



## Best Practices for Mandated Reporting: Child Endangerment & Exposure to Family Violence

Complete free mandated reporter trainings online or request for an in-person training at:  
<http://abuse.publichealth.gsu.edu/training/>

### How would I know a child has been exposed to family/domestic violence?

*"If the primary aggressor intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery or family violence battery;*

*or*

*If the primary aggressor, having knowledge that a child under the age of 18, is present and sees and hears the act, commits a forcible felony, battery or family violence battery," (Code Section 16-5-70).*

### Talk with the non-abusive parent:

1. Offer to make the report *with* the non-abusive parent or ask the non-abusive parent if they would like to make the report with your support.
2. Explain the Division of Family and Children Services (DFCS) investigative process and discuss potential risks involved with reporting.
3. Discuss the preventative measures the non-abusive parent has taken to protect their child(ren). This could include: discussing safety planning strategies, the non-abusive parent and child(ren) living in a domestic violence shelter, etc.
4. Share the DFCS contact information with the non-abusive parent if they would like to follow up with the report.
5. After the report is made, discuss and review safety planning options with the non-abusive parent and child(ren).
6. Offer emotional support during and after the report is made to the non-abusive parent and child(ren).

### When making the report:

1. Identify the abusive parent as the "*primary aggressor*".
2. Clearly state that the children are currently safe in the report.
3. During and after making the report, the information you share with DFCS should be limited to what is related to the incident of child endangerment or abuse, including:
  - a. The names of the children, the non-abusive parent, and the primary aggressor and;
  - b. How to contact the non-abusive parent.

### Trauma-Informed Interventions with the Non-Abusive Parent:

- Be mindful of possible triggers and concerns from the non-abusive parent and/or child(ren) when there is DFCS involvement
- Identify strengths in the non-abusive parent and review their choices to keep their child safe
- Avoid blaming or shaming the non-abusive parent for their role in the child's exposure to family violence
- Hold the abusive parent accountable for their behavior and choices
- Offer to keep the non-abusive parent updated on the report and findings
- Assist in helping the non-abusive parent access resources and referrals

*\*Do not share or include other information related to the survivor and the services the survivor is receiving in the report without written permission from the survivor*



## **Best Practices for Mandated Reporting: Child Endangerment & Exposure to Family Violence**

### **Other ways to receive support:**

- Reach out to your local legal counsel and your respective Prevent Child Abuse organization for advice on child endangerment and children's exposure to domestic violence.
- Schedule a time to meet with your local DFCS director and agency to build relationship and receive guidance and support around reporting.

### **Mandated Reporter Reminders:**

- During the initial meeting, clearly disclose to the non-abusive parent that you are a mandated reporter and share your limits with confidentiality.
- Explain what mandated reporters are required to report.
- Seek support and guidance from supervisor and/or the designated mandated reporter with your agency prior, during and/or after making the report.
- Discuss choices and options with the non-abusive parent.
- Do not interrogate the child(ren), siblings or other children with information about suspected abuse.
- Avoid making promises or assuming/guessing what will occur with the investigation.
- On crisis calls, remember to collect only the *necessary* data to assist the survivor and child(ren).

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## **Core Services**

### **For State Certified Family Violence Shelters in Georgia**

#### 24 Hour Crisis Line/Crisis Intervention

Twenty four hour crisis intervention is available to callers and residents, which might include safety planning, emotional support, validating the victims experiences and feelings, information/referrals regarding services, exploring options, discussion of effects of violence on adults and children, etc. In addition, residents have the opportunity to address grief/loss, anger, assertiveness skills, identifying coping skills, etc.

#### Safe, Confidential Shelter

The agency provides safe, confidential shelter for clients on a 24 hour a day, 7 day a week basis. The shelter provides 24-hour coverage with staff or volunteers who have completed the required training.

#### Linkages with Community Agencies

The agency maintains linkages with community agencies/individuals for the provision of required services and trains community agencies/individuals to further the aim of creating an environment that is sensitive and responsive to the needs of family violence victims and their children.

