**

#### **Procedure**

- All children in substitute care must be referred for:

1. A medical assessment within 30 days of entering care,
  2. A dental assessment within 30 days of entering care, and
  3. A mental health assessment within 60 days of entering care.
- The assigned caseworker also will be responsible for ensuring that all covered medical treatment required as a result of assessments is received. Refer to I-C.4.1, “Medical Services Provided through the Oregon Health Plan.”

### **K. Children with special needs and the CPS assessment**

Children with special needs include those with physical, intellectual, developmental, emotional and/or mental disabilities.

#### **Procedure**

- When a child has special needs, the CPS worker should determine if the child has a Developmental Disability worker. If not, consider making a referral and/or referring the family to other community services such as ARC. These referrals can be made regardless of the decision to open a case for Child Welfare services. If the child has a DD worker, coordinate with that person on the interview and assessment of child abuse or neglect.
- When working with a child with specialized needs, view the child as an individual. A child with a disability has a condition(s) which impacts them in some way on a daily basis. Consider the following issues when working with the family to plan useful interventions:
  1. Does the child have a diagnosis or conditions and if so, describe them.
  2. How are the following areas impacted:
    - a. Communication – How does this child best communicate: verbally, visually, through a communication board, drawing, or are photos useful? Frequently receptive (receiving) skills are higher than expressive skills. Therefore it is important to consult with someone who knows the child’s skill levels.
    - b. Mobility – What are the child’s mobility capabilities? What is the level of freedom of movement? Is the child able to fight back physically, runaway or escape?
    - c. Dependency – Lifelong dependency may cause a child to be trusting and less likely to question care or requests. The child may have become accustomed to others providing personal care, therapies, or some type of assistance and being in a position of authority. The child may confuse exploitation with appropriate care.
    - d. Compliance – Children who require specialized care or supervision often are rewarded for being compliant. Assertiveness or self-advocacy may not be encouraged. Be aware that sexual interest and development for children in the mild and moderate ranges of developmental disabilities occurs at about the same time as typical peers. Lack of skills in protecting oneself from sexual abuse may place the child at risk.

- e. Cognition – Sometimes it may be difficult for a child to identify or understand a situation in a way that represents what has actually happened. The challenge may involve processing or language, or the child may not understand the nature of the situation (e.g., a child requiring personal care may have difficulty identifying exploitive touch).
- f. Isolation –The circle of friends and acquaintances may be limited and activity driven, thus limiting opportunity for the child to have people in whom to confide. If a child has been victimized by someone familiar, there may be fear of retaliation. If the child has few contacts, even the loss of someone who may have harmed him/her can be frightening.
- g. Behavior Control – Behavior is a means of communication. Some behavior controls are psychotropic medication, isolation from others, or the use of other types of restraints. If there are concerns or doubts about behavioral controls, gather more information about the intent/purpose of the used procedure from the psychiatrist, family and others who know the child, and a Child Welfare supervisor.
- h. Credibility – Sometimes symptoms of abuse and the disability overlap and may be overlooked. For instance, a child may be on medications that impact the child's affect. As a result, when the child is communicating, his or her behavior and the way he or she is relating the incident may seem incongruent, thus leading the interviewer to doubt the child's credibility. Sometimes the child may have some self-injurious behaviors which cause abrasions, so signs of abuse may not be evaluated as non-accidental trauma.

### **L. Substance abuse**

Substance abuse and addiction are often significant issues for the majority of family members who are involved in issues of child abuse or neglect. Parents who abuse substances are less likely to be able to function effectively in a parental role.

#### **Procedures**

- Every response by a CPS worker must consider alcohol or drug involvement as part of the assessment. By observing the environment and persons in the home, important indicators of alcohol or drug use may become apparent.
  - It is common and expected that any person will deny the excess use of alcohol, and any use of illegal drugs, on a routine basis.
    - In addition, when the use of substances is known and established it is common and expected that any person will minimize the amount of their use and the negative effect of their use.
    - People who abuse substances are generally poor reporters of their use history and inaccurate about the effect of that use on others.
    - Workers who display annoyance or frustration upon hearing inaccurate or incomplete answers about substance abuse only increase the likelihood of more

denial. Staying neutral and using engagement skills will increase the amount and accuracy of A&D information.

