

Domestic Violence Safety within TF-CBT

I. Have all relevant outside information

A. Copy of restraining order (DVPO or 50B):

1. Is child also named on restraining order?
2. Is the order a “consent order”
-non-binding because perpetrator agrees to stay away(no findings have been found to be true)
3. Are there findings of fact
-lists what a judge found to be true
4. Was offending caregiver order to participate in offender treatment?

B. Custody paperwork:

1. Can both have parents seek medical tx/ counseling or only one?
-If so, can technically work with one caregiver and child and not the other.)
2. Can one parent seek services but other parent gets final say?
3. If one person has custody, what are the visitation conditions-sup?

C. DSS Involvement:

1. Current or previous
2. Safety recommendations
3. Contact with offending caregiver

II. Assess important safety factors in individual sessions with non-offending caregiver and child

A. Child’s perspective

1. What are child’s worries and fears and how real are they?
2. Differentiate current safety concerns from trauma reminders of past danger
 - a. Get child’s perspective and help child find the clues in the environment to determine whether or not child is safe.
Consider:
 - i. Caregiver’s tone of voice and volume
 - ii. Caregiver’s behavior
 1. Body agitation
 2. Throwing objects
 3. Hitting things
 - iii. Presence of other adults
 - iv. Presence of drugs or alcohol
 - v. Arguing amongst adults
 - vi. Knowledge about access to weapons/weapons in the home
 - b. Create hierarchy with child using factors considered to determine when to use relaxation skills and when to use safety plan

B. Non-offending caregiver’s perspective

1. What is the history of violence?
 - a. Has there been police involvement?
 - b. Have there been arrests?
 - c. Was medical attention ever sought?
 - d. If no medical treatment sought, extent of injuries broken bones, bruises, etc not reported.
 - e. Were weapons ever involved?
 - f. Was choking ever involved?
 - g. Were drugs and/or alcohol ever involved?
 - h. Knowledge regarding access to weapons
 - i. Was child ever in the home when any violence occurred?
 1. Was the child ever hurt during the violence?
 2. What was the child's response to witnessing violence?
 - j. Was the child present/witness to aftermath of the violence, arrest, seeking medical care, bruises, broken things, etc
2. Create safety plan with caregiver
 - a. Does child have a cell phone?
 - b. Does child know how and when to call 911?
 - c. Are there neighbors from whom the child could seek help?
 - d. Is child aware of easily accessible exits in the home?
 - e. How will non-offending caregiver remain accessible to child during visits?
 - f. Use of a code word to signal danger

III. Determine whether TF-CBT is appropriate to continue

IV. Assessment is on-going and should be updated every session

V. Consider the ethical issues of providing TF-CBT or choosing not to provide TF-CBT:

1. Does child have PTSD symptoms from past events of violence?
2. Does engaging in TF-CBT increase safety risks for child or non-offending caregiver?
3. Does involving the offending caregiver in the assessment increase safety risks for child and non-offending caregiver?
4. Does seeking consent for treatment from the offending caregiver increase safety risks for child and non-offending caregiver?
5. How can safety risks be assessed safely?
6. Are there services available for the offending caregiver?
7. Is collaboration with offending caregiver's service provider possible? (help assess current progress)