

**BEST
PRACTICES
MANUAL**
For
Domestic Violence
Programs

**ARIZONA COALITION AGAINST
DOMESTIC VIOLENCE**

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ACKNOWLEDGEMENTS

Development of the *Best Practices Manual for Domestic Violence Programs* by the Arizona Coalition Against Domestic Violence was made possible by funding through the Arizona Department of Health Services (DHS) and the Arizona Department of Economic Security (DES).

Special thanks are extended to the Residential Programs Committee, the Guidelines and Technical Assistance Committee (participants are listed below) and B.J. Tatro Consulting for their tireless efforts in the development of this manual. It has taken many hours of meeting, traveling and reviewing in order for this document to come to fruition; for this the ACADV extends its heartfelt appreciation.

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ACADV staff should also be recognized for their efforts to produce this document.

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INTRODUCTION

This manual is the product of a two-year effort by the Residential Programs Committee and the Guidelines and Technical Assistance Committee of the Arizona Coalition Against Domestic Violence (ACADV). The committees were comprised of individuals from domestic violence shelter programs, advocates, and ACADV staff. For the purpose of this project, an outside consultant facilitated the majority of the meetings.

Members and volunteers produced this manual in an effort to provide a reference and resource document for agencies planning, developing, implementing and improving domestic violence victim service programs. Participants identified a set of shared values and beliefs to guide the process of developing a comprehensive resource manual for service providers. The stated mission of the project was to improve domestic violence programs and enhance support for them by identifying and promoting best practices. This was accomplished by:

- Developing a reference manual resource guide
- Compiling a list of best practices
- Creating a manual that can serve as a model for others

Participants recognized that these efforts are important in carrying out the mission in order to:

- Improve shelter programs (and other programs providing services to victims of domestic violence).
- Promote a consistent level of services within programs.
- Treat people with dignity and respect.
- Recognize the various needs of people requiring services and address those needs in an optimal way.
- Educate policy makers, funders and others (e.g., agency boards of directors, donors, state legislators, tribal officials, Arizona Department of Economic Security and Arizona Department of Health Services).
- Influence public policy.

Participants also identified a set of shared values and beliefs to guide the process of developing the resource manual.

We value:

- Respect for individuals, their culture, and the decisions they make. We believe all people are equal and deserve to be treated in a manner consistent with this belief.
- Open and honest communication, including active listening and maintaining an open mind during discussion.
- Respect for confidentiality of information.
- Making fair decisions.
- Program staff. Staff deserve to have the resources and support they need to be successful.

- The involvement and leadership of those who are or have been victims of domestic violence.

We believe:

- There should be zero-tolerance for domestic violence—in shelters, agencies, communities and the world.
- Victims of domestic violence should not be blamed for their victimization.
- We are here to serve women and children—we are committed to their welfare.
- We need to recognize the expressed and unexpressed needs of victims from their perspectives.
- We need to understand and confront our own attitudes and values.
- We need to address legal issues.

Gender Specific Language

The information and programs discussed in this manual can apply to services for females or males; however, since the majority of this document addresses shelter services (which usually only serve females and children) the female gender is used to refer to the recipient of services. It is also important to acknowledge that the majority of victims who report domestic violence are women. Overwhelmingly, the perpetrators of the violence are male. However, there are incidents when males are victims of domestic violence perpetrated by females and battering can occur in same sex relationships. Therefore, it is important to have services available for male and female victims and batterers.

Grey Boxes

Grey boxes are used throughout the document to provide specific examples of “best practice” services. The information is provided to highlight models and complement the information provided in the manual.

TERMINOLOGY

It is important to acknowledge that the contents of this manual addresses issues concerning domestic violence programs providing services directly or indirectly to victims of domestic violence, family members, and friends. The term “domestic violence” is also known as domestic abuse, family violence, family abuse, intimate partner violence and partner abuse.

The following are definitions for various terms, acronyms and phrases that are used in this document.

Advocacy: Actions that support principles or goals. Supporting or working to assist a person who is making a change in his/her life. Providing assistance to meet someone’s self-defined needs. Advocacy can be provided on an individual basis (e.g., going to court with or making a phone call for someone) or on a systems/program basis (e.g., lobbying for new legislation, policies or procedures). At a minimum advocacy should include providing information and resources to help someone achieve a goal.

Counseling: The act of exchanging opinions or ideas. Advice or guidance requested from a knowledgeable person. Counseling can be a means to provide someone with a sense of reality, perspective or clarity on the issue at hand. It can also be helpful to increase coping skills in a safe environment.

Empowerment: The philosophy behind the Best Practices Manual is based on the empowerment model of services or interventions with staff and program participants. The empowerment model provides an environment in which each individual is responsible for his or her actions by supporting his or her right to make choices about themselves and how she or he lives their life. An example of a domestic violence shelter staff member working from an empowerment model would be a staff member supporting a resident’s decision to return to an abusive relationship. Although the staff member may not agree with the resident’s decision, as someone who is empowering others to make choices for themselves, the staff member supports her decision and discusses safety planning and assures her that she can always receive additional services should she want them. The empowerment model focuses on cultivating an atmosphere in which the individual makes her own choices and decisions about herself and how she lives her life.

Historically domestic violence service providers and the community have responded to domestic violence by coaching victims on how to leave and how they should respond to the abusive relationship. Over time we have learned from survivors that what they need most is support, encouragement and the resources to achieve their goals, not someone telling them what to do (much like their abusers).

Forced Empowerment – It is important as a domestic violence service provider to understand the difference between *Empowerment* and what is referred to as *Forced Empowerment*. When asked for support or assistance

staff need to be clear that an individual has choices, options and possibilities. Staff should not make decisions for the individuals they are working with. Instead, staff should support and inform participants/potential participants about possible decisions, options and outcomes as possibilities arise. Sometimes this can even mean helping with something a victim wants to do, like going to DES with a woman who wants to sign up for Women, Infants and Children (WIC) benefits.

Initial Contact: The initial contact is the first contact made with the program or agency. Contact can be made by phone, in person or as a referral from another agency. The individual seeking services may not always make the first contact. Instead, a family member, friend, co-worker, supervisor, another agency, the criminal justice system, etc could make contact. For purposes of this manual, the initial contact precedes the intake process.

Many times the first contact is made via telephone and may possibly be a collect call from the person needing services. It is important that programs allow staff to accept collect calls, especially on a crisis line. Someone may not have enough money or resources to make a direct call (i.e., calling from jail or having just fled a domestic violence situation) and their only option is to call collect. This issue can also be addressed by having a toll-free phone number that can be accessed locally as well as across the country.

Participant or Program Participant: Throughout this document individuals receiving domestic violence services are referred to as participants or residents. This language is used to avoid stigmas associated with calling individuals clients, patients or victims. Usually the latter terms are used when someone is seeking mental health services, treatment for a medical condition or is perceived as a weak person. In an effort to follow the empowerment model, which is wellness and strength based, the terms participant and program participant were chosen. It is also important when providing services that empowering language is used and not mental health, medical or illness based language.

VAWA: The Violence Against Women Act of 1994, part of the Federal Violent Crime Control and Law Enforcement Act (P.L. 103-322) was a landmark piece of legislation. It was created to assist battered women on a federal level and included numerous provisions concerning domestic violence, stalking and sexual assault. Related to domestic violence, this act addressed funding for domestic violence services, reciprocity for protection orders and the enhancement of criminal penalties.

VOCA: The 1984 Victims of Crime Act established the Crime Victims Fund, which is distributed locally by the Arizona Department of Public Safety (DPS). VOCA is a major funding source for many victim service providers throughout the country and in Arizona. VOCA funds are allocated for improving the investigation and prosecution of child abuse cases, providing state compensation programs, providing state assistance programs, and in a smaller percentage, for discretionary funds.

Discretionary funds are used to provide training or other assistance to expand and/or improve the delivery of services to crime victims. For more information on this funding contact the Office for Victims of Crime at 202-307-5983 or visit their website at www.ncjrs.org/ovchome.htm. To get local information about this funding call Jane Conder from the DPS, Grant Administration, Crime Victim Service office at 602-223-2480 or visit their website at www.dps.state.az.us/voca.

CRISIS INTERVENTION¹

Purpose

Before looking at models for crisis intervention, it is important to define the concept of “crisis.” People are “in crisis” when they face an obstacle or life event that appears, for a period of time, to be insurmountable using their customary problem solving methods. Some degree of disorganization or lack of stability occurs with generally abortive attempts to solve the problem. The key to the concept is the idea that somehow a desired goal is unobtainable and familiar coping skills are unsuccessful at resolving the dilemma or setback. There is a perception that the event or situation is intolerably difficult and exceeds the resources and coping mechanisms of the person in crisis. One possible result of being in crisis is a sense of powerlessness. This feeling of powerlessness is fed by the anxiety and tension that result from the sense of disorganization or lack of stability inherent in crisis situations.

