In April 2015 the Virginia Department of Social Services last reviewed section H. Domestic Violence of the Child and Family Services Manual. This policy became relevant when the data showed that domestic violence and child maltreatment co-occurred. This policy was developed to improve safety and well-being, preventing children coming into foster care due to witnessing or experiencing domestic violence, improve response to families experiencing domestic violence, and reducing risk (*Domestic violence in child welfare - virginia*. (2015, April). The policy addresses how a decision is made during Child Protective Services (CPS) intake and the following procedures after a case has been screened in/accepted. The problem that this policy is response to is the fact that data shows that child maltreatment and domestic violence are co-occurring in the home.

The population that this policy addresses are individuals experiencing domestic violence who have children under the age of 18 living in Chesterfield County and Colonial Heights Virginia. This policy is a reaction to children intervening during domestic disputes, a child fearing for their safety, police involvement, etc. *Domestic violence in child welfare - virginia*. (2015, April). Exposure to an incident of domestic violence is considered physical neglect (*Introduction to child protective services - virginia*. (2021, March) but often the Chesterfield-Colonial Heights Department of Social Services will screen a referral in as risk of potential harm to a child if the child is in the caregiver victim’s arms. Exposure to domestic violence, can be described as a “child is exposed to one or more incidents of violence between caretakers that has or may result in demonstrated dysfunction. Exposure to domestic violence may be indicated by the child seeing, hearing, or trying to intervene in the incident of violence, OR the child is known to experience the buildup of tension or aftermath of the assault (e.g., observing victim depression, bruises, or other injuries). Incidents of violence include but are not limited to physical conflict; sexual assault; verbal altercations that include coercion, intimidation, or threats; manipulation or control of children; isolation; or unreasonable control of the adult victim. When assessing referrals for exposure to domestic violence, consider that some conflict between caretakers is a normal part of a relationship and is not necessarily a child protection concern” (*Introduction to child protective services – virginia*, 2021, March). Observed at the department it became evident that the history of the family plays a large factor in the decision-making process. Factors like the family’s history, if the police have been involved for the current domestic violence referral, and if protective orders have been put in place, those all affect the overall decision. The listed factors are great to be considered but the policy and decision tree should be able to provide more of a definitive answer. “The safety and support of DV victims directly impacts the safety and wellbeing of the child/children.” (*Domestic violence in child welfare - virginia*. (2015, April).) Children that have experienced domestic violence in their homes and have previously been injured but no report has been made does not meet the criteria to screen a referral in and therefore leaving a child at risk of more harm. Unfortunately, this part of the policy is necessary because pictures can be edited and altered whereas marks and injuries can be observed by a worker and not altered. The procedures that follow after a report has been accepted is a family assessment or investigation is opened. Depending on what the referral was screened in as, the severity of the child’s injuries, and the age of the child the response time may vary but will be no longer than 5 business days. The family then works work the CPS worker and depending on the safety assessment the case can be moved to CPS on-going to provide services for the family.

One of the authors personal and professional conflicts with this policy is the lack of updates that have been provided throughout the years. The manual should be updated at least every five years and with the manual stating that the “current data shows” the manual should be able to display those numbers and be aware of the current data. There are many unintended consequences with and without the suggested modifications. Without the suggested modifications, the children could be at risk for more harm mentally and physically and with the suggested modifications the children could be at risk for removal because of the possibility of a caregiver wanting to stay with the alleged abuser creating conflict. This policy affects children that are living in homes with domestic violence as well as caregivers that are alleged abusers and victims of domestic violence. This policy can be very beneficial for those that are adult victims of domestic violence because by a CPS report getting screened in it allows the adult victim access to receive services for victims of domestic violence as well as the children. This policy benefits the agency because without the modification that children just being in the home warrants a CPS case then the agency will have smaller caseloads.

When working with children that have experienced domestic violence there is a lot of grey area. For instance, there is a decision tree that was last updated in 2019 that walks a worker through the decision making of whether a CPS referral should be accepted as a case or not. This decision tree discusses if a child is in close proximity and if a weapon was used. If the answer is yes to either then the decision moves forward to if the child was hurt, if the answer is yes then the referral is screened in but if the answer is not the decision tree continues. The decision tree considers history of domestic violence as well as if the violence is increasing in frequency or intensity. The decision tree has benefitted workers and help resolve some of the grey area. Unfortunately, the decision tree has not been updated in the Domestic Violence section of the Child and Family Services Manual.

One way that this policy can be altered is by reviewing the Domestic Violence section in the Child and Family Services Manual. It is not required that a local department of social services has to record the relation between domestic violence and child maltreatment and therefore the data could have changed since 2015. It is important to note that with the decision tree not being updated in the manual, the citizens that want to look at the manual will not be looking at the correct tool. Although the tool was last updated in 2019 the author suggests that the tool be updated to eliminate grey areas and have each worker on the same understanding of how a referral should be screened. For instance, a worker may think that the child being in the same room is considered close proximity while others may think that close proximity is within 5 feet of the incident. The author also suggests that this policy be modified to take a more preventative approach rather than a reactive approach. With the current policy, it demonstrates a reaction of injury and potential risks (if in close proximity) but if there is domestic violence in the home and the child hears or sees it but does not intervene then the child is considered safe and not at risk for potential harm but according to the 2015 data and stated in the manual, domestic violence and child maltreatment are likely to be relevant at the same time in homes. Another area of improvement for this policy is to work closer with domestic violence victim services for those that are struggling and wanting to get out of the relationship. It was observed that Chesterfield-Colonial Heights Department of Social Services does not work alongside with many domestic violence community partners. It seems as though these services are not well known to the general public and if explained more often, the victims may understand that there is a lot of services for them and their children. Lastly, this policy can be modified in a way that requires at least a welfare check for the home when a CPS report comes in and domestic violence is involved. By requiring a wellness check on the children and or the parents it allows the officers to get eyes on the child and see if there is any further knowledge about the situation. Children that are witnessing domestic violence may not be displaying the affect that it has on them but without the proper mental health treatment the generational abuse may occur.

The first steps to advocating for change of this policy is by discussing it with supervisors and leads. By openly discussing the modifications it allows for alterations to the modifications. Once the policy gets looked over by multiple people and discussed, this is when it can move up the board of directors. Once the director has approved the policy, since it is a state policy it would be out of the authors control and would move up to the general assembly.

Overall, it is in the best interest of the agency and the state to ensure that children are safe and their well-being is being sustained and therefore by modifying this policy to ensure that those needs are being met would allow for this goal to be met. Children are a vulnerable population that are often not heard and as social workers it is part of the job description to be an advocate.

*Domestic violence in child welfare - virginia*. (2015, April). <https://www.dss.virginia.gov/files/division/dfs/ofv/manuals/section_1_Domestic_Violence_2016.pdf>

*Introduction to child protective services - virginia*. (2021, March). Retrieved February 24, 2023, from https://www.dss.virginia.gov/files/division/dfs/cps/intro\_page/manuals/07-2021/section\_1\_introduction\_to\_cps\_August\_2020.pdf