

**New Jersey Department of Children and Families and the
New Jersey Coalition for Battered Women
Domestic Violence Liaison Project**

**Celebrating Successes, Reflecting on Lessons,
and Looking to the Future
February 2011**

The New Jersey Domestic Violence Liaison (DVL) Project is a collaboration between the NJ Department of Children and Families (the Division of Prevention and Community Partnerships and the Division of Youth and Family Services) and the New Jersey Coalition for Battered Women at the state level and local DYFS offices and DV programs at the county level. In April 2008 the first DVLs were hired and soon after began working in Division of Youth and Family Services (DYFS) Case Practice Model (CPM) Immersion Offices providing direct service to non-offending parents (safety planning, advocacy, resources, and information) and assistance to child protection workers on managing cases involving domestic violence. In the Fall of 2010 the DVL Project was expanded to all counties, and DVLs are now working in all of the 47 DYFS Local Offices.

The DVL positions are the core strategy of a collaboration to fully integrate best domestic violence practice and policy within the child protection system, and to inform the development of programs and services for DCF clients within statewide DV services. In addition to the goals of the Project, CFSR- and FVPSA-informed outcome goals within each partner system and in the collaborative include:

- Increased safety for adult and child survivors of domestic violence
- Increased knowledge and skills of DYFS staff to engage and encourage DV offenders* to access resources and services that decrease their use of violence and coercive control
- Families have increased knowledge of and access to resources and services that promote safety, stability, and well-being of children and their families.

In addition to having DVLs co-located with DYFS staff in every county, several other strategies have been used over the past few years to achieve progress toward goals of the Project:

- DVLs designed, tested, and use (although not universally) forms to standardize referrals, a case practice conversation format, and means for sharing (with a client's permission) some information from direct service meetings back to the DYFS worker. (Forms at Attachment A)
- DVLs collect non-identifying aggregate data on direct service clients and their children, the number of case workers to whom they provide assistance on DYFS cases, and related demographic and service referral information.

*DV offenders may be male or female. DV occurs in same sex relationships as well as heterosexual relationships. In addition, a woman may batter a male partner, although the vast majority of domestic violence offenders are male and the majority of adult victims are female. Furthermore, men's violence against women typically results in greater injury than women's violence against men.

Goals of the DV Liaison Project

- * To increase safety, stability and well-being and improve outcomes for children and their families in domestic violence situations.
- * To strengthen DCF/DYFS capacity to effectively assess and intervene with families in domestic violence situations.

- A DCF Domestic Violence Protocol was approved and released to the field in October 2009. Teams of trainers including DVLs, contracted DV trainers, and DCF Training Academy partners have, to date, trained approximately 2/3 of the 3500 staff of DYFS on the protocol. The remaining 1/3 will be trained within the next 6 months.
- The New Jersey Coalition for Battered Women (NJCBW) has modified their DYFS new worker training to include more information on children exposed to DV and to align that training with the DCF DV Protocol.
- DCF funded Dr. Fernando Mederos and consultant Shellie Taggart to conduct four full-day trainings on Working With Men Who Use Violence in Child Protection for DYFS staff, DVLs, and partners from DV programs, batterer intervention programs, and other providers of services to DYFS clients. Trainings were held in June, July and August of 2009, and September 2010.
- DVLs have conducted local trainings on such topics as DV dynamics, DV assessment, Family Team Meetings and DV, Safe and Unsafe DYFS Interventions, and related topics. Some DVLs have also participated in external (to DYFS) statewide trainings to inform people about the DVL Project and its goals.
- DV programs and DYFS Local Offices have conducted cross-trainings and have made their internal training available to interested partners from the collaborative.
- A screening curriculum was developed by consultant S Taggart in partnership with a planning group from the Statewide Central Registry (SCR), and training has been offered four times to groups of screeners in July and September, 2010. All full-time SCR supervisors have been trained, as well as many full-time screeners.
- DYFS Deputy Director David Sims, SCR Director Margarita Marriaga, Assistant Director of the Case Practice Unit Kathy Niedt, consultant Shellie Taggart, and Assistant to the Deputy Director Gabe Spiler reviewed and discussed potential modifications to the SCR policy and the Allegation-Based System for DYFS to align them with the DV Protocol and to reflect deeper awareness of DV dynamics and best practices.
- In some counties, DYFS Local Office Managers and their DV program partners are meeting regularly (mostly quarterly) to review DV cases, discuss practice trends and needs, do joint problem-solving, and to track local progress of the work of the DVL Project. Others meet less frequently, and some have only recently planned to begin meeting.
- Regular meetings of DVLs and program supervisors have been held statewide (and more recently regionally) for team building and peer support, and to provide a vehicle for capturing the voices and experiences of DVLs to inform planning. Due to the size of the expanded Project and the large number of DVLs, DCF funded technical assistance consultants to the local collaboratives and the regional DVL groups (Barbara Price, former NJCBW Executive Director; Chris Heer, Rutgers adjunct faculty member, LCSW, and attorney; and Nicole Morella, JBWS).

During the first 13 months of the Project, DVLs provided direct service to

- 608 non-offending parents (NOPs)
- 7 batterers

Those 608 NOPs had

- 1126 children known to the DVLs who were potentially safer as a result of safety planning accomplished with their mothers.

In addition, DVLs provided case practice assistance to DYFS workers on another

- 667 cases and
- provided training to 526 staff

Planning for the DVL Project has, to date, been provided a small ad hoc leadership group with representation from the DCF Division of Prevention and Community Partnerships (DPCP) Office of Domestic Violence Services (ODVS) and the Division for Youth and Family Services (DYFS), and the NJCBW. A larger cross-system Strategic Planning group met in September 2010 to provide input for future plans for the Project. Around that same time DCF contracted with Providence House in Burlington County to allow Penny Paparteys, a very experienced DVL, to provide limited coordination of and technical assistance to DVLs around the state. She serves in this role two days each week, and continues to act in the DVL role for the remainder of her work week.

Over three days in February 2011, a series of conversations took place between DCF, DPCP, DYFS, and DV partners involved in this Project. The goal of the three days was to “deepen and strengthen the DVL Project collaboration.” More than 100 people participated in discussions. Desired outcomes for the process included:

- Strategies to strengthen the collaboration
- Consistent understanding and messaging about the role and value of the DV Liaisons and the DVL Project
- Consistent understanding and messaging of confidentiality issues related to the work of the DV Liaisons with DCF/DYFS
- Understanding of resource needs and support for the work of the local DCF/DYFS and DV program collaborative efforts across the state.