Many times when program staff are providing services, whether in a residential facility, outreach program or on a hotline, they will encounter someone in crisis. When someone in crisis approaches staff she may or may not realize she is in a state of crisis. Although a program’s primary function may not be to address crisis situations, program staff should always be educated and prepared to identify and handle such situations.

For the purposes of this chapter, crisis intervention will be discussed in the context of working with victims of domestic violence. The information detailed here can be applied to all the programs described in this manual. Specific information on initial contact, data collection/record keeping, etc. can be found in the appropriate chapters.

Practice/Application

In *Crisis Intervention: Selected Readings*, Parad and Parad illustrate a crisis intervention “roller coaster”. They utilize the “roller coaster” to describe both the best possible and worst impact of intervention on individuals in crisis.

Before the crisis occurs in the individual’s life, she is in a state of equilibrium, stability or a steady state. Some stressor occurs and there is a perception of threat or an inability to adequately cope with the situation using traditional mechanisms. Generally the threat is perceived to affect life goals, affectional ties (or human

¹ This section includes information revised from materials provided by Debbie Levenstein, Clinical Manager, Women’s Center and Shelter of Greater Pittsburgh.

connections), a general ability to cope or personal security. It is important to realize that the threat impacts negatively on something “near and dear” to the person in crisis. For example, loss of a great uncle that she has never met will be perceived differently than loss of a child or close friend. The first loss may cause sadness; the second may push into a state of imbalance.

The crisis occurs and the response results in some signs of a state of imbalance. Those signs may include confusion, disorientation, scattered or disconnected thinking. It may also include physical stress symptoms such as increased heart rate or illness. The response may be perceived as an apathetic, uninterested or hopeless out of control feeling.

Parad And Parad’s Crisis Intervention Roller Coaster Model²

Eventually, some resolution to the crisis event happens. This resolution could be in the form of an adaptive (i.e., adjust or make a positive change) or maladaptive (i.e., behave in an impaired or confused state) coping response to the crisis. There are essentially three possible results of this resolution. One result is to have equilibrium or a steady state of functioning restored at a level less than the pre-crisis level of functioning—so the person’s functioning is still worse than before the crisis incident(s). A second result is to have equilibrium restored at the pre-crisis level of functioning—a return to the same functioning level. This does not mean she will return to exactly the same place, because the impact of the crisis will always be with her. And a third option is for equilibrium to be restored at a higher level of functioning than before the crisis event(s) occurred in her life.

Often when working with people experiencing repeated or chronic crises in their lives who have repeatedly resolved the crisis at the “less than pre-crisis level of functioning”, it begins to appear that they are on a downward spiral without crisis resolution. In other words, every time another crisis event occurs, the outcome leaves them with a decreased level of balance and functioning. Eventually, the crisis is resolved because humans cannot tolerate indefinitely the state of imbalance that crisis brings. However, repeated sub-optimal resolution of crisis brings with it some of the “baggage” that is frequently seen in battered women. This “baggage” might include feelings of powerlessness or hopelessness. It may involve feeling helpless, overwhelmed, and/or personally responsible for the abuse. It may result in psychosomatic complaints—having physical symptoms originating from mental or emotional causes, like sleeping more, stomachaches, headaches or diarrhea. It may result in passive aggressive coping styles—when someone seems very deeply burdened or overwhelmed and reacts angry, resentful, negatively or defiant. These coping styles may be expressed in mood swings, hostile self-assertion or uncooperative behavior. The “baggage” may also involve denial of the abuse or rationalization of the batterer’s behavior.

² Parad, Howard J, (1965) *Crisis Intervention: Selected Readings*, New York: Family Service Association of America.

All of the responses above can be the most effective response possible depending on the situation and available coping mechanisms. There are numerous ways of surviving the crisis and resolving the state of imbalance. These survival responses will vary depending on the individual and her past experiences. Basically, these responses reflect the strengths/mechanisms that have seen battered woman through the crisis. It is important that when working with battered women that staff remind her of this fact. The reminder allows her to see her strength as well as empower her to adopt new coping mechanisms that are more effective for her.

Another way of looking at crisis resolution involves the presence or absence of what are described as “balancing” factors. When all of the balancing factors are present and operational, the problem is resolved, equilibrium is restored and the crisis is averted. When any of the balancing factors are missing, imbalance is maintained and a crisis occurs. Balancing factors include:

- Realistic perception of the event: Being able to see the situation clearly, calmly, and without distortion allows her to have a realistic place from which to start the problem solving process. Since many people still see domestic violence as a private family matter and accept abusive behaviors in intimate relationships the seriousness of the abuse can be minimized.
- Adequate situational support: Having people and resources available to provide needed support to make it through the crisis. For battered women, this support may take the form of domestic violence program staff, shelters, hotline services, or other connections with community resources, as well as friends and family members.
- Adequate coping mechanisms: Having a set of problem solving skills and techniques that can be expanded to meet the demands of the new life situation allows her to effectively resolve the crisis.

When the battered woman is lacking a realistic perception of the event and/or adequate situational support and/or adequate coping mechanisms, part of the crisis intervention with her needs to focus on facilitating the growth of the skills necessary. The core of the empowerment process helps her gain these skills through education, support services, and advocacy.

Crisis Intervention Skills For Advocates

There are three key crisis intervention skill sets for those working with women in crisis situations. Broadly they can be defined as assessment, listening, and acting skills.

- Assessment is an on-going, continuous, and dynamic process that is used to evaluate the participant's present and past crisis experiences and available skills that can be used to handle the present situation. Part of this process serves to determine her ability to cope, her perception of threats in the environment, and ability to "move" or likelihood of being immobilized. Assessing the situation helps the advocate know the appropriate level of intervention to provide with the battered woman. While the advocate never makes decisions for the battered woman, there are times when a more directive approach is appropriate. Assessing the battered woman's capacity for collaborative work is crucial. If she is immobilized and the advocate takes a non-directive approach, both the victim and the advocate wind up frustrated and the intervention is ineffective. Similarly, if she is mobile, able to handle the situation with support, and the advocate takes a directive approach, the victim and advocate also winds up frustrated, and the intervention is ineffective.

A hypothetical situation that would demonstrate assessment skills would be one in which a woman in shelter is talking with staff about obtaining an order of protection. After the staff member discusses the pros and cons of getting an order of protection, the staff member gives her a pamphlet with more information and an address for the local court. The resident continues to ask questions and begins to tell the staff member that she has only been to court once, as a child to testify against her uncle. After more discussion about this past experience the staff member realizes that the experience was a very traumatic event in the woman's life and that she is, consequently, probably very frightened of a courtroom environment. At this point the staff member explores the option of having her or a legal advocate accompany her if she wants to get the order.

- Listening skills needed in crisis intervention include the ability to attend, observe, understand, and respond non-judgmentally with empathy, genuineness, respect, acceptance, and caring. A first step in the listening process is helping the battered woman to *define the problem*.
 - Problem Definition: The definition of the problem she is faced with needs to come from her perspective, not the advocate's. Using active or creative listening, asking open ended questions (i.e., What brings you here today? How can I help you? or What would you like to talk about?), and attending to both the verbal and non-verbal clues that she is giving the advocate are skills that facilitate the process of defining the problem.
 - Safety: The second step is to ensure her safety. This includes completion of a lethality assessment (discussed later in this chapter), determination of her degree of mobility (i.e, does she have transportation, are their friends or family to support her, is there money

and resources to leave if she wants, etc.), and her physical and psychological safety. This safety evaluation needs to include looking at both internal and external threats to the participant. A safety plan to address these threats would be the ultimate outcome of this intervention.

- Provide Support: A final step in the listening process is to provide support. Communication and demonstration by the advocate that he/she is a valid support person who will provide caring, accepting, and non-judgmental support as needed by the participant.
- Acting skills are demonstrated at directive, collaborative, and non-directive levels based on the assessed needs of the participant and the availability of environmental or social support systems.
 - Examine Her Alternatives: The first step in the acting process is to help the battered woman examine her alternatives. This includes assisting her explore the choices available at the moment. Ideally this results in identifying immediate situational supports, coping mechanisms, and positive thinking which will help her through the next steps of the crisis process. Again, her perspective of the results she wants guides this examination.
 - Implement: After examining options, she will need to make plans to implement whichever choice she has made at this time. This includes helping her develop a realistic short-term action plan that identifies resources and defines clear action steps that she wants to accomplish.
 - Commitment: And the final step is getting her commitment to taking and owning those action steps.

Effective intervention in a crisis situation with a battered woman depends on combining the knowledge gained from crisis intervention theory with the empowerment process. It means knowing that the woman in crisis is in a state of imbalance, her past collection of coping skills is not working, and that she needs support and education to gain the skills necessary to move beyond the crisis. The empowerment model teaches the advocate to use listening skills, to educate, support, and allow the battered woman to make informed choices about what is best for her.

Safety Planning

Safety planning is a crucial step to be completed with all battered women. It allows her to plan for situations she and her family will encounter regardless of what she decides to do about her relationship with the abuser. She may choose to leave the batterer, remain in the relationship, get an order of protection and have him

leave the home, go to shelter, stay with friends or family, or a host of other options. Each has its own risk factors that need to be considered in developing a safety plan with her.