The CPS worker should check for the following indicators of alcohol and drug involvement:

1. A report of substance use is included in the referral.
  2. Paraphernalia is found in the home.
  3. The home or parent or caregiver may smell of alcohol, marijuana, or other drugs.
  4. A child reports alcohol or other drug use by a parent, caregiver or other adults in the home.
  5. A parent or caregiver appears to be actively under the influence of alcohol or drugs.
  6. A parent shows signs of addiction.
  7. A parent admits to substance abuse
  8. A parent shows or reports experiencing physical effects of addiction or being under the influence, including withdrawal.
  9. Observe persons who frequent the home, since actions of a parent's friends or associates can be indicators of behaviors and practices.
  10. Ask about their substance use to screen for alcohol or drug abuse.
- When a CPS worker suspects or has clear evidence of drug use by parents, the CPS worker should assess how the alcohol or drug use affects the parent or caregiver's ability to make sound judgments regarding the safety of the child and what behaviors are resulting or have resulted from the parent's or caregiver's alcohol or drug use that may present a threat to child safety and impact the ability to provide protection.
    1. Document this information in the assessment narrative.
    2. Refer clients to an appropriate alcohol and drug (A&D) treatment program for a formal evaluation of their alcohol and drug problem and a recommended course of action.
  - Offer a UA test to the client as an option to clarify their claim of no drug involvement. The following is the drug testing protocol for Child Welfare staff:
    1. If a client volunteers or is court ordered to participate in drug testing, the Child Welfare worker and/or the addiction recovery team in the individual local child welfare offices will assist the client in locating a professional drug testing process (e.g., contracted alcohol and drug treatment providers, hospitals, community programs).
    2. The DHS caseworker may not be involved in the collection, observation or transportation of a client's drug test for laboratory testing. Results of drug tests can impact critical child welfare and court decisions, and participating in the processing of drug testing creates a conflict of interest.
    3. Caseworkers cannot deny a client services because the client declines voluntary drug testing. This includes frequency or length of child visits. If the client demonstrates behavior that is immediately dangerous to the child, visitation can be interrupted.

4. In consultation with their supervisors, caseworkers will determine the impact of participating or refusing to participate in drug testing and the impact of drug use on case decisions, and inform the client of potential outcomes.
  5. The use of drug testing should be limited to those cases in which substance abuse issues appear evident, but not as routine screening for all clients.
  6. Limitations in drug testing:
    - a. Drug tests are either voluntary or court ordered. The caseworker has no authority to require or coerce the client to participate in drug testing.
    - b. Drug test results are “a snapshot in time” of a client’s use and should not be used as the sole indicator of progress, relapse, or protective capacity.
- CPS workers should always consult with the trained A&D staff within their local office when working with clients who have issues of substance abuse. Different drugs have different effects, and consulting with A&D staff will allow the worker to make informed decisions regarding issues from placement to removal, as well as develop strategies to assist clients in being successful.
  - Once clients enter A&D treatment it is essential case workers partner with treatment staff to obtain the most current information about the client’s progress, as well as to offer information that may increase the client’s ability to succeed in treatment. Workers need to ensure clients have signed the necessary authorizations to allow for information exchange. Collaboration between A&D treatment and Child Welfare is important to both client success and child safety. Federal law (42 CFR Part II) requires very specific and restrictive procedures regarding the information contained in alcohol and drug treatment records

### **M. Domestic violence**

#### **Procedures**

Domestic violence perpetrators can create situations that result in child abuse or neglect. Responding to domestic violence requires a specialized approach because our intervention can increase danger to the family.

#### **Critical note:**

The dynamics of domestic violence are based on the batterer’s maintaining power and control over his or her partner. Challenges to that power and control, including a CPS assessment, may increase the likelihood of escalating violence. The risk of being seriously harmed or killed may increase when an adult victim stands up to or leaves the batterer. Given this dynamic, plan your assessment carefully when domestic violence is known to be an issue and always consider that the assessment may increase the risk to the child and the adult victim.