Each day was framed as a conversation about successes and challenges of the project (some of which were known to planners in advance of the meeting and were therefore reflected in the agenda) to inform how local collaborative partners can plan for sustainability of the Project into the future. DV partners met alone for half a day on each of the three days, and were joined by DYFS Local Office partners for the afternoon session. Agendas for those meetings are at Attachment B.

This report reflects the conversations that occurred over those three days, as well as topics from the September 2010 strategic planning meeting, results of a recent DVL survey, and other needs identified by the partner agencies throughout the Project.

Celebrating Successes -- Impact of the DVL Project

- DV staff and DCF/DYFS have more positive views of each other and a new appreciation for each other’s work.
- Staff from both systems are collaborating to meet the needs of individuals and families they are serving. Communication across systems is improving.
- DVLs can sometimes facilitate cross-county collaboration for non-offending parents where case managers have not been successful.
- In some places, DCF/DYFS supervisors are involved in every case practice discussion, so that knowledge is being shared at multiple levels simultaneously.
- More DCF/DYFS staff are safely and appropriately engaging and holding accountable the DV offender rather than holding non-offending parents solely responsible for safety of children.
- Some DV agencies have had increases in referrals as a result of the project, so more women are being served.
- Most DVLs are involved in at least some Family Team Meetings to help insure safety in planning and informed discussion at the meeting itself.

- Some DVLs are involved in case practice discussions with substance abuse specialists on complex cases.
- The DVLs are actively facilitating access to services for women, and have increased knowledge of the services available in the community as a result of working with DYFS.
- Additionally, DCF/DYFS seems to be providing more services to some DV agency clients (such as transportation and child care) as a result of collaboration on specific cases. One DYFS office is providing space for DV counselors to meet with women privately.
- Some DYFS staff have stopped making inappropriate and/or unsafe referrals to anger management or couples counseling, and are consulting with the DVL about other services for families.
- DV staff are learning more about how to support families involved with DYFS, including developing skills at working with women mandated to services, asking specifically about safety of children, and helping women to have a better experience with DYFS as a result of their advocacy.
- DCF/DYFS staff are utilizing the DVLs to improve their ability to assess and work with families in which DV is occurring. Workers are anticipating the questions of the DVLs, so are regularly exploring those aspects of their cases.
- Cross training is occurring between DV programs and DCF/DYFS in some areas. Sometimes this takes the form of a discrete scheduled session, and at other times involves staff of one system attending the longer standard training of the partner agency (i.e. DCF/DYFS workers going through 40-hour DV training, or DV program staff attending DCF/DYFS CPM training).
- In at least one county, the DV program Executive Director is on the Board for the Local Office, and Local Office managers are on the Board of the DV program.

From July 1 – December 31, 2010, DVLs provided direct service to more than 1000 non-offending parents (NOPs). Those NOPs had 1576 children known to the DVLs who were potentially safer as a result of safety planning accomplished with their mothers.

Reflecting on Lessons -- Key lessons of the DVL Project to date

DCF/DYFS LO Managers and DV Program Managers need to play an active role in explaining and sustaining clarity for DYFS and DV staff about the DVL role.

Specifically, participants articulated this need related to two key aspects of the DVL work: 1) the dual nature of the DVL role in both providing direct service and in building capacity within the DCF/DYFS system to respond well and effectively to domestic violence situations (see Attachment C), and 2) information sharing and confidentiality requirements related to these two distinct functions.

Role of the DVL

Additional clarity is needed within DCF/DYFS about the direct service role of the DVLs. While many DCF/DYFS staff understand that the DVL can provide safety planning, service referrals, and DV education and information, many still make “direct service” referrals expecting the DVL to report back the details of their conversations with the NOP. DYFS LO leaders need to be clear and articulate to their staff that a “direct service” referral is equivalent to referring a NOP to a DV program. DV programs are

prohibited by statute from sharing information obtained from a client unless she has signed a release of information to allow such communication to occur. (See below for more on information sharing.)

The second function of the DVL role is to help DCF/DYFS staff get better at assessing and intervening in a child protection situation involving domestic violence. To do this, DVLs meet with workers, review cases on NJ Spirit, and strategize about how to complete certain activities such as interviewing, setting up a safe FTM, and so on. They also sometimes directly model these skills for workers. This capacity-building function within the DVL role becomes difficult when the DYFS worker refers a client for a “DV assessment” expecting to get back a written report as they might from a substance abuse specialist recommending a particular level of treatment. ANY private contact of a DVL with a non-offending parent requires that client to provide a release of information before information can be shared. Furthermore, assessing DV is a dynamic process—danger and risk fluctuate over time, can change very rapidly, and are impacted by the quality of the DYFS intervention. Therefore, intervention strategies and safety planning need to be similarly dynamic. A “point in time” written assessment can be out of date before the ink is dry. The best way for DCF/DYFS to insure that they are getting accurate information is to improve their skills at engaging both NOPs and batterers, interviewing children, and paying attention for flags that indicate a changing level of danger or risk.

Home visits by DVLs are a core part of the DVL contract Annex A. However different DV programs have different levels of experience and comfort with DVLs participating in home visits. In addition, home visits are time-consuming and, given the limitation on the time DVLs have available in each office, must be considered within the overall goals of the project. (See Attachment D for draft Guidelines on Home Visits.)

Strategies that have helped to promote understanding of the role include:

- Casework supervisors playing an active role in generating referrals to the DVL, with a clear understanding of what they and the worker want help with related to their own case management. For example, if they do not feel that they are getting complete or accurate information on a family’s situation, what other sources of information do they have that will help them understand, or what other kinds of conversations might they have with the family to complete their assessment?
- Having DYFS supervisors participate in consultations is also very effective for maintaining clarity as well as for shared learning and accountability for follow-up on recommendations.
- For any DYFS request of a DVL that involves help with an investigation or assessment, the worker and the DVL meeting with the client together.
- Case-by-case consideration of what would be most helpful from the DVL (i.e. confidential conversation? Case consultation? Joint home visit?)
- Regularly revisiting the role of the DVL in staff meetings and other forums (supervisors meetings, management team meetings, etc). Additional training for staff in these forums can help.
- Having DVLs participate regularly in staff meetings at their home agencies and at local DYFS offices.
- The DVL explaining their role and answering questions unit by unit to allow for full discussion (this strategy needs to be reinforced and backed up by LO leadership).
- LO staff sharing stories with peers in those situations where they found the DVL to be most helpful.
- Articulating to DYFS staff that DVLs can be of assistance in determining whether DV is a concern, not only if DV is already confirmed.