Written safety plans are one way of approaching safety planning (see *APPENDIX*). A written plan is a risk to her if the batterer finds it or if he is informed about the content of the plan. The battered woman's literacy level and ability to process written information is another potential area of concern with written safety plans. The written plan has the advantage of covering many bases that may be forgotten in the stress of the moment, however. It is best to have the advocate review the components of the plan with the woman, not just hand her the information and expect her to complete it independently.

As always, it is important that the battered woman be allowed to make her own choices and examine her options. She knows herself and her batterer best. She knows when the risk of remaining in the home and/or in the relationship becomes excessive and she needs to leave. It is the advocates' responsibility to offer alternatives and support the woman through her own decision-making process.

While in an Abusive Relationship

For many reasons she may not be ready to leave the relationship. Regardless, she needs to be as safe as possible in her home. If she has experienced violence, staff should discuss her situation with her. Staff should help her to identify warning signs of another serious abuse episode or explosion. Warning signs might include building tension, increasingly escalating minor incidents, or verbal threats increasing in frequency or severity, for instance. If she has not experienced violence in a cycle, discuss any common threads that linked past abuse incidences to see if there might be a pattern. **Unfortunately, there may not be a pattern or a way to predict the next abuse incident.**

Because of the lack of predictability of abuse, she needs to constantly be on alert for another incident. It is best if she can identify multiple escape routes from her home, dependent on where she is located when the incident begins. Planning escape routes is best done when things are calm and not stressful to give her an opportunity to think through where she could exit and what she will do once she is out of immediate danger. It is important for her to try to avoid being trapped in a room with only one exit or one where weapons are located is one issue to consider in safety planning. Kitchens and bathrooms are almost always unsafe locations for her during an abuse incident. The kitchen is dangerous because of access to things that can be used as weapons like knives, dishes, and small appliances. The bathroom is dangerous because they tend to be small rooms with only one exit and hard surfaces to fall against.

Always having access to a phone with a pre-set emergency call function (9-1-1, police, family) is a good goal. If a portable phone is available, being able to access the phone quickly and easily is something to discuss with her. If she does not have a phone, discuss with her options for getting emergency assistance.

Establishing pre-set signals with neighbors, friends, or family is an important feature of a safety plan. Signals might include an arrangement with a neighbor so that if they see flashing porch lights, hear loud noises, or a certain code word or phrase, they will know to contact the police. It may seem impossible to the participant to set up a support system that will respond to her appeal for help or she may be embarrassed to admit to the abuse and ask for help. Encourage her to explore options, knowing that she may very well have exhausted all of her resources previously.

Involving children in safety planning can be risky but should be explored with the participant. Depending on the age of the child and his/her relationship with the batterer, he/she may be a resource for safety. It is important to be clear about what is reasonable to expect of a child, safety issues with the child's involvement, and risk of increased injury to the woman and/or child if the batterer learns of the child's involvement in a safety plan. Children can be taught to contact police, make the 9-1-1 call, and learn escape routes, where to hide, or to run to a neighbors for help.

If She Plans To Leave

Planning to leave is a high-risk time for the battered woman. **The lethality of the situation increases if he knows she is or believes she might be leaving.** Balancing seeking support from others in her decision with making sure she is only communicating with people who are trustworthy can be a difficult situation for a battered woman. Preparing children to leave may put them at risk or put them in a difficult position of having to choose between parents. The abuser might be aware of changes she is making and may be watching her more carefully than before. It is very important that she make any plans with great care and privacy.

There are several important documents that she may need when she leaves and it is easier if she does not have to start from scratch when obtaining official copies of these documents. If at all possible, it is in her best interest to get these papers together in a secure location before she leaves. These papers include:

- Birth certificates for herself and the children
- Driver's License
- Social security cards for all family members
- Marriage certificates
- Divorce decrees
- Custody papers
- Immunization and other medical records

- School records for children
- Titles to cars, houses, any other real property
- Lease/rental agreement to the house or other property
- Medical, life and any other insurance information
- Car registration and Insurance papers
- Checking and savings account information including account numbers and balances
- Welfare Identification
- Information on getting orders of protection, shelter services, hotlines
- Copies of protective orders
- Passport
- Work permit/green card or Visa

If possible, these documents need to be placed with a trusted friend, neighbor, or family member. If there is no one that can be trusted, the paperwork needs to be kept together and easily accessible. Some women pack an overnight bag with the documents listed above and:

- Cash, credit cards, ATM card and/or checks
- A change of clothing,
- Other important paperwork
- Significant keepsakes – jewelry, pictures, children’s toy, etc.
- Extra keys to the house, car and safety deposit box
- Medications
- Small objects to sell

The items she decides to take can be stored with a friend, kept in the back of a closet, or the trunk of the car. There is a risk to her if the batterer discovers this bag, however, and she needs to be informed of that risk.

If funding is available, a storage space can be rented and the woman can slowly start filling it up with her stuff. Every day or week one or two boxes of belongings that the abuser will not notice are missing can be packed away and stored here.

In Arizona, any real property including jewelry, clothing, and cars obtained during the course of a marriage is community property. Also all money that is earned by either spouse is considered community property and belongs to each spouse equally. This means it is legal for her to withdraw money from bank accounts, use credit cards, or get cash advances on credit cards. She may want to start keeping a stash of cash on hand to use for necessities when she leaves. If there is a car, she may want to hide a set of car keys somewhere she could access them in an emergency.

The battered woman may want to start keeping a journal chronicling the abuse, what happened during each incident, documenting any injuries and witnesses, and noting any police activity. Photographs and a log of threats made to her, the children, or others may be included in this journal. It is very important that this journal be kept in a safe place so the abuser does not find it. She may also want to inform her physician about the abuse and ask that it be included in her medical records. Contacting an attorney is another option. Any documentation of the abuse that she is able to get and keep will help her after she leaves him if there is a problem with support, custody, or other legal matters.

After She Leaves

One of the most lethal times for a battered woman occurs after she leaves the relationship. For this reason, safety planning for the event of leaving and daily life after she leaves is very important. Ideally, she would leave when he is not in the home and not expected back for a significant period of time. If this cannot be done, getting support from friends, family, or police to ensure her safety is very important. If she knows that he has weapons, others involved need to be informed of that.

OUTSIDE THE HOME

- At least initially, she needs to be careful about going out alone. If she must go somewhere alone, have her tell someone where she is going and when she can be expected to return in case there is a problem.
- Always park under a streetlight or in well-lighted areas. Have keys in hand before getting to a locked car or door. Check the back seat of cars before getting into the car. Ask for escorts whenever possible.
- She needs to be observant when out in public and watch for signs of being followed or stalked. If she thinks she is being followed, she needs to go immediately to a well-lit, busy public place, and tell people what is happening. Never go directly home!
- A variation in routine—not taking the same route to work every day, going to different places for lunch, avoiding places she frequented with the abuser—will help to keep her safer.
- Consider getting a cellular phone or personal alarm. For some women, taking a self-defense course may help them to feel more comfortable with ensuring their own safety.

INSIDE THE HOME

- She needs to be serious about home security. Install dead bolts and window locks whenever and wherever possible. Change locks rather than rely on the abuser to return keys. Never hide a key outside. Be careful about who has keys to the house.

- Never answer the door without knowing who is there.
- If she believes the house has been broken into, she should not enter until the police arrive.
- Harassing phone calls can be traced by dialing *57. She should call the police if she is getting such calls and keep a log of the calls.
- Change the phone number to a new unlisted number. Only give the number to trusted friends and family members with the condition they will not reveal it to the abuser.
- Keep important phone numbers posted near every phone in the house.
- When possible, program phones to automatically dial emergency numbers and use a cordless phone—so the person can move around if needed.
- Use an answering machine to screen phone calls.
- Give neighbors, friends, family members copies of protection orders.
- Padlock outside circuit boxes.
- Consider motion detector lighting outside.

AT WORK, SCHOOL, OR DAY CARE

- Let employers, teachers, day care providers, and coworkers know about the situation whenever possible. Discuss safety-planning options with them. Ask that 9-1-1 be called anytime the abuser is seen on the premises.
- Adjust work hours, if possible, to change the normal routine.
- Check for the abuser's car in the parking lot before parking and/or getting out of the car. Use escort service when available.
- Keep office doors secured and locked if working alone.
- Be aware of escape routes for emergencies.
- Share copies of protection orders with work, school, and/or day care providers.

If the woman has a job where she can be transferred to another location (within the same city or to another city) this option should be explored with her and her employer. Changing job locations can be an added safety measure if the abuser knows where she works and is trying to find her.

Safety Plans And Her Right To Self Determination

The battered woman is always the one to make the final decisions about her safety. Staff should never bully, mandate, or frighten her.

Leaving is a process. Many battered women leave more than once and return to their partners. This is not failure. They return for many reasons such as, it is difficult to find employment and housing, they are pressured by family or friends, they are afraid, lonely, concerned for children, or still in love.