For a complete set of guidelines on addressing domestic violence see the manual ‘Child Welfare Practices for Cases with Domestic Violence,’ DHS9200, <http://dhsforms.hr.state.or.us/Forms/>

## Chapter II - Screening and Assessment

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For an excerpt of the guidelines focused on interviewing, see the manual 'Quick Reference Guide: Working with Domestic Violence'

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-ab4att6.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4att6.pdf)

- In conducting a comprehensive CPS assessment, the CPS worker always assesses for domestic violence, whether or not it is part of the initial report and further identifies other family issues and their interplay with domestic violence (e.g., substance abuse and domestic violence, which are often both present in the families assessed by Child Welfare). Some indicators might be:
  1. A report of domestic violence is included in the referral.
  2. There is a history of domestic violence related crimes or restraining orders against either parent by any party.
  3. Either parent uses controlling or blaming language
  4. Either parent exhibits controlling or coercive behavior
  5. Home shows signs of damage or unusual efforts at restraint or isolation.
  6. Physical injuries to a parent
  7. A child reports that a parent, caregiver or other adult in the home uses assaultive and/or coercive tactics.
  8. A parent admits to using a pattern of assaultive and/or coercive tactics.
  9. A parent discloses that their partner uses a pattern of assaultive and/or coercive tactics against them.
  10. Indications that a parent has experienced a traumatic incident or incidents
- There are situations in which there are allegations of domestic violence against both parents. Domestic violence victims may fight back and be charged with assault. Look beyond the initial incident to assess the dynamics in the family and to determine which party is the predominant aggressor. Assess for patterns of power and control in allegations of domestic violence that appear to be mutual violence, or where the adult victim has been arrested. Specifically look for the following:
  1. Are injuries defensive wounds (bite marks, scratches etc.)?
  2. Who is afraid of the other?
  3. What was the intent and level of the violence (was it self-defense or to punish/retaliate)?
  4. Who is effectively exerting control over the other?
  5. What is the impact of the violence? And
  6. Who has historically been the dominant aggressor regardless of who the first aggressor was in the current incident?

It is important to remember that it is common for the adult victim to claim responsibility for the violence.

- When a CPS worker suspects domestic violence, the CPS worker should
  1. Interview the victim first and alone if at all possible.
  2. Always inform the victim of CW actions so that safety plans can be made accordingly
  3. Consult with the victim whenever possible on CW actions to ascertain their assessment of the safety risk those actions might pose and to empower the victim
  4. Assess for patterns of assaultive and/or coercive tactics by the dominant aggressor
  5. Identify actions taken by the dominant aggressor to harm the child/ren
  6. Identify the adverse impact of the perpetrator's behavior on the child/ren
  7. Partner with the non-offending parent and identify the full spectrum of their efforts to promote the safety and well-being of the child/ren
- Document assessment information using unambiguous language. Do not lump batterer and victim together.
  1. Avoid phrases like: "Couple engages in violence", "Parents have a history of domestic violence", or "Parents both deny the violence"
  2. Be precise and descriptive: Avoid euphemisms or vague terms like "argued" if what you mean is "hit."
  3. Describe the pattern, i.e., "father has engaged in an escalating pattern of physical violence and intimidation that involved multiple incidents of physical assault, threats to kill the mother and her children."
  4. Affirm the batterer's role in harming the children through his actions, i.e., "These behaviors have isolated the mother from her support system, the children from relatives, and led to them moving school systems and residences twice in the past year (as a result of evictions.)"
  5. Avoid blaming the victim for the batterer's violence and abusive behavior. Do not use phrases like: "Dysfunctional" family, mother "allows" or "enables" the violence, mother "failed to protect" the children
  6. Use language that focuses on the batterer's role in creating harm or risk to the children, i.e., "Despite the mother's efforts to protect the children, the batterer is creating conditions injurious and harmful to the children."
- CPS workers should refer people they have determined to be domestic violence offenders to a batterer intervention program that meets the state standards [http://arcweb.sos.state.or.us/pages/rules/oars\\_100/oar\\_137/137\\_087.html](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_137/137_087.html)
  - Do not refer them to anger management.
  - Never refer families to joint services like couples counseling.
- CPS workers can consult with the trained domestic violence advocates within their local office when working with domestic violence cases. Any services these advocates provide for victims are voluntary.
  - Services for victims should be voluntary whenever they are related to the domestic

violence.

- Once a parent enters batterer intervention it is essential that caseworkers continue to partner with the intervention program and any other community partners that are holding the domestic violence offender accountable. Follow-up routinely with the domestic violence offender to make sure that they understand and are complying with all restrictions or commitments. At these contacts, reinforce appropriate messages and make it clear that all partners are working together.
  - For example, explain and/or reinforce any protective order provisions that may be in place or reiterate the information being covered in the batterer intervention group. Workers need to ensure that domestic violence offenders have signed the necessary authorizations to allow for information exchange. Collaboration between community partners and Child Welfare is important to both parent success and child safety.