



Domestic Violence Protocol

Department for Children and Families

8/19/2013

State Of Vermont - Agency of Human Services

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★ *This document can be found in the following location on the **DCF Intranet**:*
<http://intra.dcf.state.vt.us/domestic-violence-resources>

Introduction

- The purpose of this Domestic Violence Protocol is to guide and assist the Vermont Department for Children and Families (DCF) staff in addressing domestic violence (DV) within the context of our work with children and families and to improve the health and safety of employees in our workplace in addition to embrace the four key practices of the Agency of Human Services:
 - Customer Service;
 - Holistic Service;
 - Strength-Based Service; and
 - Results-Oriented Service.

Impact on Children and Families

Poverty and financial stress can exacerbate the factors that contribute to domestic violence and reduce victims' ability to flee. In a 2010 report from the National Network Against Domestic Violence, called "The Impact of the Economy on Domestic Violence" it was noted that:

- 93% of victims requested help with economic issues and 61% needed three or more of the five kinds of economic help. (from: 3 Lyon, E., Lane, S. (2009). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. National Resource Center on Domestic Violence and UConn School of Social Work.)
- 73% percent of shelters attributed the rise in abuse to "financial issues." "Stress" and "job loss" (61% and 49%, respectively) were also frequently cited as causing the increase in victims seeking shelter. (From: *Mary Kay's Truth About Abuse*. Mary Kay Inc. (May 12, 2009).)
- 3 out of 4 domestic violence shelters report an increase in women seeking assistance from abuse since September 2008. (From: *Mary Kay's Truth About Abuse*. Mary Kay Inc. (May 12, 2009).)

Homelessness

A lack of affordable housing in Vermont can dramatically reduce options for women experiencing domestic or sexual violence trapping them in abusive situations or forcing women and their children to become homeless if they leave. Despite this, domestic violence often becomes so severe that women leave their homes, even when they have no place to go. In fact, domestic violence is a major cause of homelessness in this country.

- In Vermont in 2012, more than 10,000 victims of domestic and sexual violence received shelter or services from their local domestic and sexual violence advocacy agencies. In addition, more than 32,000 shelter nights were provided to safely house victims and their children in Vermont. (From: The 2012 Annual Report of the Vermont Network Against Domestic and Sexual Violence)
- A 2003 survey of 100 U.S. homeless mothers found nearly one in five reported being afraid of a partner and the same number reported being threatened by a partner. One in four U.S. homeless mothers reported being kicked, pushed, shoved or otherwise hurt by someone in the past year.
(from: *Social Supports for Homeless Mothers*. 2003. The National Center on Family Homelessness. Available at <http://www.familyhomelessness.org/pdf/socialsupports.pdf>.)
- Victims and survivors of domestic violence have trouble finding apartments because they may have poor credit, rental, and employment histories as a result of their abuse.
(From: Susan A. Reif and Lisa J. Krisher. 2000. "Subsidized Housing and the Unique Needs of Domestic Violence Victim." *Clearinghouse Review*. National Center on Poverty Law. Chicago, IL.)

Co-occurrence of Child Maltreatment and Domestic Violence

- In the 2011 Report on Child Protection in Vermont, domestic violence was an identified factor by the reporters that contacted the Child Protection line in 13% of the calls.
- Nationally between 40-60% of open child protection cases include co-occurring domestic violence
- In the United States, at least 3.3 million children between the ages of 3 and 19 are at risk of exposure to domestic violence every year.
- Between 50 and 70% of men who abuse their female partners also abuse their children.
- Children who are exposed to domestic violence are at increased risk for experiencing behavioral, emotional, social and cognitive development problems, and becoming victims or perpetrators of domestic violence as adults (Vermont Injury Prevention Plan, 2011).
- Children are more vulnerable to Post Traumatic Stress Disorder (PTSD) than adults. The younger the child, the greater the likelihood of post-traumatic stress occurring, and the more severe the symptoms. (*Naparstek, 2004 cited in Moroz, 2005 Understanding the current mental health needs of children exposed to domestic violence in VT*)