#### Children's Services

Children's services (including a means, using volunteers or paid staff, for children to obtain counseling/support) is offered as well as a structured program for children in the shelter that may include tutoring, support groups, enrichment activities, etc.

#### Emotional Support

Emotional support is available to clients and referrals made as appropriate.

A) Individual: The agency provides a means for family violence victims to obtain individual counseling/support.

B) Support Groups: The agency provides support groups for clients. These structured and facilitated services are provided in a safe and accessible location at least twice monthly.

#### Community Education Services

The agency provides family violence education and prevention programs/information to the community and in service training to agencies.

### Legal and Social Service Advocacy

The agency provides legal and social service advocacy to clients as needed. This includes assistance completing paperwork to request a Temporary Protective Order (TPO) and referrals for additional legal assistance.

### Household Establishment Assistance

The agency provides assistance to victims of family violence in establishing new permanent residences. The extent of assistance provided may depend upon resources available in the community. Clients eligible for TANF may qualify for relocation assistance if needed for safety for adult and children.

### Follow up Services

Follow up services are offered to each adult client as a part of the exit procedure.

### Parenting Support/Education

Parenting support/education is provided as needed for parents at the agency or through a written agreement with a referral agency or by agency staff.

**All services are free and confidential.**

**Client does not need to reside in shelter to receive services.**



**DOMESTIC ABUSE INTERVENTION PROJECT**

202 East Superior Street  
 Duluth, Minnesota 55802  
 218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

## CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

### Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do\*

As advocates, our initial primary focus may be on supporting the adult survivors who come into our programs for services, and we may feel less equipped to work with their children or may feel unsure of how to be helpful. This tipsheet is a starting place for understanding how we can better support children who have been exposed to violence in their homes and how we can support parents to help their children cope more adaptively with trauma-related responses.

Many factors influence our developmental journey through infancy, childhood, and adolescence—our biology, our relationships with caregiving adults, our experiences, our environment, and the interaction between all of these. Painful, scary, and overwhelming experiences, such as community violence and domestic violence, can profoundly impact that developmental journey. Although there are common trauma responses across childhood, understanding the specific needs and experiences of children at each developmental stage will help you best support them in their ongoing development while increasing healthy coping skills in the wake of violence. The following pages give a brief overview of what you may observe and what you can do at each developmental stage.

#### INFANTS, TODDLERS, & PRESCHOOLERS

What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> <li>◆ Sleep disturbances</li> <li>◆ Disturbances in feeding</li> <li>◆ Feelings of helplessness and passivity</li> <li>◆ Generalized fearfulness</li> <li>◆ Specific new fears</li> <li>◆ Loss of recently acquired developmental skills (e.g., walking or talking)</li> <li>◆ Clinginess and separation anxiety</li> <li>◆ Inhibited play and exploration</li> <li>◆ Thinking and talking about the</li> </ul>	<ul style="list-style-type: none"> <li>◆ Support parents in keeping their children close to them.</li> <li>◆ Help the child anticipate what will happen.</li> <li>◆ Give choices.</li> <li>◆ Provide reassurance when the child needs it.</li> <li>◆ Name the child’s feelings.</li> <li>◆ Expect to need to do these over and over again. It is normal for children to need repeated reassurance.</li> </ul>

\*Adapted from the Domestic Violence and Mental Health Policy Initiative’s 2008 *Children Exposed to Domestic Violence: A Curriculum for DV Advocates* (written by Patricia Van Horn, JD, PhD). Chicago, IL: DVMHPI.