- DVL and supervisor being clear about the limits of the DVL role with DV program staff.

Information sharing and confidentiality

Information sharing and maintaining confidentiality are universally challenging within this project. DVLs experience significant tension/stress at times as they work to figure out what information is needed by DCF/DYFS and what is needed by counseling/other staff in their home agencies. DCF/DYFS staff experience frustration and anxiety about the lack of access to information obtained by a DVL from a client. DV programs worry that some women will avoid talking about their lives and their experiences out of fear about what will happen if they tell someone what is happening.

DV programs and some DCF/DYFS staff, supervisors and LO Managers are clear about the rationale and usefulness of confidentiality, but the actual practice of DVLs maintaining confidentiality is not as easy. Sometimes DVLs feel as though they are the only ones trying to explain confidentiality to DYFS staff, who are in constant search for information to inform their assessments and decisions. In specific circumstances the need or pressure from DYFS for information feels more pressing, such as a case that is being litigated, a situation in which the NOP is hurting or neglecting the children, and in high-risk situations. Similarly, at least one DV program expressed needing more information from DYFS to work effectively with clients--they tend to share only DV-related information rather than a complete picture of family functioning. Finally, one program finds it challenging to work with DYFS when a woman is in shelter because workers don't understand or agree with not having access to the shelter location.

Strategies that have been helpful include:

- DCF/DYFS supervisors and managers articulating the need for NOPs to have access to confidential safety planning and advocacy, incorporating the message that both children and women may be safer as a result even though there is no detailed report back to DYFS. (However, there is not yet universal understanding of or support for this position throughout the agency.)
- DCF/DYFS supervisors and managers reminding staff that DVLs and DV Programs are mandated reporters and act accordingly, reporting suspected or known child abuse and neglect.
- DYFS staff getting clarity in advance of a case conversation about what they will be getting back—this message needs to be consistent from DVLs and DYFS supervisors and managers.
- DVLs having three-way conversations with both the DYFS worker and the NOP together whenever possible. (Sometimes initial conversations are confidential, and the DVL works with the woman to help her, over time, develop trust in DYFS and/or a willingness to share information they think will help her worker understand her situation.)
- DVLs obtaining releases of information after an informed consent process.
- DVLs providing information to DYFS on informed consent process and limited releases of information.
- DVLs providing, with permission from a NOP, a list of topics that have been discussed in a confidential conversation (using Direct Service form developed for this purpose).
- DVLs working creatively “behind the scenes” to obtain permission to share needed information with DYFS (i.e. for a woman who has left the shelter, contacting her at her new location to obtain permission to provide a location to the DYFS worker).
- DVLs seeking advice and support from their supervisors about how to handle information sharing in specific cases.



Local collaboratives need a strong foundation and shared leadership to become high-functioning, problem-solving bodies.

Bringing a group of diverse professionals together to problem-solve and support a challenging collaboration does not occur without some thoughtful attention to membership, differences in perceived or real power, leadership of the group, operating agreements for how to move through the hard places, and so on. (See Attachment E for a list of ‘foundational’ questions used by the local collaboratives at the Feb 2011 meetings.) Because of the staggered start of the DVL Project with DCF/DYFS Local Offices across the state, each locale’s collaborative group is in a different developmental stage, and therefore may need different tools and levels of support to develop to the point of seeing problems as mere challenges to be resolved rather than obstacles to forward progress.

Strategies that have helped include:

- Having regular meeting times and consistent participation by DV program and DCF/DYFS managers.
- Developing operating agreements to guide the work of the group.
- Sharing or rotating leadership roles such as agenda development and facilitation.
- Insuring that the experiences of the DVL and the experiences of families are central to discussions of the group. (This does not negate the importance of the experiences of DCF/DYFS workers or other DV program staff, which should of course be considered. It only suggests that DVLs inhabit a unique position at the intersection of the two agencies, and that families experiences should always be included as both systems exist to support them.)
- Reviewing/discussing specific cases to insure the collaborative is grounded in practice.
- Regularly discussing/acknowledging what is going really well, as well as what is hard or challenging.



Many of the challenges being experienced by DV programs and DCF/DYFS may best resolved by the local collaborative body. Communication back to DV programs and DCF/DYFS about how issues have been resolved is a critical need.

A number of challenges arose over the course of three days of discussion that either DCF/DYFS or DV programs were attempting to resolve internally, when some may be more effectively addressed within the local collaborative structure. Some counties have active collaboratives that meet regularly and have clear goals, while others are in an earlier developmental stage of group formation. One helpful strategy for becoming a high performing team is tackling common challenges and being jointly responsible for creating solutions that will sustain the project. For example:

Managing the workload of the DVLs

In the early stages of the DVL project and as newer DVLs have gotten started in offices as the project expanded, there was an emphasis on being as flexible as possible in meeting the needs of DYFS workers and their clients. However, as the work becomes established and the DVL’s referrals increase, maintaining that level of flexibility is not always possible. In addition, in busy DYFS offices a DVL can receive far more referrals than it is possible to respond to within a reasonable timeframe.

Furthermore, individual programs have struggled to define what constitutes an “open” or “active” case, when a case “closes” or is transferred to another DV counselor or legal advocate, and how to help the DVL find the right balance between direct service and case consultations to achieve the goals of the project.

Strategies that have helped include:

- Negotiating within the collaborative meetings to reach agreements (based on project goals) on priorities for the work of the DVL (i.e. safety concerns at intake, on-going DV with children in the home, repeat maltreatment cases, multi-issue families, batterer not the bio father of the children, etc) in individual offices, developing/supporting triaging efforts to facilitate appropriate referrals, and having a tracking process to be sure priorities are being addressed. DYFS leadership then needs to clearly communicate these negotiated priorities to their staff and DV programs need to help to address the other needs of families involved with DCF/DYFS around DV issues.
- Both systems emphasizing use of formal (written) referrals and consultations (using the Case Practice Form) both to insure work is documented (captured) and to have more control over the flow of work coming to the DVL.
- DVLs having a clear schedule and boundaries about how and when they can help (for example, not leaving regular office hours at one site to participate in a FTM at another site, being clear about responding to direct service referrals in the order they were received, etc).
- Developing procedures for a “warm hand-off” of NOP to other DV program staff for on-going support and advocacy. If possible, program staff then support that person to provide on-going advocacy efforts with DYFS worker as well (rather than handing it back to the DVL).