Impact on Youth

- From the 2011 Vermont Youth Risk Behavior Survey Data Brief-
 - 7% of students reported being hit or slapped by a girl friend or boyfriend;
 - The percent of students who reported domestic violence was
 - 3x greater among students who identify as lesbian, gay, bi-sexual or not sure compared to heterosexual students; and
 - 2x as great among students of ethnic or racial minority compared to white non-Hispanic youth.
- Approximately **one in three adolescent girls** in the United States is a victim of *physical, emotional or verbal abuse* from a dating partner.
- **One in five tweens** – age 11 to 14 – say their friends are victims of dating violence and nearly half who are in relationships know friends who are verbally abused.

Purpose & Goals

The development of this protocol demonstrates DCF's commitment to providing easy access to information for assisting in an appropriate response to domestic violence. It has the support of AHS and DCF management. Through leadership from DCF's Domestic Violence Advisory Group, the support of the Agency of Human Services (AHS) Domestic Violence Steering Committee, and the AHS Secretary's Office, this document is intended to provide DCF employees with an awareness of domestic violence issues and information about community resources to assist adult survivors, children, and the perpetrators of domestic abuse among coworkers and direct service clients.

DCF strives to be part of a collaborative response to domestic violence within AHS and the community by participating in training, adopting protocols, and working with the domestic violence coordinated community response system.

Workforce knowledge and awareness of domestic violence along with an effective response protocol will allow staff experiencing domestic violence to find support within the workplace. In addition, workforce knowledge of domestic violence will allow us to approach our work with an awareness that can help us reduce the impact and perpetuation of domestic violence in Vermont.

The goals of this protocol are to:

- 1) Educate staff on the importance of effective prevention of domestic violence in the DCF workforce and in their work with children and families within the community.
- 2) Educate staff, especially management staff, on effective response to domestic violence in the workplace using this protocol.
- 3) Minimize risks faced by survivors/victims due to our systems response.
- 4) Minimize risks posed by perpetrators/batterers.
- 5) Maximize opportunities for adult survivors, children and perpetrators to access services and support if they choose.
- 6) Connect adults and children with resources in the community.

Implementation & Protocol Updates

- 1) This protocol, or the most current version, is to be shared with DCF staff:
 - a. On the DCF intranet
 - b. By email to all staff
 - c. By inclusion in the DCF orientation packet for new staff
- 2) DCF Leadership and Program Directors should promote familiarity with the protocol, and discuss roles and responsibilities with staff and determine unit specific and/or job specific need for training based on staff contact with clients.
- 3) This protocol will be reviewed yearly by DCF's Domestic Violence Advisory Group (DVAG) and updated as needed. Domestic Violence Awareness Month (dvam.vawnet.org/), observed annually in October, is suggested as the time to introduce the updated protocol and promote domestic violence awareness and resources to staff.

Additional Awareness & Staff Education

Additional information and education for DCF employees and new hires includes the Agency of Human Services (AHS) online training for Domestic Violence (<https://www.ahsinfo.ahs.state.vt.us/apps/LearningCenter/default.cfm>).

Basic Assumptions & Guiding Principles

Basic Assumptions

- Any member of the public or fellow coworker may be experiencing abuse or violence, or dealing with the impact of past abuse or violence.
- You do not need to know about domestic violence or sexual violence to respond to a victim's safety needs.
- Contact with you may increase the risks for the victim (from the abuser); the victim may not share all of the information she/he has with you, because of fear, previous experience and/or desire for privacy.
- The survivors of domestic violence are adults who have a right to make their own decisions, unlike child abuse cases where the victims are vulnerable children. Adults usually know far more about themselves and their abusers than we do and this knowledge helps the victim formulate a response to the violence or potential violence. Access to information, resources and support empowers victims, and challenges the perpetrator's power.
- Accessing services is, over time, associated with better outcomes for victims.