Staff should allow and encourage her to talk about her ambivalence about her abuser. Leaving the relationship is a struggle.

Staff should accept that she needs to find solutions that she can live with. Respect her pace in the process.

It is important for staff to ask, "What can I do to help?" and listen carefully to her response. Try to respond to her identified needs.

Staff should be aware of their expectations for her. Is staff expecting her to change overnight? Advocates are not responsible for the outcome of the intervention, only the effort put into it.

Lethality Assessments

A lethality assessment serves multiple functions. It is a way for the advocate to assess the most appropriate intervention or service to offer to the participant. It is a way to help battered women see the subtle or hidden abuse within their relationships. Also, lethality assessments provide an opportunity for the advocate to give the battered woman a skill to protect herself in the future. There are many different ways of approaching lethality assessments.

A simple assessment looks at nine characteristics of abusers. When these characteristics are seen clumped together, there is reason to believe that there is an increased risk to the participant. Lethality assessments are not predictive, but they do give advocates a baseline measure to work from in determining safety plans with battered women. Areas to examine include:

1. Does he have a **history of threats of or attempted homicide or suicide**? Has he discussed murder/suicide pacts with the participant?
2. Is he **depressed**? Are there particularly stressful life events going on-- unemployment, poverty, death of loved one, job change either demotion or promotion, etc? Does he have a history of mental illness?
3. Does he have **weapons or access to weapons**?
4. Is he **obsessed** with the participant? Does he feel he cannot live without her, is socially isolated, feels hopeless about the future without her?
5. Does he **express rage** about her leaving?
6. Is he involved with or addicted to **drugs and/or alcohol**?

7. Is he **stalking** her? Does he continually harass her? Will he refuse to leave her alone?
8. Is there an **escalation** in his threats and/or actual physical violence?
9. Does he have **access** to her? Does he know where she is and can he get to her?

There isn't a magic number of "yes" answers that creates a highly lethal situation for a battered woman. However, these components, when found together, do tend to indicate reason for concern. In some cases, it takes all nine components to create a high-risk situation. In others, only one or two are sufficient to believe that the woman is at risk. In concert with the woman, the advocate can decide when there is reason to believe she is in danger and needs to look for shelter, call the police, or take other corrective action to ensure her safety.

Another tool for looking at lethality is the dangerous behavior chart in the Appendix.

ADVOCACY

Purpose

An essential component in any program working to end domestic violence is advocacy. Battered women encounter many barriers when searching for ways to stop the abuse or flee from it. The term advocacy may simply be defined as speaking and acting on behalf of oneself or another person or a cause. Defined in this way, we all become advocates for battered women simply by speaking out on the issue of violence against women, whether it is confronting an offensive joke at a party or accompanying a battered woman to court or the welfare office. With this in mind staff may find themselves being an advocate in a variety of programs and on many levels.

For the purpose of this chapter the issue of advocacy and how to address it will be discussed in the context of working with victims of domestic violence. The information detail here can be applied to all the programs described in this manual. For specific information on initial contact, data collection/record keeping, etc. please refer to the chapter discussing the program where this service would be provided.

Practice/Application

Types of Advocacy

Most advocacy can be classified as one of the following:

- Self-Advocacy: Representing one's own rights and interests and seeking solutions to a problem by oneself. This form of advocacy is the goal of all other forms of advocacy;
- Systems Advocacy: Influencing social and political systems to bring about changes for groups of people. Usually a coalition of people, but sometimes an individual, will seek changes. This might be changes in laws, establishing shelters where there have been none, or arranging for the removal of barriers to needed services and legal protections; or
- Legal or Representative Advocacy: Litigating and legislating to establish the legal rights of battered women and to insure that those rights are not violated. This form of advocacy may be used to benefit individuals or classes of people.

Advocacy can be viewed as a melding of counseling and community organizing skills. Counseling skills such as active listening and facilitating personal

problem solving are used along with researching targets of action, community outreach, and education on the issue.

The term advocacy is sometimes associated with adversarial proceedings and potential confrontations, like when a lawyer states a case in court. We can develop greater comfort as our advocacy skills and knowledge of systems where we would use these skills increases. We can also learn to stress our positive intentions to initiate changes to benefit women in individual behavior and institutions rather than the negative or threatening nature of the advocate role. As our own skills develop we can assist other women in developing these skills and provide assertive role models as well. How we are perceived as advocates is also influenced by our style of advocacy.

For example, instead of telling someone what they *should* do an advocate can discuss and explain what will happen to an individual or population if specific actions are not taken. This shelter served over 300 residents and turned away at least 1000 requests for service this year. If your agency decreases this program's funding they will provide less services and turn away more families.

Empowerment Style of Advocacy

A feminist style of advocacy is based on the goal of helping to empower women. With each advocacy interaction we need to ask ourselves, "Will this help her gain understanding in order to more effectively address or cope with her situation and make necessary changes?" We want to encourage self-reliance and provide information that will enable women to do for themselves rather than doing things for them. A battered woman will benefit much more if we respect her ability to control her own life and help her develop tools to advocate on her own behalf.

Styles Of Advocacy Not Empowering To Women

When one person helps another it can be a joyful, profoundly satisfying, cooperative experience. However, one role that an advocate wants to avoid is that of rescuer, which does not support the practice of empowerment. When we fall into the role of rescuer this function can become frustrating and heartbreaking.

In a rescue situation, every time the advocate is aware that the victim is worn-down and rescues the victim, the rescue actions interfere with the victim's ability to be powerful and contribute to the worn-down position. Therefore, a person who was a victim of domestic violence will inevitably become angry and feel persecuted. As advocates, we experience this when we put in a great deal of energy helping a battered woman who depends heavily on us to solve all her problems. We neglect to foster her own ability to make decisions and to act on her own behalf. Then when

she goes back into a dangerous situation or gets angry with us if things go wrong, we become angry and hurt and turn to blaming the participant—refusing to help her any further. The following signs help advocates to identify if they are using empowering or rescuing skills when working with battered women:

- Pushing forward while the battered woman pulls back
- Feeling that we are doing all the work
- Irritability, demonstrated in our individual ways (fidgeting, avoidance, etc.)
- Making all the suggestions regarding options
- Making numerous phone calls for the battered woman (especially if she has not expressed a need or asked for this assistance)

The role of the rescuer is a role of power and superiority in relation to the battered woman. The rescuer denies or diminishes the power of the woman to help herself by accepting a request for help before it is requested or without expecting participation from the woman requesting help. This can also lead to making judgments or criticizing the woman for not doing, acting or being what the advocate perceives should be the course of action. Avoiding the role of the rescuer maximizes the power of individuals and encourages equality and cooperation in relationships. In contrast, relationships based on the rescuer role are power-structured and create inequality and hierarchies between potential equals. These relationships ultimately support oppressive social systems.

The following styles of advocacy are considered not to be empowering:

- Aggressive advocacy: The advocate conceives of her role as taking over and doing everything, often leaving the woman out of the picture entirely. This style is often tempting because of our desire to be helpful or save time.
- “Smile and be nice” advocacy: The advocate plays up to her contacts in agencies to get what the woman needs. Both of these styles can be entrapping because workers in other agencies often would rather work with advocates than the women themselves. The two workers then engage in dialogue about what the woman needs, rendering her invisible and not in control of her life.
- Passive, surrendering advocacy: Occurs when the advocate herself lacks confidence, is easily intimidated by institutions, and gives up her power to others. It is a “Could I please have?” rather than “We would like” attitude. An advocate with this attitude is easily overwhelmed and gives up easily when any obstacle is encountered.
- Do-gooder, bleeding heart advocacy: Based on a “poor thing” attitude. This style smacks of class bias disguised as sympathy. The advocate feels sorry for the woman and does things for her that she is perfectly capable of doing for herself.

HOTLINE

Purpose

The word hotline is defined in the dictionary as a direct line in constant readiness to provide direct communication or a communication line for use in crisis. This originally was the means by which heads of government communicated directly when a serious matter occurred—like the red phone at the White House. Today this term refers more to direct access to information or assistance with computers, legal matters or social services. Usually a hotline is staffed 24-hours, especially crisis lines, with trained personnel on the relevant issue, however a hotline does not have to be a 24-hour line. The intent of a hotline is to provide a caller with support, solutions, and possible instructions if needed, instead of solely providing information and a referral.

Program

A hotline should be one devoted phone line and should not be shared with program participants. If funding allows, a program should have a toll-free number as well as a local phone number to access the hotline. Ideally, the trained staff answering this line will have no other responsibilities, except to take these calls and provide services on the hotline. Staff should be situated in a private area when answering the phone so that information discussed can be kept confidential. An agency and staff should utilize available technology in order to provide a hotline service. For example, an agency can use trained volunteers to staff the hotline and automatically forward the calls to their home when they are scheduled to volunteer. Also, recognize that not all callers have access to a phone and their call to the hotline might be their only chance to get information and help. Determine creative ways to link callers with services or an available phone for future use. For example, talk to callers about using the phone at work, a social service agency, a place of worship, a friend's house, or their children's school. Programs could also provide cellular to callers if they are available.