Project staffing issues

While DV programs are developing capacity of staff to fill in for a DVL who is out sick, on vacation or medical leave, some feel that additional DYFS training and exposure is needed for back-up staff to provide the same quality of consultation that is provided by the DVL. In addition, some DV programs struggle to make available fluent, qualified bi-lingual staff to serve the needs of DYFS clients (8 DVLs are bi-lingual and 1 is trilingual, but programs experience the same challenges with back-up staff).

Strategies that have helped include:

- Identifying a primary back-up person for the DVL, send her to DYFS training and have her spend time with the DVL in the DYFS office. DVLs noted that attending training WITH DYFS staff helped them to build relationships that are necessary for them to work effectively.
- Having the DV Program supervisor as the primary back-up for an absent DVL since they are also developing a knowledge base of child protection practice and office dynamics through the supervision process.
- Using the Case Practice form to convey information to DV program back-up staff on specific cases. Where possible, allocate direct service referrals to those DVLs with lower caseloads.

- Insuring that a point person at DYFS receives the DVL work schedule and notification of any unplanned absences. It then becomes that person’s responsibility to convey contact information for the back-up to office staff.

Mandating non-offending parents to DV services and/or shelter

Attempts to provide supportive services to women mandated to DV services are not always successful. The challenges of getting DYFS clients who are NOPs into DV services include: reliance on a strategy of mandating her into services or shelter with no corresponding attention to the batterer; placing her in a position in which she is held responsible for safety, which may be impossible given the context of violence against her; and the fear that by participating in services she is admitting to the violence, which might then be used as justification for removal of children (especially if the batterer has not been engaged).

Programs that have tried providing groups restricted to DYFS-involved women have had varying levels of success over time, in part because women don’t always show up, because of scheduling difficulties, and because they are being mandated to participate in a service that is not of their choosing. In addition, some in DYFS have expressed a clear preference for one-on-one work with their clients (not always possible due to staffing issues), or feel that a group exclusively for DYFS-involved women is stigmatizing.

In some areas, DYFS workers continue to mandate women into shelter against their wishes. This kind of practice may provide short-term safety, but is largely ineffective over the long term as it damages the trust and relationship between the worker and the client and undermines problem-solving.

Strategies that have helped include:

- DVLs giving a “heads-up” to a group facilitator if a woman has been mandated to attend, and the facilitator may meet with the woman privately to encourage her participation.
- Screening DYFS-involved women for the regular open groups and encouraging them to come and listen if they don’t want to actively participate.
- Using an educational curriculum rather than offering a standard support group.
- Holding the group in the DYFS office (sometimes increases participation, but not always).

Lack of access to needed services and resources

Specifically, unmet resource and service needs mentioned include transportation and batterer intervention services. In some places DYFS will not pay or supplement an individual’s payment of program fees for a batterer intervention program.

DVLs need resources, support, and clinical supervision to do their jobs effectively.

DYFS and DV programs both need to provide the DVL with the concrete resources needed to do their job in each location. This includes having consistent access to a desk, a phone, a computer, and NJ Spirit. In addition, DVLS identified having a “go-to” person at DYFS as key to helping them both understand the system and develop strategies for working within child protection.

In addition, the DVLS need good clinical supervision from their home agency and to feel connected to others in the DV program. Clinical supervision for DVLS is required in the Annex A of the program's contract, and all DV participants agreed that DVLS need excellent and consistent case-related supervision. Some asked for clarification of the expectation for "clinical supervision" (i.e. is there a licensure requirement for the supervisor, does this refer only to "case-related" supervision or are there other elements, etc?). Because the DCF/DYFS approach with families is changing, the knowledge base of the DVL supervisor needs to keep pace.

Strategies that have helped include:

- Establishing a consistent day of the week for the DVL to be in the office, and holding staff meeting and supervision on that day.
- Supplementing (but NOT replacing) one-on-one supervision with group supervision of counseling staff and more informal peer supervision.
- Including the DVL in case discussions of women in shelter and women being served through outreach services, regardless of whether there is DYFS involvement. (The supervisor of the DVL in this program emphasized this strategy helps the DVL to keep thinking in a nuanced way and to resist what appears to be more "black and white" thinking that occurs in the DYFS system.)
- Acknowledging the DYFS expertise of the DVLS and using supervision to learn as much as to teach, so that the quality of supervision keeps increasing.
- Having an LCSW provide clinical supervision.
- Beginning supervision with cases that need immediate attention, and having regular reviews of all cases.

Looking to the Future of the DVL Project

As DCF and the NJCBW look to the future of the DVL Project, consideration should be given to strategies that span a variety of areas of potential development:

Skill development and peer support

1. Facilitate inclusion of DCF/DYFS staff into Rutgers Center MSW Certificate Program on Violence Against Women and Children.
2. Continue skill development for DVLS and DYFS staff (Case Practice Specialists, casework supervisors, or others):
 - To help DYFS work more effectively with men who use violence
 - To facilitate solution-focused DV practice and assessments of impact of DV on children
 - To interface more effectively with DAGs on DV cases
3. Continue statewide and/or regional meetings of the DVLS for professional development and peer support.
4. Establish or continue peer dialogues among DYFS LOMs and among DV program directors to share strategies for success.

5. Complete training for all SCR staff.
6. Use available tools and products from the Family Violence Prevention Fund to help foster and other resource parents learn how to effectively support children who have been exposed to domestic violence.

Service array

7. Develop a plan for mapping Batterer Intervention services, responsible fatherhood programs, and other healthy service options for men and fathers. Use the information to expand options to support more men to change behaviors that negatively impact children and their mothers.

Policy and protocol

8. Provide written clarification of confidentiality and information sharing limitations to DYFS and DV programs.
9. Promote or require more consistent use of DVL Project forms.
10. Establish suggested/potential focus points to maximize DVL Project effect (i.e. earlier involvement in cases).

Local collaborative development

11. Provide individualized support (i.e. outside facilitation, emerging research, group development tools, etc) for local collaboratives based on self-identified needs or group developmental status.