Guiding Principles

- Prioritize the safety of survivors and their children and reduce the risks posed by the perpetrator.
- Respect the autonomy of each survivor to make life choices and direct her/his own life.
- Adhere to the knowledge that the perpetrator is responsible for his/her abusive behavior. Reinforce that it is the perpetrator's responsibility for the violent or coercive behavior.
- Attend to safety issues for all AHS/DCF staff and contractors.
- Minimize potential unintended negative consequences.
- Provide explicit, realistic and safe parameters for confidentiality.
- Collaborate with statewide domestic violence partners as part of a local and statewide coordinated community response to domestic violence; create linkages and partnerships with domestic violence programs and services and other local and statewide partners.
- When workplaces address abusive behaviors perpetrated by employees this has been shown to have a positive impact on reducing abuse.

Definitions (from AHS policy)

Family Violence describes acts of violence between family members, including adult and adolescent partners; parents and children (including adult children); caretakers or partners of elders or people with disabilities; and siblings.

Domestic Violence [or Intimate Partner Violence (IPV) in other contexts], a subset of Family Violence, is a pattern of assault and coercive behaviors that may include actual or threatened physical injury and sexual assault, psychological abuse, economic coercion and various other tactics. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, are aimed at establishing control by one partner over the other and result in an atmosphere of fear and/or terror for the victim.

Victim/Survivor in this protocol refers to the person against whom a perpetrator directs abuse or battering. However, the impact of abusive behavior on others including household members, children, witnesses, and coworkers among others is often significant and warrants an informed and diligent response.

Perpetrator (or “batterer” in other contexts) is a person who uses a pattern of coercive control that may be primarily psychological, economic, or sexual, but that is reinforced by one or more acts of physical violence, credible physical threat, or sexual assault. A perpetrator is not a victim of domestic violence even when those abused react by using violence to defend themselves.

Coordinated Community Response is a system of networks, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs. (Ellen Pence & Martha McMahon, *A Coordinated Community Response to Domestic Violence*, The National Training Project, http://www.stopvaw.org/Coordinated_Community_Response.html, 2006)

Identification and Assessment Procedures

Mandated Reporting

Vermont law requires that some individuals report suspected abuse, neglect or exploitation of children and vulnerable adults. Reporting of abuse is required for:

- Child abuse, child sexual abuse, child neglect (18 and under)
- Vulnerable adults (<http://www.dlp.vermont.gov/guidelines/define>)
- Firearm wounds
- All other reports require permission of the victim

The professionals below are mandated reporters in Vermont.

For more information on Mandated Reporting in Vermont, speak to your supervisor/manager for additional training and/or visit: <http://www.dlp.vermont.gov/protection> and http://dcf.vermont.gov/fsd/reporting_child_abuse/mandated_reporters

- Chiropractor, dentist, emergency medical personnel, licensed practical nurse, medical examiner, mental health professional, osteopath, pharmacist, physician, physician's assistant, psychologist, registered nurse, surgeon, or any other health care provider
- Hospital administrator, intern, or resident physician in any hospital in the state;
- School guidance counselor, librarian, principal, superintendent, teacher, or any other individual regularly employed by a school district, or contracted and paid by a school district to provide student services for five or more hours a week during the school year
- Child care worker, police officer, probation officer, social worker, or member of the clergy
- Residential and non-residential camp administrator, counselor, or owner; and
- **Employee, contractor, or grantee of the Agency of Human Services who has contact with clients.**
- Hospital, nursing home, residential care home or home health agency employee
- Employee of adult day care center or other program that serves vulnerable adults
- Caregiver employed by a vulnerable adult
- Law enforcement officer

As a mandated reporter, you alone are legally responsible for making sure a report is made within 24 hours for children and 48 hours for vulnerable adults, to either of the following:

- Family Services Division/Department for Children and Families (DCF) 1-800-649-5285
- Adult Protective Services (APS)/Department of Disabilities, Aging and Independent Living (DAIL) 1-800-564-1612 or (802) 871-3317

See Appendix C for additional information for these contacts.