When providing hotline services for domestic violence victims, staff need to be well trained in crisis work; listening and communication skills; community resources; gender, religious and cultural issues; and, of course, domestic violence. As with domestic violence work in general, staff should be comfortable with this type of work. Answering a hotline can be demanding crisis work at times. It is helpful if there is a supervisor or peer mentor that staff and volunteers can turn to for added support when needed, as well as for guidance while on calls. If possible, programs should try to have a bilingual staff member or volunteer available as well. The need for bi/multi-lingual staff will depend on the hotline location and the population served.

The most common language(s) spoken by participants will determine what language(s) a program should have available.

Agency staff should also determine who their target audience is and what services the agency is providing. Is this hotline solely for victims of domestic violence or are family, friends, clergy, social service agencies, other domestic violence service agencies, medical facilities, and abusers provided with services as well? Will staff provide specific services (e.g., information and referrals, screen for shelter services, legal advocacy, etc.) or be available for anyone that calls? If the hotline is not meant to serve some people, the agency should have resources, alternate hotlines or information and/or referral numbers available to provide to callers the hotline is not able to directly assist.

Depending on the availability of staff, calls may need to be prioritized according to need and safety level. The following are steps, in order, of what to address when taking and prioritizing a hotline call.

1. Identify – Staff should always identify themselves to the caller. For example, “This is a domestic violence hotline. How can I help you?”. They should then determine the nature of the call.
2. Safety – The first priority is to assess the person’s safety. Staff should assess whether or not the caller is safe at the moment or if there is someone there that may or has hurt them. Staff can ask, “Are you in a safe place where you can talk?”. Callers may not always be able to tell staff directly whether or not they are safe. Staff can ask callers to provide them with a number between 1 and 10 to signify that it is not safe to talk at the moment. If callers are in immediate danger, staff can instruct them to hang-up and call 9-1-1, or the local police. If the person is not safe, and cannot or does not want to call 9-1-1, staff can attempt to find out what the caller needs and how to help (i.e., call for an ambulance, police, welfare check, etc.). The caller may want to stay on the line while hotline staff is contacting someone for them.
3. Need – If it is safe for the caller to talk, staff should listen to the caller’s reason for calling and assess the situation. Gathering information will help staff provide the caller with appropriate, comprehensive services. If the caller asks for information or states she does not understand her situation, staff should explain the dynamics of domestic violence and let her know there are services available. Staff may be aware of more available resources and information than the caller may realize. Because many callers may not be aware of such resources, it is important that staff gather enough information from the caller to determine appropriate referrals. Ask the caller what are her needs, why did she call today or how can you help her. Staff should recognize that the person might not know how to express her needs or wants. Staff should ask about steps the caller has already taken, if she has any children, and about her and her

family's safety level. Information collected can be used to create the best plan with the person.

4. Listen – The caller may or may not be interested in seeking services initially, but staff should spend time educating her about domestic violence and listening to and validating her responses about how the information on domestic violence relates to her situation. Staff should not turn a caller away or shut her out because she is not sure what she wants or she is not immediately interested in services. It is not staff's job to dictate what a caller should do or what services she needs. Sometimes staff acting as a sounding board to listen to her situation is all a caller may need. Staff can provide the tools a caller needs for safety or, if requested, information about "taking a next step". The caller may not want to leave her abusive relationship, and staff should support her decision.
5. Resources – If the caller is asking for services or is open to learning about available resources, staff should provide her with resource information and link her to appropriate agencies. Staff should explain the strengths and limitations of each program, what the caller can expect, and what documentation or information she will need to provide in order to receive services. When discussing resources, staff should make sure the caller will be able to access these services, and if not, assist her to find transportation or alternate means to obtain services (e.g., locating accessible services, arrange for home visits, or provide shuttle service). If she is going to be entering a shelter program, let her know what she should bring if she is able, and directions to get to the shelter if she is not being transported.

When providing resources, it is important for staff to be realistic about what is available and the limitations of the services. Staff should provide callers with information about what to expect and possible responses to potential scenarios if her needs are not addressed. Staff can also link her with a case manager or an advocate, if appropriate and available. When working with community agencies, staff should be clear about the need for release of information and confidentiality forms while maintaining good relationships. Staff should hold other agencies accountable for providing services or support when appropriate.

Programs should keep track of information and data on each call. Each program should be consistent with other hotlines or programs in the agency, and conform to financial or contract requirements. Information should be collected in a simple unobtrusive manner, and allow for anonymity by callers, even if the caller is an agency. Collecting such information not only meets possible requirements, but also provides important data about the needs of battered women.

Talking with the Caller : Guidelines for Crisisline and Other Volunteer Counselors by Cornell University Development Team and Suicide Prevention and Crisis Service of Tompkins County from Sage Publications (1998) is a great resource for addressing hotline phone calls.

SAFE HOMES

Purpose

The purpose of a safe home is to provide safety to an individual or family experiencing domestic violence until other arrangements can be made. Safe homes can be used in lieu of shelter services or they can be a temporary alternative if the shelters are full. Most importantly, the focus of safe homes is to provide safety in an accessible location. A safe home program is different than a shelter program for many different reasons. Safe homes may be located in a church facility, a residential facility, a hotel or motel, or a volunteer's home. Usually a safe home does not have the same staffing or access to resources and services as a shelter program. There may not be counseling or case management available to assist residents in crisis. It is the common expectation that people utilizing safe homes will do so temporarily, possibly only a few days until more permanent arrangements can be made. An individual or family's basic needs are provided for in a safe environment until something more appropriate is found or the individual or family returns home.

Resources

Safe home volunteers or staff may provide resources including "shelter", food, clothing, diapers, or toiletries. It is also possible that they can provide transportation to the safe home and/or to residents' destinations after the safe home. Transportation arrangements should be determined based on the safety level of the volunteers and/or staff who are providing the service (i.e., Would the volunteer be transporting the woman from her home when the abuser would be present or watching?). Resources and services provided will mainly depend on the availability of funding and support for the program.

One of the most important elements to making a safe home successful is having a community network and local support, especially if the program relies primarily on volunteers.

Program

Providing a safe home service, as with any domestic violence service, should be culturally appropriate and accessible for those individuals and families needing the service. Staff and especially volunteers for the program should be properly trained (see *ADMINISTRATION*) and have support from the coordinating agency. Safety planning and confidentiality should be the two principal topics in trainings with

the program staff/volunteers, not only not only in reference to their work, but also as a suggested discussion topic for staff/volunteers to share with participants. If the program uses volunteers they should have access to grief counseling and, if available, an on-call staff scheduled for support. Women who have been through the program may be a good source for recruiting volunteers, if participation would be safe and they consent to contact by the program.

Remember to treat your volunteers with respect, support and recognition. They are stepping up to perform a very important and sometimes arduous job.

It is important to maintain good communication among community agencies and organizations in order to be a referral source and so that the program can make referrals to other agencies. The following are types of agencies and organizations that a safe home program may want to contact and maintain an open dialogue with:

- Hospitals
- Law Enforcement
- Mental Health/Substance Abuse
- Prosecutor's Offices
- Judges
- Housing Departments
- Employers (Private Sector)
- Community Governments
- Social Services
- Legal Services
- Victim Witness Departments
- Faith Community
- Transportation Providers
- Schools/Colleges/Universities
- Traditional Counselors
- Battered Women's Advocates

The agency will need to determine which staff will take referrals for services and what the process will be. It is up to the program to determine which community services it will utilize, how the other agencies will be contacted, and a process for determining if an individual is appropriate for the available services. Once the program determines appropriate agencies for referrals, the availability of the resource should be well publicized. Methods for publicizing services between agencies include making written materials available, initiating communication with the agency/organization (e.g., an in-service or training) or doing both. Providing written materials about the referral process and appropriate contacts (names and phone numbers) makes accessing the service much easier for interested individuals.

As with shelter services, program participants will need access to a variety of resources in order to maintain safety and/or move on from the safe home program. The program may want to maintain dialogue with the local community as well as with other neighboring communities. Sometimes it is necessary to find services in other communities due to a participant's situation or a lack of available resources in the program's community.

Staff and/or volunteers may want to debrief after a family leaves the safe home. A debriefing is a good way to provide staff and volunteers with needed support.

Initial Contact and Intake

Due to the nature of this service, safe home locations should not be well known or publicized, especially if the safe home is a volunteer's house. Many times these homes do not have a security system in place. For this reason, it is important for the program to have contact and open communications with law enforcement as a safety measure. Law enforcement can periodically drive past the location for security purposes.

Once the initial contact is made (*see SHELTER*) and the person is accepted to the program, she should have an explanation about how she will get to the safe home (directions or information about how she will be transported). Program staff and volunteers need to determine the process for transporting the participant to the safe home. When she arrives at safe home, she should receive introductions, a clarification on the length of stay available, information about who to call in an emergency, and an explanation of rules, procedures and confidentiality.