<p>traumatic event</p> <ul style="list-style-type: none"> <li>◆ Being upset at reminders and doing their best to avoid reminders</li> <li>◆ Irritability</li> <li>◆ Aggressiveness</li> <li>◆ Scanning for danger/expecting danger</li> <li>◆ Easily startled</li> </ul>	
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## SCHOOL-AGE CHILDREN

What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> <li>◆ Posttraumatic play*</li> <li>◆ Thinking and talking about the trauma outside play</li> <li>◆ Being upset at reminders of the trauma and doing their best to avoid reminders</li> <li>◆ Specific fears, often triggered by traumatic reminders</li> <li>◆ Feeling guilty about the trauma and responsible for what happened</li> <li>◆ Fantasies of revenge</li> <li>◆ Fear of being overwhelmed by their feelings</li> <li>◆ Impaired concentration and difficulty learning</li> <li>◆ Sleep disturbances</li> <li>◆ Headaches, stomach aches, or other physical symptoms</li> <li>◆ Concerns about their own safety and the safety of others</li> <li>◆ Aggressive behavior</li> <li>◆ Anxiety</li> <li>◆ Withdrawn behavior</li> </ul> <p>*Posttraumatic play is a kind of play that some children engage in who have been exposed to trauma. Posttraumatic play is a repetitive reenactment of a traumatic experience or event.</p>	<ul style="list-style-type: none"> <li>◆ Listen to the child's concerns.</li> <li>◆ Answer questions truthfully and simply.</li> <li>◆ Support the parent in letting the child stay close to her.</li> <li>◆ Offer reassurance that you and the parent are working together to keep the family safe.</li> <li>◆ Name the child's feelings and encourage the child to find ways to express them through language, play, or drawing.</li> <li>◆ Help the child anticipate what will happen next.</li> <li>◆ Give choices.</li> <li>◆ Expect to have to do these things again and again.</li> </ul>

## ADOLESCENTS

What you may observe:	How you can help (and support parents to help):
<ul style="list-style-type: none"> <li>◆ Detachment, shame, and guilt</li> <li>◆ Self-consciousness about their fears and intense feelings</li> <li>◆ “Acting out” and sensation-seeking behaviors that may include life-threatening reenactments</li> <li>◆ Abrupt shifts in relationships</li> <li>◆ Desire for and plans to take revenge</li> <li>◆ Radical changes in attitude and changes in self-identity</li> <li>◆ Premature entrance into adulthood or reluctance to leave home</li> <li>◆ Being upset at reminders of the trauma and doing their best to avoid reminders</li> <li>◆ Coping behaviors that may include self-endangering behaviors such as substance abuse and/or cutting</li> </ul>	<ul style="list-style-type: none"> <li>◆ Provide an environment in which the teen can talk about concerns.</li> <li>◆ Give choices.</li> <li>◆ Support parents in letting their teens stay close to them—even relatively independent teens may need extra support after a traumatic event.</li> <li>◆ Help teens anticipate what will happen next.</li> <li>◆ Answer questions honestly.</li> <li>◆ Help teens find ways to express their strong feelings: journaling, writing stories or poems, art.</li> <li>◆ Expect to have to do these things again and again.</li> </ul>

**For more information or for technical assistance**, please contact the National Center on Domestic Violence, Trauma & Mental Health at [info@nationalcenterdvtraumamh.org](mailto:info@nationalcenterdvtraumamh.org) or 312-726-7020(P) or 312-726-4110(TTY).

## CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

### Tips for Creating a Welcoming Environment

The environment we create communicates our beliefs about the people we serve. This environment and the way we offer services are critical aspects of our work to increase access to our programs for women who are experiencing psychiatric disabilities or the effects of trauma. Most of us understand what it feels like to be welcomed. It's the feeling that comes when we have a sense that people want to have us around and that the environment is set up in a way that is comfortable for us.

**The environment we create communicates our beliefs about the people we serve.**

Offering welcome may mean giving food or drink to a guest, providing a comfortable place to sit, or making sure that the room is not too hot or too cold. In DV programs, we may convey our welcomes by choosing our language thoughtfully (e.g., saying "survivor" rather than "victim" or "client") or by selecting art that reflects the cultures of the communities that we serve. In creating a welcoming environment, it is important that we attend to both physical and interpersonal aspects of our program.