Data collection and evaluation

12. Develop an evaluation plan for DVL Project using Family Violence Prevention and Services Act and Child and Family Service Review outcomes. Potential strategies for the evaluation include:
 - Develop client feedback system re: direct work with DVLs and/or improvements in DYFS worker skills, approach, engagement, safety planning.
 - Develop DYFS and DV worker feedback systems on skill and confidence development.
 - Develop a plan for tracking data sets related to DV in DYFS caseload (i.e. co-occurrence of DV and child maltreatment, where DV is identified in DYFS process, what services are offered/mandated, how many DV cases are repeat maltreatment cases, rates of child placements into foster care, etc).

Attachments

- A. DVL Project Forms
- B. Agendas for Feb 1 - 3, 2011 Cross-System Dialogue
- C. Role of the DVL
- D. Draft DVL Project Home Visits Guidelines
- E. Discussion questions from Feb 1 – 3, 2011 Cross System Dialogue for local collaborative teams
- F. DV Protocol at a Glance

Attachment A—DVL Project Forms
Domestic Violence Liaison Referral Form

Purpose of the form: This form may be used by a DYFS worker to (1) make a referral for a client to meet with the DV Liaison for a confidential conversation, or to (2) request a conversation with a DV Liaison about a specific DV case about which you have questions or would like assistance. Please complete this form, or print and attach identifying information from NJ Spirit/DCF1-1 (please also complete basic DV information requested).

DYFS information:

NJ Spirit Case Name _____ NJ Spirit Case # _____ Date _____

Office/Unit _____ Worker _____ Phone _____

Supervisor _____ Supervisor phone _____

Referral to DVL for: Confidential client conversation _____ Discussion with DYFS staff about a case _____

Family members:

Non-offending parent (NOP) _____ DOB _____ Town residing _____

Race and/or ethnicity _____ Spoken language _____ Interpreter needed? YES NO

Phone number _____ Is it safe to leave a message at this number? YES NO

Has this NOP been notified that the DV Liaison will be in contact? YES NO

Batterer _____ DOB _____ Town residing _____

Relationship to NOP _____

Race and/or ethnicity _____ Spoken language _____

Is the batterer the legal parent of the children? YES NO Is the batterer married to the non-offending parent?
YES NO

Is there a restraining order against the batterer? YES (attach) NO Is the batterer aware that DYFS is involved?
YES NO

Children: (Use back of form if additional space needed. Circle any child currently in foster care or placed with relative.)

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Brief domestic violence history:

Length of relationship: _____ How long has abuse been occurring? _____ Who identified
abuse? _____

Most recent incident of abuse? (date and brief description)

DV history as indicated by case record or NOP: Physical Psychological Emotional Economic Sexual

Is DV the reason for current DYFS involvement? YES NO If no, primary reason for DYFS involvement is _____

_____ Dates of prior DYFS referrals _____

Describe any court involvement _____

Most pressing issues/needs/questions identified by worker? _____

Domestic Violence Liaison Direct Service Form

Name of DYFS client: _____ NJ Spirit # _____

Date of confidential conversation with client: _____

Contact made: In person Phone only

Upon conferencing with the client, the following were provided:

- _____ Information on Resources and Available Services:
Safe House / Counseling Services / Children Services / Legal / Other
- _____ Domestic Violence Safety Plan (Safety Plan is specific to survivors of DV & establishes various means that an individual may take to promote safety)
- _____ Domestic Violence Child Safety Plan
- _____ Domestic Violence Education (Power & Control Wheel, Dynamics of DV, etc.)
- _____ Discussion of Options
- _____ Other (Specify) _____

I agree that this form can be shared with my DYFS caseworker.
Client Signature: _____ Date _____

Verbal confirmation/consent by client if signature not able to be obtained, pursuant to agency policy.

Client was advised at the beginning of the communication that the DVL would be providing the above identified information to the Division of Youth and Family Services. Client provided verbal consent to the waiver of any confidentiality and/or privileges that might apply to this information. I am satisfied that client understood her/his rights and knowingly and voluntarily waived the confidentiality and/or privilege as to the above information.

DVL Signature: _____
Date _____

DVL Signature _____ Date _____

Domestic Violence Liaison Project Case Practice Form

Purpose of the form: This form is completed by the DV Liaison and is used to document a case practice discussion between a DV Liaison and a DYFS worker. (Attach to the Domestic Violence Liaison Project Referral Form.) As additional information becomes available to the DV Liaison, follow up activities may change.

NJ Spirit Case Name _____ NJ Spirit Case # _____
 Date _____

How dangerous is the batterer? Y(Yes) N(No) U(Unknown)

___ recent escalation of violence	___ threats of suicide/homicide	___ threats to kidnap or harm children
___ direct harm to children	___ access to/use of weapons	___ recent job loss/financial stress
___ violent criminal history	___ depression/PTSD	___ military training
___ extreme jealousy	___ stalking behaviors	___ law enforcement
___ partner is leaving relationship	___ threats to family members	___ threats to social worker
___ batterer denies access to family	___ substance use/abuse	___ major mental illness (diagnosed)
___ extreme isolation/control	___ martial arts training	___ violation of court orders
___ sexual abuse of partner	___ other _____	

Batterer strengths:

___ extended periods of non-violence (as reported by NOP)	___ healthy attachment or bond with children
___ expressed/demonstrated desire to change abusive behavior	___ willingness to engage in recommended services
___ expressed/demonstrated desire to be a good parent	___ other _____

Language or cultural barriers that may impact services for the batterer _____

Batterer's self-identified needs (housing, food, transportation, medical care, job training, etc) _____

What is the child(ren)'s level of exposure? Y N U

___ witnessed violence	___ tried to protect NOP or sibs	___ sexually abused
___ forced to participate in abuse	___ physically injured	___ disclosed violence to adult
___ exposed to aftermath (broken furniture, parent arrested, injuries evident, etc)		
___ other _____		

Child(ren)'s current functioning:

___ emotionally aligned with batterer	___ self-injurious behaviors	___ substance use/abuse
___ sexualized behaviors	___ poor academic performance	___ aggressive/fighting
___ fearful/withdrawn/depressed	___ poor social functioning	___ difficulty separating from NOP
___ developmental delay/regression	___ problems sleeping	
___ diagnosed health condition or disability		

(describe) _____

___ other _____

Indicators/observations of child(ren)'s resiliency:

___ no apparent distress	___ involved in activities	___ extended family support
___ can safety plan	___ pride in performance in school, sports	
___ bond with at least one caring adult (NOP _____ Other _____)		

___ other _____

Who is primary caregiver for children? _____ Who is primary disciplinarian? _____

Most recent SDM risk level LOW MODERATE HIGH VERY HIGH Risk assessment date _____

Has the non-offending parent's role with the child(ren) been undermined? YES NO

What are the strengths or capacity of the non-offending parent to help DYFS keep children safe? Y N U

Protective strategies/factors: ___ fled to shelter, family, friend ___ accessed DV
services/counseling/legal help
___ complied with batterer ___ safety planned with child(ren) ___ support system in place
___ has a safety plan ___ sent child out of room during assault ___ obtained order of protection
___ called police ___ advocates for child(ren)'s needs ___ healthy bond with child(ren)
___ assesses impact of past help-seeking ___ other _____
NOP challenges to participating in safety intervention: ___ sexual assault/trauma history
___ substance use/abuse ___ depression/PTSD ___ major mental illness (diagnosed)
___ health related issues ___ economic barriers ___ immigration status/deportation
___ physical barriers ___ language or cultural barriers to services _____
___ other _____

What has been most helpful in the past? Least helpful?

What are the non-offending parent's self-identified needs (housing, transportation, child care, job training, etc)?

Follow up: (DV Liaison will initial any follow up activities that she/he will try to accomplish)

Case management:

- follow DV protocol
- hold separate family meetings for parents contact)
- gather more information from collaterals
- end unsafe intervention/services
- interview child(ren)
- safety plan with child(ren)
- safety plan with NOP
- enlist supportive adults to increase child safety
- facilitate access to programs and activities for child(ren)
- advocate on child(ren)'s behalf with
- enlist non-offending parent's (NOP) help to plan for safe interview of batterer (and check in with NOP after
- meet with batterer and conduct a structured interview*
- conduct criminal record check on batterer
- check for prior police responses to home
- coordinate with parole or probation officer
- educate batterer on effects of exposure to DV on child(ren)
- educate NOP on effects of exposure to DV on child(ren)
- develop safety plan for worker

Notes/other:

Administrative:

- write separate case plans
- hold a provider meeting
- use an interpreter to speak to
- educate collaterals about DV
- conference case with

Notes/other:

Services:

- refer child(ren) for trauma evaluation
- refer child(ren) for counseling
- refer child(ren) and NOP to PALS
- refer batterer to Batterer Intervention
- arrange for supervised or safe visitation
- refer to responsible fatherhood program
- make referrals for non-DV needs
- refer batterer to substance abuse or mental health treatment
- refer NOP to domestic violence services
- refer NOP to meet with DV Liaison
- refer NOP for legal help
- provide economic or housing advocacy
- provide financial assistance/transportation
- find shelter space
- advocate on NOP's behalf with

Notes/other:

Signatures:

_____ Worker	_____ Date	_____ DV Liaison	_____ Date
_____ Supervisor	_____ Date	_____ Family member (if present)	_____ Date
_____ Other participant (specify)	_____ Date	_____ Other participant (specify)	_____ Date

Attachment B – Agendas for Cross-System Dialogue

Part 1: Domestic Violence Liaisons and Programs February 2011

This is Part 1 of a series of activities designed to deepen and strengthen the collaboration between domestic violence programs, the NJ Coalition for Battered Women (NJCBW) and the Department of Children and Families (Division of Youth and Family Services and the Division of Prevention and Community Partnerships).

Desired outcomes for the process include:

- Strategies to strengthen the collaboration
- Consistent understanding and messaging about the role and value of the DV Liaisons and the DVL Project
- Consistent understanding and messaging of confidentiality issues related to the work of the DV Liaisons with DYFS
- Understanding of resource needs and support for the work of the local DCF/DV program collaborative efforts across the state

Agenda

- | | |
|-------|--|
| 10:00 | Welcome and introductions
Goal and desired outcomes |
| 10:15 | Key findings from DVL survey (Feb 2011) |
| 10:30 | DVL Project within the DV host program: breakout session
(take notes to submit for report, include name and phone #) <ul style="list-style-type: none">• What positive impacts has the project had on your agency/program?<ul style="list-style-type: none">○ What made that possible? What were the conditions?○ What else needs to happen within your agency or program to further the goals of the project?• What have been the greatest challenges to the project within your agency/program?<ul style="list-style-type: none">○ What have you thought of or tried to address those challenges? |
| 11:15 | Break |
| 11:30 | DV Program support/supervision for the DV Liaison <ul style="list-style-type: none">• Managing workload• Clinical supervision |
| 12:15 | Wrap up and next steps |

Part 2: Cross-System Dialogue February 2011

This is Part 2 of a series of activities designed to deepen and strengthen the collaboration between domestic violence programs, the NJ Coalition for Battered Women (NJCBW) and the Department of Children and Families (Division of Youth and Family Services and the Division of Prevention and Community Partnerships).

Desired outcomes for the process include:

- Strategies to strengthen the collaboration
- Consistent understanding and messaging about the role and value of the DV Liaisons and the DVL Project
- Consistent understanding and messaging of confidentiality issues related to the work of the DV Liaisons with DYFS
- Understanding of resource needs and support for the work of the local DCF/DV program collaborative efforts across the state

Agenda

1:30	Welcome and introductions Accomplishments of the DVL Project Goal and desired outcomes
1:45	Role of the DV Liaisons
2:15	Confidentiality
2:45	Key findings from the DVL survey DV Project local collaborations: breakout session (take notes to submit for report, include name and phone #)
3:40	De-brief
3:50	Wrap up Next steps

Attachment C – Role of the DVL

New Jersey Department of Children and Families and the New Jersey Coalition for Battered Women Domestic Violence Liaison Project

Role of the Domestic Violence Liaison February 2011

Goals of the DV Liaison Project

- To increase safety, stability and well-being and improve outcomes for children and their families in domestic violence situations.
- To strengthen DCF/DYFS capacity to effectively assess and intervene with families in domestic violence situations.