Mandated Reporters — Tips on What to Do When Someone Discloses Abuse

★ To support a victim's rights and safety, it is *recommended* that you disclose your obligations as a mandated reporter prior to engaging in conversation about abuse. If you suspect someone may be experiencing abuse, or someone starts to talk to you about his or her experiences of being abused:

- Let them know that you are a mandated reporter, and that you are obligated under law to report the abuse of children to the Family Services Division (FSD).
- See Attachment C for contact information for these services.
- If you make a report to FSD for child abuse or neglect:
 - Call the child protection hotline, and remember that mandated reporters are responsible for making sure that the report has been made.
 - Call FSD and have you there in person or on the call when they report
 - Have you call FSD with them present or on the call
 - Make a plan for her/his safety

Report the abuse of vulnerable adults to the state Adult Protective Services (APS)/Department of Disabilities, Aging and Independent Living (DAIL), (Division of Licensing and Protection).

- If you make a report to APS for concerns about a vulnerable adult, give the person the choice to:
 - Call APS and self-report in private
 - Call APS and have you there in person or on the call when they report
 - Have you call APS with them present or on the call
 - Make a plan for her/his safety
 - Inform the person that they have the right to refuse APS services but in the case of suspected child abuse a report must be filed.

Vermont Domestic Violence Hotline: 1-800-228-7395
 Vermont Sexual Violence Hotline: 1-800-489-7273
 Vermont Network Against Domestic and Sexual Violence:
 802-223-1302 or www.vtnetwork.org

If you **suspect** someone is **experiencing** domestic or sexual violence:

- Know the signs and symptoms of domestic violence: www.vtnetwork.org/help-others/knowning-the-signs/
- Interview the victim privately.
- Don't ask questions or discuss abuse or violence if the perpetrator may in any way be listening in on the call or may be in the victim's presence.
- *Follow the guidelines and tips below.*

The following are guidelines only; you are NOT expected to have this conversation with someone you suspect is experiencing domestic violence. You are encouraged to provide resource information for expert help.

Tips for the Conversation

DO	Do NOT
<ul style="list-style-type: none"> ▪ Speak with the victim in private. ▪ Listen non-judgmentally. ▪ Validate the person's feelings. Let them know you believe her/him and that you are concerned about her/his safety. There is often great fear of not being believed. ("What has happened to you may be a crime." "You are not alone." "You are not to blame.") ▪ Respect the victim's assessment of the danger. Victims of domestic violence must constantly weigh the risks of danger to themselves, their children, their employment, their family and friends, and their housing situation. Sometimes staying with a batterer or choosing not to report domestic violence to law enforcement can be the safest option. ▪ Accept the person's choice about what to do next. Remain calm, and be aware of your own personal beliefs and biases. <p style="color: green; margin-top: 10px;">Cont.</p>	<ul style="list-style-type: none"> ▪ <u>Don't</u> talk about abuse in front of a partner or any family member. ▪ <u>Don't</u> use labels. The client may not understand. ("Battered" "Domestic violence" "Abused") ▪ <u>Don't</u> ask: "Why do you put up with this?" "Why don't you just leave?" "What did you do to cause him or her to hit you?" ▪ <u>Don't</u> blame the victim for the situation. ▪ <u>Don't</u> judge the success of this intervention by the victim's actions.

DO	Do NOT
<ul style="list-style-type: none"> ▪ Talk about other people who can help and with whom they can speak confidentially, such as advocates who work specifically with people who have been abused. Ask if they want to contact an advocate. Give them contact information. Let the person know that they can call the local domestic or sexual violence program at any time. See Appendix C for contact information. ▪ If the person is in immediate danger, ask if they want you to call 911. Encourage the person to seek medical attention to ensure there are no serious injuries. Also, tell them that health care providers are mandated reporters. ▪ Support the victim in the choices made to the extent possible. 	

★ **Protect Confidentiality**

- Respect the victim's autonomy and need to be self-directing and maintain strict confidentiality. Be alert to partners who may try to gain information from DCF staff.

★ **Be aware of barriers the victim has in disclosing abuse, including:**

- Fear of threats or actions by the abuser
- Economic dependence upon the abuser
- Concern they might lose custody of their children to the state or the abuser;
- Feelings of guilt or personal responsibility for the abuse
- Cultural, ethnic, or religious background
- Lack of recognition that a situation is abusive due to a different definition of abuse. (e.g., "The injuries aren't serious enough to matter.")