#### 1. Offer trauma-informed services.

*"Our support groups and individual meetings are intended to help you increase safety for yourself and your children and to help you find and use your best resources so that you can have the kind of life that YOU want to have."*

Offering trauma-informed services recognizes the pervasiveness of trauma and its impacts on a survivor's ability to cope, to access our services, and to feel safe in a new environment. When your services demonstrate that staff are comfortable with many kinds of behavior and a wide range of needs, this lets a survivor know that she is welcome *as she is*. Thus, offering trauma-informed services is a critical component of creating welcoming environments in DV programs. We offer trauma-informed services when we:

- Become knowledgeable about trauma and participate in ongoing training on how to offer trauma-informed support.
- Recognize that responses to trauma may include a numbing of feelings, a desire to avoid things that are reminders of previous traumatic experiences, and an increased sensitivity to these reminders, to people, and to the environment.
- Provide information to survivors about trauma and its effects.
- Offer flexibility and choices when possible as to how a survivor can interact with our programs and our staff.

- Take seriously a survivor's trauma responses (e.g., she may be jumpy or anxious, she may have a hard time sleeping, or she may need to avoid a neighborhood that has too many reminders of past experiences).

## 2. Understand symptoms as adaptations.

*"We work hard in our program to make sure that each person is able to make choices about how she contributes to the community while living here. We understand that people have different ways of doing this."*

In trauma-informed settings, we see a survivor's behavior as reflecting adaptations to a world that has not always been safe. Instead of trying to fix a person's behavior, we begin with an understanding that many factors (including a person's genetic tendencies, brain chemistry, and life experience as well as the person's current environment and access to resources) affect how the world looks to her, what feels safe, what she thinks may happen, and how she asks for and uses our services. If a survivor has a mental illness, she knows that she neither has to hide that she has a mental illness nor disclose it in order to get the help she is seeking. Of course, this does not mean that we will not have reactions if a person's behavior is troublesome, disrespectful, or dangerous. It does mean that the way we communicate our reactions should not shame or embarrass a person. Saying, "We want everyone to be safe and comfortable here. You have been shouting for a while and that worries some of us," is better than saying, "You can't keep making all that noise—you need to sit down and be quiet." Both statements let the survivor know that people are reacting to her behavior, but the first is respectful and acknowledges that the survivor is doing the best that she can.

## 3. Adapt the physical space.

*"We have different kinds of spaces here in the shelter—a room where people can sit quietly to collect their thoughts, safe spaces outside to work off some energy, and an area stocked with art supplies for people who want to draw or paint to express themselves."*

When we arrange the physical environment to accommodate a wider range of feelings, interactions, and behavior, we make our programs more accessible to all. If the program staff recognize that anyone might want a quiet place or need to move around more, or that noise or very cluttered environments can be unsettling, it communicates that a wide range of people are welcomed and wanted in your program.

**For more information or for technical assistance**, please contact the National Center on Domestic Violence, Trauma & Mental Health at [info@nationalcenterdvtraumamh.org](mailto:info@nationalcenterdvtraumamh.org) or 312-726-7020(P) or 312-726-4110(TTY).



## **Domestic Violence and Children: References and Resources in Georgia**

**Georgia Domestic Violence Crisis Line: 1-800-334-2836**

**Georgia Teen Dating Violence Text Line -- Breaking Silence: 706-765-8019**

**National Domestic Violence Crisis Line: 1-800-621-4673**

**National Teen Dating Violence Helpline: 1-866-331-9474**

**Prevent Child Abuse Georgia Parent Helpline: 1-800-CHILDREN**

**Report Child Abuse in Georgia: 1-855-GACHILD**

### **Domestic Violence Services for Non-Abusive Parents and Children:**

Certified Domestic Violence Agencies in Georgia provide free, safe and confidential shelter. Access to shelter is 24 hours per day, 7 days a week. Services include 24-hour crisis lines, household establishment assistance, individual and group emotional support, children's programs, legal advocacy and more. Please access: <https://www.gadfcc.org/familyviolence/shelters.php> for updated contact information and details.

### **Family Violence Intervention Programs for Perpetrators:**

Certified Family Violence Interventions Programs are available and designed to rehabilitate family violence offenders. The 24-week program holds family violence offenders accountable and prioritizes the safety of domestic violence victims. Please access: <https://gcfv.georgia.gov/enroll-family-violence-intervention-program> for updated contact information and details.