DV Liaison Role

1. Direct service with DYFS-involved families:
 - a. Conduct safety planning with the non-offending parent and children.
 - b. Provide direct advocacy, community networking and referral information to parents.
2. Strengthen DYFS worker skills to assess and intervene:
 - a. Model effective interviewing and engagement of non-offending parents, children, and DV offenders (in some cases).
 - b. Promote safe Family Team Meetings by participating in planning and in the meeting itself.
 - c. Assist DYFS workers in assessing domestic violence situations and creating DYFS child safety protection plans and case plans.
 - d. Recommend case management strategies.
 - e. Promote worker safety through assessment and planning for high-risk situations.
 - f. Partner with DYFS caseworkers on site and on home visits (in some cases).
3. Develop the capacity of the DYFS system to respond more effectively to DV situations
 - a. Help identify and address gaps and barriers that families face in obtaining needed support and safety for their children.
 - b. Train DYFS staff, DV staff and other stakeholders on best DV practice within a child protection context, and on related topics.
 - c. Model collaboration and cross-system advocacy to strengthen community partnerships and enable a coordinated community response when domestic violence and child abuse co-occur.

Attachment D -- DRAFT DVL Project Home Visits Guidelines *(Not for distribution—still under review)*

As part of the position of the Domestic Violence Liaison (DVL), some joint home visits with DYFS staff may be planned. Safety during these visits can be enhanced by consulting with DYFS staff about applicable DYFS Policy and Procedure which focuses on safety during field visits. Module 2 of the DYFS new worker training also addresses this issue, and is a required component of DVL training.

Prior to the Home Visit

1. Before going into the field, the DYFS worker and DVL will assess the reasons for visiting the home, the benefit to the family in doing so, and how it can support the overall work with the family. The DVL will discuss any safety concerns with the DYFS worker and supervisor, and will contact her supervisor for advice in making the final judgment as to whether she should accompany the Division worker. If it is determined that the DVL will not accompany the worker to the home, the DVL and DYFS worker will develop another strategy for the DVL to meet with the NOP.
2. The DVL will **not** make a joint visit with the DYFS worker if the following information is known at the outset, and/or the batterer is present:
 - a. There are obvious red flags, such as guns in the home.
 - b. It is known that there is a DV incident occurring at that time.
3. Prior to the visit in the home, the DYFS worker will make every effort to determine if the batterer is present. All efforts will be made to make the visit when the batterer is not at home, including arranging a time to visit when he is at work and determining if there is a no-contact order or restraining order in place. If the batterer is not in the home, the DVL may make the visit.
4. If it cannot be determined if the batterer is in the home and it is important for the DVL to meet with the NOP at the home, the DVL will follow all safety strategies that have been developed with the DYFS worker and the supervisor prior to going out in the field. This may include having another DYFS worker (buddy), the local police department or human service police accompany the workers. It should also include being aware of the surroundings, where to sit in the home, and what to bring into the home. If the DVL needs assistance with planning, she should contact her supervisor. If the decision is made that the DVL should not accompany the worker, the DVL and DYFS worker will develop another strategy to meet with the NOP.
5. If the DVL and DYFS worker are preparing for a joint field visit, the DVL should:
 - a. Make the visit with a DYFS worker
 - b. Notify both the DYFS worker's supervisor and her agency supervisor
 - c. Drive with the DYFS worker in a state car from the DYFS office or meet the DYFS worker in a public parking area close to the location so that the DVL can then drive to the home with the DYFS worker. Under no circumstances should the DVL take her personal vehicle to the home.
 - d. Use the time with the DYFS worker to obtain more information and discuss the family's situation.

When in the field:

In the field, the DVL will:

- carry her charged cell phone
- be aware of the home and neighborhood
- develop an exit plan in case of an emergency.

Managing the home visit:

1. The DVL carries an unmarked home visit kit into the field. This will include release of information, direct service report, power and control wheel, information on safety planning, and any other information that may be useful to show to the NOP.
2. The DVL will discuss options with the NOP, including a joint conversation with the DYFS worker, or a confidential conversation with DVL. If the NOP indicates she would like a confidential conversation, the DYFS worker should respect that wish.
3. If the batterer is in the home, the DVL and DYFS worker may opt out of the visit and reschedule once back in the office. If the visit is to proceed, the DVL will be introduced as a co-worker or colleague. The DVL cannot be introduced as a DVL or DV advocate. There can be no mention of DV in front of the batterer. The DVL and DYFS worker will separate, with the DVL meeting with the NOP, and the DYFS worker talking to the batterer in separate rooms. The DVL will introduce herself and explain her role to NOP.
4. The DVL will check with the NOP to determine what is safest for her with the DVL there, especially if the batterer is at home. If the NOP feels safe with DVL, the DVL will provide DV education, safety planning, and information about DV services. DVL and NOP will discuss the direct service form, and any other information that the NOP feels comfortable with the DVL sharing with the DYFS worker. DVL will safety plan with NOP to see if any information can be left at the home. If information will be left, the DVL will request that it be put somewhere safe while the DVL is present. This precaution will prevent the batterer from finding it, enhancing the safety of all concerned during and after the interview. The DVL will safety plan with the NOP to help the NOP focus on her safety after the DVL leaves the home.
5. If the batterer is in the home, and NOP indicates that it is not safe to meet separately, the DVL and NOP will join the DYFS worker and the batterer, provided this will not put the NOP in any danger. The DYFS worker will complete his/her visit with both parents.

After the home visit:

1. DVL and DYFS worker will conference the case after the home visit.
2. The DVL will inform her agency supervisor that the home visit was completed and address any concerns.

Attachment E -- Discussion questions from Feb 1 – 3, 2011 Cross System Dialogue for local collaborative teams

**New Jersey Department of Children and Families and the
New Jersey Coalition for Battered Women
Domestic Violence Liaison Project**

**Part 2: Cross-System Dialogue
February 2011**

Following are discussion questions for the breakout exercise on local collaborative efforts. It is not necessary to discuss every single question within the time allotted for the exercise, but someone should be assigned to take notes on the questions you discuss to submit to the facilitator for inclusion in the report that will be generated from these dialogues. These questions can also be used at your next collaborative meeting to reflect on how well you function as a group and whether you are achieving your goals and objectives.