One safe home program has a crisis worker on-call for the local emergency department. When paged, the worker goes to the emergency room and makes contact with the potential participant. The worker gathers information to determine if she is interested in and appropriate for the program. If she is interested and appropriate, the worker begins a file on the person (basic data collection information only). The worker then arranges for a safe home placement and transportation to the location.

Data Collection

A program should collect only the intake data needed to serve the person, as identified by the program or funding agencies. As with other programs, funding requirements or service contracts may require the program to collect specific data and statistics about the services being provided. Be sure to collect the information necessary in a sensitive and appropriate manner. If there are other more critical needs at the time of intake, such as medical issues, focus on the presenting problems and get the information later.

Confidentiality

Confidentiality is a very important issue for a safe home program, (*see SHELTER*). Staff and volunteers need to be trained on how to maintain confidentiality while making services available and accessible. It is also important to stress this issue with community partners. They need to understand that

confidentiality is imperative to maintaining safety (for staff, volunteers and participants), and understand why they may be given limited information or restrictions on the supportive services they can provide (i.e., being unable to transport participants to and from the safe home).

Staff should discuss confidentiality with participants, especially if the program utilizes private homes. There may be a safety issue for the staff/volunteers and future participants if participants return to the safe home without prior approval and a safety assessment from the staff. For example, a participant who has left a safe home program and returns a few weeks later because she needs shelter, may put the staff/volunteers and current participants in danger if her abuser is able to follow her to the safe home.

Physical Plant

No matter what type of facility is used for the safe home, it should provide a safe and appropriate environment for the participants. Participants should at least have some space that is private and provides personal space. If there will be children in the safe home, then it needs to be child safe/proof. It also needs to be physically accessible for anyone with a disability. It should meet any required fire codes (smoke detectors, fire extinguishers, etc.) or other requirements for licensure, if applicable. The program may also need to provide a telephone for the participant. Overall, it is important to balance safety and convenience for safe home participants.

Provide the safe home facilities with a list of features they should have. If the participant has her own car, she should be placed in a safe home with a garage (so she will not have to park her car outside and risk the abuser seeing it and discovering her location).

Termination/Follow-up/Community Resources

Termination and additional services will depend on the program. If the safe home has funded staff or is part of a social service agency it may be able to provide follow-up or community resources to the participant before she leaves the program. At a minimum, the staff or volunteer in the safe home program should have some casework training to assist the person in her next step after leaving the program (to go home, to a shelter or live with a relative or friend). Assistance may include safety planning if she returns to an abusive environment or linking her to a shelter or other resources in the community (e.g., housing services, parenting classes, legal aid, DES services, counseling, or a women's group). The safe home staff or volunteer may also want to address any transportation needs the participant may have so that

she may leave the safe home and get to her next destination (e.g., gas money, bus ticket, or transport arraignments).

As mentioned in the SHELTER section, follow-up can be offered but only provided if the person agrees to the additional contact, and it is safe to provide this service. Follow-up will depend on the person, her circumstances, and where she goes after leaving the program.

SHELTER

Purpose

The purpose of a domestic violence shelter program is to provide for the physical and psychological safety of families victimized by domestic violence. Part of providing these safety measures also includes providing basic necessities for persons who have been displaced or have fled their home due to domestic violence in a supportive environment that helps to prepare them for success in the community. It is also important that these needs are met in a manner that promotes personal power and choices.

Shelter programs exist to:

- Provide safety to families fleeing from domestic violence.
- Reduce isolation through contacts with other persons in the shelter and support efforts to reconnect with natural support systems (e.g., family, friends, etc.).
- Provide safety within the shelter, including having an unpublished location (or secure facility), provide an environment that is physically safe from people outside and within the shelter, and provide a sanctuary.
- Assist displaced persons to reduce victimization and regain control over their lives.
- Provide protection, food, and other basic needs with dignity.
- Provide a supportive, nurturing environment.
- Provide information, resources and referrals—based on what the woman wants or has expressed an interest in.
- Help persons who use shelter to expand their choices and support them in achieving violence free lives.
- Help persons who use the shelter to establish future plans and set goals.
- Provide education and information about domestic violence.
- Provide support for the children who come to shelter with their parent.
- Provide individual and systems advocacy.
- Model appropriate relationships and behaviors.

Initial Contact

The person in need of shelter may not make the initial contact (see *TERMINOLOGY*). Instead, a friend, family member or a social worker from another agency could initiate contact. Regardless of who makes the initial contact, it is staff's responsibility at this time to assess the situation and determine what action, if any, can be taken on behalf of the potential participant. If the person making contact is the person who may need shelter, there are a series of questions staff can ask

and important information that staff can provide. First, staff should assess the safety or crisis level of the situation. All of the following questions and assessments may not be addressed depending on the answers provided and the current safety level. While discussing and determining the caller's safety level, staff should evaluate if there is a high danger level and the caller may need to call 9-1-1 or if they can continue with the call.

- Find out if the caller is safe and where the person is (i.e., Are you safe? Where are you right now, current location and phone number? Are your children with you?)
- Assess the imminent danger (i.e., Where is the batterer? Are weapons present? Is alcohol involved? Other drugs?)
- Determine why the person is calling now, what is their presenting problem. (i.e., How can I help you? What made you decide to call us today? What would you like to see happen with this situation?)
- Assess the person's physical condition (i.e., Are you hurt? Do you need medical attention?)

Information that may be provided to callers include the following:

- Basic myths and facts on domestic violence.
- The national hotline phone number.
- Available domestic violence services, social services, medical facilities, transportation, legal services, etc.
- Their rights and applicable laws.
- What services this or other program/agencies can provide.
- Their options (i.e., remaining in the relationship, safety planning, staying with a friend or family member, seeking support services, entering a shelter, etc.)
- Safety planning for home, work, school and or with their children, family, friends, neighbors, coworkers or supervisors. (see *APPENDIX*)

During the initial contact, when gathering information about the person's situation, staff should determine which options, resources or information are best to offer to the person. The options provided will depend on danger, preferences, resources and availability of services, and shelter space. Although presenting a variety of options is optimal customer service, it is important to focus on the needs of the potential participant and not overwhelm her with information that is unnecessary or inappropriate.

Once staff has gathered the details about the potential participant, it is important to determine the next step. The potential participant should decide the next step after receiving information on all the possible options. If staff is not talking with the potential participant directly, the next step needs to wait until the information has been presented to the person and she gets back to staff about a next step. This could mean waiting on the phone if someone is translating the information or waiting for a return phone call/visit after the information has been presented. Either way, remember that shelter may or may not be the next step for someone at initial contact. She may just need information, support or resources in order to take the

next step on her own. If shelter is not the chosen option, be sure to let her know the service is available for her should it be needed in the future. At the same time, if the next step is something the agency can assist with, staff should transfer the individual or give her the information needed to obtain those services.

If the potential participant would like to seek shelter, staff should determine if services are appropriate and available at that time. Exclusions to shelter for mental health issues, recent drug or alcohol use, suicidal feelings, older male children, disability/self-sufficiency concerns, or not indicating a recent DV incident should be minimized; however, the person must be medically stable. Agency policy needs to be flexible in balancing the needs of this person with others that are in the shelter, as well as focus on the person's safety needs and how to serve them best. The basic question to ask is, "Is this the best place for this person?" If not, responsible and appropriate referrals should be made. If the shelter is full, then staff should refer the person to another shelter, if another is available.

Staff should be as helpful as possible (i.e., help the person locate a space, offer use of your phone, etc.). The shelter may want to establish protocols with other shelters regarding the referral of women in crisis when there is no space available. In addition, if shelter is not an option, offer other available services (e.g., support group, outreach service, etc.).

In Maricopa County there is a database called ANCORE that tracks the availability of bed space. Potential participants can call the COMMUNITY NeTwork for ACcessing Shelter (CONTACS) at 602-263-8900 or 800-799-7739 to access emergency shelter due to domestic violence or homelessness. This service is available 24 hours a day 7 days a week.

If it looks like the caller is going to be coming to the shelter, gather the necessary information to prepare for the person's arrival. Help with transportation, if needed, by arranging transportation or offering information on how to get to the shelter—including directions, bus routes or available transport services. Provide a variety of options including transportation by: community health workers, the American Red Cross, volunteers, a police escort, or cab vouchers.

Note: Transportation and access to services are important issues to consider. Agencies need community support to expand options for potential shelter participants.

A program can use volunteers to help with transportation or meeting potential residents at the hospital to do crisis intervention and discuss options. The volunteers can have a rotating schedule and be notified by pagers or cell phones.

Telephone Screening Intake

Most shelter participants make initial contact by phone, which is an opportunity for staff to discuss the appropriateness for shelter services and possibly begin the intake process. Once staff has assessed the woman's safety level and she has decided to seek shelter, staff can obtain and share basic information to prepare for her arrival. At this time staff should inquire about what her service needs are; if she has children, and if so, how many; if she has animals that need shelter; remind her to bring important documents if possible; and inquire if there are any health or disability needs. The screening process should be used to "screen in" rather than "screen out" an individual or family. If during this process it is determined that the services at the shelter are not suitable for her needs or another organization could better meet her needs, then this option should be discussed with her. Again, denying access to services should be based on the woman's needs and safety concerns.