★ Be aware of the possible relationship between domestic violence and other factors, such as substance abuse.

★ **Document the call or interview**

- Be conscious about documentation of domestic violence or any disclosures of domestic violence. Eliminate unnecessary questions or information gathering. Remember that a victim's safety is connected to confidentiality. Any information she discloses may make her potentially unsafe -so be thoughtful. When documenting, consider the following:
 - What is the purpose of documentation (policy or protocol requirement)?

★ **What information do you need?**

- We often start to feel we need (and have a right) to know EVERYTHING. We usually don't.
- Who has access to this information (is the file a "family file" that the perpetrator of the domestic violence would have access to?) Who else could see it?
- What does the next person that looks at this file really need to know?
- What could be the unintended consequences of documenting something?
- How would the person feel if s/he could see the file?
- DO document any safety agreements you have made with the person.

If you **suspect** someone is **perpetrating** domestic or sexual violence:

- Encourage them to seek help
- Express concern about their behavior
- Avoid allowing responsibility for actions to be shifted to the survivor

If the suspected perpetrator is a coworker, see section below: *Domestic Violence in the Workplace*

Domestic Violence in the Workplace

State of Vermont Employee Assistance Program

Invest EAP

(888) 834-2830 (Toll free line available 24/7), and

www.vtstate.investeap.org

Password: vteap

Other Resources

Vermont Domestic Violence Hotline: 1-800-228-7395

Vermont Sexual Violence Hotline: 1-800-489-7273

Vermont Network Against Domestic and Sexual Violence:

802-223-1302 or www.vtnetwork.org

In 2012, the State of Vermont adopted Domestic and Sexual Violence Guidelines. As such:

The State of Vermont desires to achieve working environments for its employees that are free of any form of discrimination, intimidation or harassment. Toward that end, the State recognizes the significant and deleterious effects of domestic or sexual violence in its workplaces. The State will provide victims of domestic or sexual violence with an opportunity to simultaneously address their personal needs and work obligations. The State does not discipline or discriminate against employees because they are victims of domestic violence. Employees who are victims should work with their employers to identify their needs, discuss any need for appropriate leave, or otherwise identify how to best balance their personal circumstances and their job duties. (See Vermont Domestic and Sexual Violence Guidelines, for complete policy

http://humanresources.vermont.gov/sites/dhr/files/pdf/policies_procedures/DHR-Policy_Manual.pdf)

In cases where a **DCF employee is being victimized by domestic violence**, employees may request consideration for work schedule changes, use of appropriate leave, and/or request a leave of absence, to help address related difficulties.

Furthermore, DCF will:

- Provide support through referrals to community agencies, our Employee Assistance Program, and human resources personnel.
- Attempt to make appropriate information, referrals, and resources available to victims and other employees.
- Work with the employee, to ensure the security of the employee (and her/his coworkers), by considering any of the following measures:
 - Increased building security
 - Increased workstation security
 - Temporary move of workstations within the building
 - Temporary move of workstations to another DCF site
- Continue to work with victims during their recovery.

In cases where there is a threat of a security issue, DCF staff experiencing Domestic Violence and/or his or her supervisor/manager, the following protocol is recommended:

Manager or employee contacts Commissioner's office or Human Resources.

Consultation should happen between the Commissioner's office and Human resources to review the DHR policy on domestic and sexual violence in the workplace.

Consult with BGS Security and DCF Operations regarding office environment, (both indoors and outside) and create a safety in the workplace plan.

Employee, manager, commissioner's office, HR, Operations and BGS collaborate on strategies and next steps.

In cases where a **DCF employee is perpetrating domestic violence**, per State of Vermont policy, DCF will:

Take appropriate disciplinary action if an employee commits or threatens to commit domestic or sexual violence consistent with its legal, collective bargaining, and policy obligations. Any employee who commits acts/threats of domestic or sexual violence at the workplace or while using workplace resources, could also be subject to disciplinary action which may include, but is not limited to, dismissal.