1. Do you have written, clearly defined goals and objectives for the collaborative that are known to all participants? What are you trying to achieve together that cannot be achieved by the individual agencies involved?
2. Do you have consistent participation by both DYFS local office management and managers of the DV program?
3. Is everyone at the table who needs to be at the table to achieve goals and objectives?
4. Do you have operating agreements to guide interaction in your meetings and to which participants hold each other accountable?
5. Do you have a defined, agreed-upon process for managing conflict or making decisions when participants don't agree (i.e. voting, gradients of agreement, etc)?
6. How do you insure that the voices and experiences of DV Liaisons working at the intersection of DV and child maltreatment are reflected in the work of the collaborative (beyond attending meetings—are they identifying challenges, framing problems and potential solutions, presenting cases for shared learning, etc)?
7. How do you insure that the voices and experiences of families are reflected in the work of your collaborative?
8. What is the process for developing the agenda and identifying the issues and problems that need to be discussed? Who is responsible for producing the agenda?
9. Who facilitates the meetings? Is the responsibility shared or rotated?
10. Does the collaborative develop and support leadership related to the co-occurrence of DV and child maltreatment that is evident to the staff of the DV agency and the local DYFS office? What is the evidence of that leadership?

11. How would you characterize your collaborative meetings (i.e. energizing, focused on creative problem-solving, clarifying, or more negative descriptors)?
12. What have been your greatest challenges to effective collaboration on this project?
13. What have been your greatest successes? What made those successes possible?
14. What do you think would be most helpful to support your local collaboration going forward (i.e. outside facilitation, data to analyze, case presentations to facilitate learning, etc)? What resources and supports would be helpfu

Attachment F -- DYFS DV Protocol at a Glance

<p style="text-align: center;">Definitions</p> <p>Domestic violence is a pattern of coercive behavior used by the batterer to establish control and fear in a relationship against an intimate partner. (p. 1)</p> <p>Coercive control is often established using threats, isolation, and deprivation of individual rights along with physical and sexual violence and can often be identified by using the Duluth Model Power and Control Wheel.</p> <p>NOP is defined as any person defined as a victim of domestic violence. (p. 5)</p> <p>Batterer is a perpetrator of domestic violence as demonstrated by behavior not self disclosure or diagnosis. (p. 5)</p>	<p style="text-align: center;">Ongoing Screening and Safety</p> <p>Domestic Violence screening should continue with each contact with a family. (p. 9)</p> <p>This screening should include identifying indications of coercive control, child endangerment and isolation. (p. 14)</p> <p>Context and content of the DV may impact the response and decision of the NOP. DYFS workers should develop ongoing safety around this reality. (p. 18)</p> <p>Additional safety planning should be accomplished with NOP around DYFS involvement. (p. 19) This should be accomplished minimally with every change in the DYFS case, i.e. Court appearance, Family Team Meetings, Court discover process, change in visitation or requirement of batterer.</p>
<p style="text-align: center;">Safety in the Field</p> <p>“A teamed response is required in cases that involve ongoing domestic violence situations where the alleged batterer resides in the home. A teamed response is preferred if the batterer does not reside in the home.” (p.15)</p> <p>Notations of situations which may present risk to the personal safety of DYFS staff may be found in the “Documentation of Response” box in NJ Spirit.</p>	<p style="text-align: center;">Special Legal Considerations</p> <p>An Order of Protection may be sought by DYFS, using Title 9, to a batterer to stay away from the home, the child, and the NOP. This should be done with the consultation of your DVL. (p. 7)</p> <p>A Risk Assessment may be ordered by the court before visitation provisions are set when DV is present (p. 12) It is imperative to involve your local DVL or DV program to assist with this assessment. (p. 4)</p>
<p style="text-align: center;">Engagement/Interviewing</p> <p>Order of Interview in DV cases should be:</p> <ul style="list-style-type: none"> ▪ the non-offending parent; however if the worker has reason to believe that this will cause risk to the child, begin with the child ▪ the child, beginning with the child who is the alleged victim, then the siblings, and then the other children in the home ▪ the person who is the batterer (p. 15) <p>When DV is present or suspected it is vital to interview the NOP and children separate from the batterer. (p. 15) This can be accomplished in entirely different sessions.</p> <p>The NOP should be consulted about safe engagement/interview of the batterer.</p> <p>“Under no circumstances should information from separate sessions with the Non-offending parent/caregiver and the children be revealed to the batterer.” (p. 15)</p>	<p style="text-align: center;">Recommended Services</p> <p>Batterers Intervention, Domestic Violence Services, Assistance in helping NOP prohibit offender from home (p.20)</p> <p>Work with the strategies that work for the NOP (p. 19)</p> <p>Specialized services for children, to include the PALS program (p. 4) This program is also appropriate for children in a resource home that previously witnessed DV in their own home.</p> <p>Batterers should be recommended for a criminal or court-mandated batterer intervention program, not anger management. (p. 20)</p> <p>NOT ALLOWED: Mandating restraining orders, couples counseling, general anger management programs, or mediation (p. 20) Forcing the NOP to leave the home (p. 19)</p>
<p style="text-align: center;">Case Plans</p> <p>Separate case plans must be developed with the batterer and the non-offending parent and her child. The batterer shall not have access to the non-offending parent’s/ caregiver’s case plan. (p.22)</p> <p>Cessation of the abusive behavior should be included on the batterer’s case plan; this assists a worker in identifying who is responsible for the battering. (p.22)</p>	<p style="text-align: center;">Family Team Meetings</p> <p>The batterer is not included in family team meetings with the non-offending parent/caregiver. (p. 22)</p> <p>Involve your DVL to assess any special circumstances or the possibility of safe considerations when a FTM might include both parties. (p. 4)</p>
<p style="text-align: center;">Placement</p> <p>The child should remain in the care of the NOP whenever possible, removal of the child from the NOP should be done as a last resort. (p. 21)</p> <p>“The presence of domestic violence and/or exposure to domestic violence in and of itself does not constitute an allegation of substantial risk.” (p. 11)</p> <p>Placement with a known batterer is inappropriate (p. 21)</p> <p>Kinship placement with someone in the batterer’s family must be cautiously considered, involve your DVL to assist you with this assessment. (p. 21)</p>	<p style="text-align: center;">Documentation</p> <p>A worker must consider the safety and confidentiality of the NOP in all documentation. (p. 25)</p> <p>Keep a NOP address confidential and redacted from verified complaints or any other documents that may be accessible to the batterer. (p. 8)</p> <p>In a DV allegation, the NOP should rarely be coded as the perpetrator. (p. 25)</p> <p>Document specific behaviors of the batterer that poses risk to the NOP and children. (p. 25)</p> <p>When documenting a NOP response, be careful to accurately assess the impact of the violence. Document the potential risk of retaliation and harm by the batterer. (p. 25)</p>