In the process of obtaining information, the order of the questions asked is a key element, and must focus on whether or not the woman is linked to a safe place. Safety and medical concerns should be a priority. It is important to know:

- If the individual is in a safe place at the moment
- Where the individual is calling from
- If she wants police intervention
- If she is currently with a case manager/advocate
- If she is currently in a safe place, will it continue to be safe
- Has the abuser fled the house and may return
- Is she at a relative's house where the abuser could easily find her

Overall, questions must be participant oriented and focus on her current safety level. Once it is determined that she is out of immediate danger, staff can assess any medical needs she may have.

- Is she in need of medical attention?
- Is she currently on any medications?
- Is she in need of medication?

Staff may also ask about any alcohol or drug involvement by the abuser or the potential participant.

Note: Each program will need to discuss whether or not to ask about alcohol/drug use. Some programs feel an individual will lie about substance/alcohol abuse if she feels the shelter will not accept her for using these substances. Additionally, it may be possible that during a conversation, staff could detect if someone is under the influence. An assessment can be made based on the conversation with the individual. Some programs also feel that the only reason to exclude someone from shelter is if she is medically unstable, so substance/alcohol abuse should not be a factor. The topic that should be addressed is whether or not the individual is in

imminent danger. The priority is to provide someone a safe place for a night. In some cities there are no other options (i.e., there are no residential substance abuse programs or they do not have money/insurance in order to qualify for a treatment program) for the individual beyond the local shelter. Many shelters nationwide have few to no restrictive rules on substance abuse as an intake criteria, and some allow legal substance use outside of shelter property. While the use of legal substance while residing in shelter is not widely recognized here in Arizona, it is an option. Many individuals use alcohol without it being a problem in their lives.

Intake

Once a person is accepted into shelter, staff will need to obtain basic demographic information from the individual and orient her to the program and facilities. This is when staff will need to fill-out any initial paperwork or documents needed to accept the person into shelter—this may be required by funding, licensure or agency policy. Before proceeding with a full intake, staff may want to assess if the woman/family is ready to fill-out all the required paperwork, which can be a lengthy and draining process. Initially, gather vital information on the adult and the children, including basic medical information. She may need additional time and space to recuperate from the crisis that brought her to shelter or to make additional arrangements for herself, her children, or pets in order to feel everyone is safe and healthy. However, it is ideal to gather additional information within 24-hours of their arrival in shelter. Some information may be collected even later, depending on the circumstances.

At entry into shelter it is ideal to greet the person and make her and her children feel as comfortable as possible. Offer food and water (a glass of cool water is the best thing to offer a person in crisis). Find out what the person wants to do (rest, talk, eat, etc.). Provide the basics for the person and the children (e.g., clothes, personal care items, diapers, bottles, etc.). Orient the person to the shelter. Let her know where she will sleep/stay, the location of the bathroom, where to shower/bathe, how to find the kitchen, about the shelter food policy, where to store her personal belongings and food, where to do laundry, and where to smoke or make phone calls. Enlist the assistance of other residents to make the new person feel comfortable. This will shift ownership of the shelter to the residents and develop leadership skills for the women in the program.

Gather intake information and record the information in an individual file. Each person in shelter should have a separate file kept in a locked cabinet and not accessible to any resident. However, there should be a policy in place for a resident to view her own file upon request (see *APPENDIX*). As the intake process continues, build on information already gathered during the initial contact. Explain what she can expect, the shelter rules, the available length of stay, etc. Provide information in writing so the new resident can review and reference the information

later. You may want to provide this information in a folder with blank paper and a pen so she can take her own notes, journal or keep track of information while in shelter.

Program

A shelter program should provide participants, at a minimum, with:

- 1.) shelter, a safe place to sleep;
- 2.) basic needs, like access to food and clothing;
- 3.) advocacy and crisis intervention services, such as crisis counseling or support group programs; and
- 4.) case management.

It is the staff's responsibility to help expand the person's knowledge of available options and assist her in evaluating these options. A program participant, in partnership with staff, should develop:

- A written statement of goals and how goals will be accomplished (methods).
- An action plan that outlines responsibilities and time lines.
- A description of services to be provided and who will be providing the services.

Goals should always be reasonable and achievable for each individual during her stay in shelter. For example, goals for a thirty-day program should be short term and safety focused, including goals related to obtaining housing or safety planning if she will be returning to an abusive home.

Staff or residents can contact the Humane Society, or other animal shelter programs, to place a person's pet while in shelter.

Rules

As with any program, there will need to be rules, guidelines, policies or procedures for participants to follow while in the program. These "rules" should be designed to maintain a safe and harmonious living environment. Program staff may want to call them responsibilities, expectations or guidelines, instead of rules—which sounds very authoritative. Overall, these guidelines should be in place in an effort to maintain safety (physical and emotional). They should provide structure, yet avoid being overly intrusive or restrictive. The guidelines should maintain a balance between individual freedom and the necessities of communal living. Staff should get ongoing feedback from the participants to create, modify, enhance or eliminate these guidelines, as appropriate, to ensure they are meeting the needs of the of the participants.

Guidelines must maintain the safe environment of shelter. If participants do not feel safe and secure while in shelter (with staff and other participants), then the most important reason for being in shelter is negated. The following are examples of rules that maintain a safe environment:

- No physical, sexual, verbal or emotional abuse
- Confidentiality of people, information and/or locations must be maintained
- No drug or alcohol use at the facility
- No weapons
- Curfew for children at 8pm (unless accompanied by an adult) and adults at 11PM - rationale for a curfew needs to be explained (it may be a safety issue for the participant and their family)
- No visitation by the abusing party(s)

Staff flexibility for enforcement of guidelines (according to individual situations) should be allowed. Accountability for one's actions is an important aspect of shelter life; however, there are times when people make mistakes, there are miscommunications or an individual has no control over events in their lives. With this in mind staff should inquire why a rule was broken and have the ability to decide if this was an irresponsible act on the resident's part, while still maintaining structure and a safe environment.

These expectations can be used or referred to as learning or growth tools for an individual staying in shelter. A situation in which someone does not follow the stated guidelines for residing in shelter could be an opportunity to discuss why the guideline was violated and prevent subsequent violations. For some residents having stated guidelines and structure in their lives may be a new experience. Having staff address why a participant is not following the guidelines can be a means to assist with or identify personal issues while that individual is in shelter. For example, respect is often an underlying value for a particular shelter guideline. Some residents—adults and children—may not have a full understanding of what “respect” means or that they deserve to be respected. Therefore, a discussion about the guideline and its importance could provide the participant with a meaningful lesson about respect and its relevance in her life. Also, it is important for staff to model compliance with the guidelines. Residents and other staff will learn and grow based on what they see as well as their own actions.

Guiding Principles of Rules

Rules need to be kept at an absolute minimum. Too many rules can end up being burdensome and often feel abusive or controlling. Consider that in communal living situations, everything cannot be “black and white”. There are often a lot of “gray areas”. The staff must work with people in order to sort things out. Staff should try to avoid handling a situation based on a “black and white” interpretation of the rules and problem-solve around the “gray areas” that often exist. Programs need to be careful of oppressive practices by staff or agency policy. Programs

should build on and support an individual's rights and opportunities, and avoid taking those rights and opportunities away. Programs need to foster an environment that empowers people to make their own choices, but remain clear about what is expected from the program.

Programs should realize each individual has a different way of addressing and processing challenges and changes. Each person takes a different approach to decision making and healing. It is important that an agency as well as its staff remain flexible in order to accommodate differences among participants. Forced help or forced empowerment (see *TERMINOLOGY*) is never desirable.

Women supporting women is very powerful. Each woman staying in a shelter has roommates who get to know each other and support each other. This can be very empowering. Their strength and resources are an asset to any program, use those hidden assets well and frequently.

- Keep the guidelines focused on the fact that programs are working with adults and not children. Strict and controlling guidelines can create a power imbalance that serves only to infantilize the participant. Instead, individual autonomy must be respected and demonstrated in the guidelines that are created.
- Foster community connections. Guidelines should facilitate and assist individuals with getting reconnected with family, friends, religious practices and community participation.
- Involve residents in creating guidelines/expectations. Facilitate a process in which they can make contributions to the guidelines, since those decisions involve their lives. Again, involving residents is a means to empower them and encourage them to make decisions about their own lives. To avoid participant involvement is to continue the abuse and control they suffered at home.
- Do not replace control with control. Do not replace the "evil" control of a batterer with the "good/benevolent" control of a shelter. Answer the question, "Could I live by these guidelines for a few months?" or "Would I refer my own daughter to my program?" If the answer is "yes" great! If the answer is "no" ask yourself why and change the program accordingly. Again structure is a necessity in running a shelter program but it should be implemented in a way that people can live with and not feel they have moved from one controlling environment to another. People whose lives have been out of control for so long may welcome structure, but it must remain respectful and flexible. Be mediating, not controlling.
- Maintain a balance of shelter upkeep and maintenance between staff, volunteers and residents. When residents are expected to do chores and duties there should be an expectation that staff and volunteers perform similar or the same chores and duties.