Be an Active Bystander! If you suspect a coworker of perpetrating domestic violence in the workplace, contact any of the following DCF staff:

1. Your direct supervisor or manager
2. Central Office Operations
3. The Commissioner's Office

Prevention

As staff of the Vermont Department for Children and Families, we all have a commitment to engage in prevention of domestic violence. Prevention activities will differ depending on staff roles and responsibilities. There are 3 types of prevention activities:

- ➔ **Primary prevention:** Activities that take place before violence has occurred to prevent initial perpetration or victimization.
- ➔ **Secondary prevention:** An immediate response after violence has occurred to deal with the short-term consequences of violence.
- ➔ **Tertiary prevention:** A long-term response after violence has occurred to deal with the lasting consequences of violence for the victim/survivor, as well as offender treatment interventions.

In some Divisions our role stretches beyond support and prevention to that of safety and protection.

Appendix A

AHS Policy on the AHS Response to Domestic Violence

<http://humanservices.vermont.gov/policy-legislation/policies/01-general-operations-policies/1-03-ahs-response-to-domestic-violence/view>

Appendix B

Domestic and Sexual Violence Policy for State of Vermont Agencies and Employees

http://humanresources.vermont.gov/sites/dhr/files/pdf/policies_procedures/DHR-Policy_Manual.pdf

Appendix C

Where to Get Help

Help Lines / Online Resources

Domestic Violence: 800-228-7395

Sexual Violence and Rape: 800-489-7273

<http://www.vtnetwork.org/get-help/member-programs/>

Child Abuse: 800-649-5285

http://dcf.vermont.gov/fsd/reporting_child_abuse

Teen Dating Abuse: 866-331-9474

RU12? Community Center's SafeSpace

For Lesbian, Gay, Bisexual, or Transgender specific services.

SafeSpace Support Line: 802-863-0003 or 866-869-7341

<http://www.ru12.org/safespace.html>

Adult Protective Services: 800-564-1612

<http://www.dlp.vermont.gov/guidelines>

State of Vermont Employee Assistance Program

Invest EAP

(888) 834-2830 (Toll free line available 24/7), and

www.vtstate.investeap.org

Password: vteap

Appendix D

Additional Resources

➤ **Vermont Department of Health's Website on Domestic and Sexual Violence**

<http://healthvermont.gov/dsvs/>

➤ **Agency of Human Services Online Domestic Violence Training**

<https://www.ahsinfo.ahs.state.vt.us/apps/learningCenter/default.cfm>

You must be a state employee and have access to the AHS Intranet to take this training.

➤ **How Does Domestic Violence Affect the Vermont Workplace?** A survey of male offenders enrolled in batterer intervention programs in Vermont, November 2011

http://www.uvm.edu/crs/reports/2011/VT_DV_Workplace_Study_2011.pdf

➤ **Vermont Network Against Domestic and Sexual Violence**

<http://www.vtnetwork.org/>

The Vermont Network is the federally recognized domestic and sexual violence coalition in Vermont. The Vermont Network is a statewide resource on domestic and sexual violence issues. Its staff provide support for Network programs through training, technical assistance and capacity building; advocate for public policy that supports victims and holds offenders accountable; and seek to change societal attitudes and beliefs through community outreach and prevention.

➤ **RU12? Community Center's SafeSpace**

<http://www.ru12.org/safespace.html>

SafeSpace is a social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer, and HIV-affected (LGBTQH) people. They provide information, support, referrals, and advocacy to LGBTQH survivors of violence and offer education and outreach programs in the wider community.

➤ **Dial 2-1-1** for help connecting to government programs, emergency resources, community-based organizations, and support groups – 24 hours a day, 7 days a week.

It's a local call from anywhere in Vermont. <http://www.vermont211.org/>

➤ **Centers for Disease Control and Prevention**

Intimate Partner Violence

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>

Sexual Violence

<http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html>

The National Network to End Domestic Violence

<http://www.nnedv.org/>

The National Sexual Violence Resource Center
<http://www.nsvrc.org/>

National Child Traumatic Stress Network
<http://www.nctsn.org/content/resources>