Crisis Intervention/Advocacy/Counseling

A shelter program should have access to crisis intervention, advocacy or counseling services (see *CRISIS INTERVENTION, ADVOCACY and COUNSELING*). If these services are not available in-house, then staff should have appropriate resources to refer participants if they want and need these services. If the shelter program provides individual and/or group crisis intervention, information/education, or counseling, the agency should discuss if any of these services will be mandatory for program participation. Some shelters require attendance to group sessions and others base it upon the victim's availability or the duration of her participation in the program. For example, a woman only staying in shelter for a few days may not be required to attend group. The shelter staff should be trained in providing these services to varying degrees depending on funding or program focus. Agencies should also consider the issue of childcare related to group participation. Participants will need to have someone watching their children while attending any individual or group sessions.

Termination of Services and Follow-Up

A participant may leave the program for a variety of reasons, each of which may require different exit procedures. The following are a few reasons why a resident might leave the program:

- She completed the program and is moving into another program.
- Her time allotment for staying in the program has expired.
- She has no need for additional services because she found housing.
- She is returning to the abusive relationship.
- The agency has requested her departure.

If possible, staff should schedule an exit appointment with a participant before she leaves the program. An exit appointment is a chance to finalize any necessary safety planning for her departure, get closure with the agency, review her accomplishments or progress, as well as inform her of the services available at the agency should she need or want them in the future. Staff may also use this time to provide any additional links, resources or referrals that the participant may need or want once she leaves the program. This is also a good time to obtain feedback from the participant by having her evaluate the program services (see *Program Evaluation in ADMINISTRATION*).

Planned or Voluntary Termination of Services

Termination may occur when a participant has completed the program goals or she has decided it is time to leave the program. As the staff assists participants plan for termination due to goal completion, they should allow for flexible and appropriate time limits to accomplish set goals while monitoring program time constraints. For example, if a shelter program only has a maximum 30-day stay, then staff would not expect a participant to complete a three-month computer-training program before departure—unless the person was already two months into the program.

When an individual is preparing to leave the shelter, staff can review all her set goals and determine whether or not those goals have been accomplished while in shelter. If all the goals are not completed, staff can reassess the uncompleted goals with the participant. This may be a time to consider if it is safe for her to be leaving or what work she may want to continue once she leaves the shelter. Staff and the resident can also evaluate if the direction/support by staff/program assisted and guided the participant. For example, staff could ask the participant, “Did you feel your stay was beneficial (as defined by the resident)?”. This is a good time to get feedback and an evaluation of the program and staff. Overall, the person should leave with a support system in place and the knowledge that she can come back if she wants.

Non-Voluntary Termination of Services

Sometimes programs need to make tough decisions and evaluate whether a participant is still appropriate for a shelter program. This assessment can be a response to a participant’s behavior or a safety concern that has emerged (e.g., substance abuse or violence toward others). The program staff/agency needs to decide when and how non-voluntary exits can be avoided. At the time an incident or issue occurs staff should address it with the resident before it becomes an issue of non-voluntary termination. If there is an issue between residents or staff, the intervening staff should try to use conflict resolution for problem solving with the parties involved. Staff may want to ask residents who have participated in successful conflict resolution to be mentors, helping other residents effectively problem solve when issues arise. Also, when intervening in a conflict, staff should present a variety of possible options that the participant can choose from in order to avoid continuation and/or escalation of the conflict. Providing methods for effective conflict resolution can help not only to avoid a possible termination, but also to teach participants how to resolve their own conflict in a healthy manner—a very empowering tool.

If conflict resolution does not work, staff still needs to determine how to decide if a participant should be asked to leave and who will make the decision. Part of the decision making process should include the involved resident.

Involvement provides the resident with an opportunity to participate in a second level of problem solving with the issue. Most importantly, participant involvement in the process includes her in an important decision about her life. Some programs have a quality assurance system in place for all exits (voluntary, planned or non-voluntary). The resident (if she wants to participate), case manager/advocate assigned to the resident, administrative staff, childcare staff and other appropriate people outside of the program review each case to assess if and when the resident should be exited from the program. Overall, staff should develop a consensus-based method of when and how to terminate a resident, after other possible remedies have been attempted. Non-voluntary exits may be a last resort if every other option has been exhausted.

If staff has decided to ask a resident to leave, an advocate should meet with the woman to plan for this departure and provide her with information. Even though it is non-voluntary, the termination should be supportive. The resident and her children should be provided with available referrals for alternative shelter or services from the same agency or another agency.

If a resident is disruptive, one shelter's policy is for staff to sit down and discuss (problem solve) the situation with her. Part of this discussion is to name the specific behaviors and reasons why this is disruptive and inappropriate. Then problem solve with resident how to change or modify these behaviors. Staff reminds the resident that if she continues to be disruptive, they will have to ask her to leave. The resident is welcome to stay as long as the disruptive behavior is corrected.

Follow-Up

An exit appointment is also a good time to setup any follow-up contact with the person. Follow-up can serve two purposes: 1.) To check in with the participant to see if she is receiving or is in need of services, and 2.) To obtain evaluation information on the services already received. The exit appointment can be done in a variety of ways and should be handled with the participant's safety in mind. Programs should keep in mind that not everyone can or will get follow-up services. There will be some participants that cannot be contacted due to their situations or preferences. The following are a few follow-up methods that can be used in a shelter program:

- Phone call – staff can call the participant, as long as a call does not jeopardize her safety, or ask her to call the agency in three to six months. Be sure to provide her with suggestions about how to keep in touch with the agency in order to follow-up.
- Thirty-day and six month safety checks – past participants get a postcard (pre-stamped if possible) upon their exit and are asked to return it by mail. The postcard can include questions on whether or not to contact the individual, and if contact is possible, how best to reach her. If she can be contacted, staff can

follow-up with a questionnaire the person can answer over the phone, and/or inquire how she is doing and if she needs any additional support.

When offering or providing follow-up, make sure the past participant is safe and provide her with any requested services or referrals. Let her know about agency services still available to her. For example, let her know if she can keep coming to support groups or about other non-residential services available.

Data Collection and Record Keeping

As mentioned in the Intake section of this chapter, each program participant should have a file (adults and children each having their own separate file). These files, along with any other records pertaining to program participants, must be kept confidential. Only staff members who work with the individual should have access to this information to review or add to the file. The participant should also have access to her file.

Program participants, and staff, should understand the difference between confidentiality and anonymity. Files are not anonymous because the information pertains to a specified individual. Participants and staff should know what their rights and responsibilities with regard to files. People writing in the files must be aware of their use of language and write as if someone will be reading the information. The following are some record keeping tips:

- Staff should not label participants or pass judgements.
- Staff should be aware of what may be implied or interpreted by the written comments.
- It is important to leave out opinions and stick to the facts.
- Written comments should reflect continuity, progress, goals, referrals, services accessed, barriers and strengths.
- Hearsay from other agencies or participants should never be included.
- Documentation should be supportive.

The principles behind the record keeping tips are the participants' rights to privacy, safety and accurate information. It is important to beware not to include attacking or incriminating information in files that could harm participants later. Program staff must keep in mind that files may be needed to support a criminal or CPS investigation or custody determination someday. In addition, records may be subpoenaed into court and used against the woman. Shelters should maintain the same confidentiality rights as doctor/patient relationships, however to date they do not have the same legal protection under state law. If working on tribal land verify if they have any requirements for confidentiality in the tribal codes. (Note: Review funding requirements for confidentiality.)

Program staff should discuss what should be included in a file and the degree of control staff and participants have over a file. First, information should always fulfill or be consistent with any contract and funding requirements (e.g., DES, DHS or grants). Staff should consider what information is helpful for tracking and assisting participants with their progress in the program, as well as what information is necessary to document demographics and participants' needs. Once information is documented, staff should consider whether or not a participant should be able to request the removal of information from her file. The way a participant is depicted in the file is important to her. If she would like something changed, as long as it is truthful, the information should be changed.

All records and files should be stored in a locked cabinet in a secure location. The locked cabinet should be located in a staff area that is not frequently used by participants or the public. While files are being reviewed or updated they should not be easily accessible to participants or the public. Staff should only access files in a secure setting where only other staff members could view the materials.

Confidentiality

One of the most important aspects of maintaining a family's safety while in shelter is confidentiality—the disclosure of information to family, friends, law enforcement, other organizations/agencies or inquiring individuals must be prohibited. According to the Family Violence Prevention and Service Act (42 U.S.C. §§ 10401-10413) and the Victims of Crime Act or VOCA (42 U.S.C. §§ 10601-10607) programs receiving federal funding are required to have confidentiality provisions in place³. These provisions include keeping the program's address confidential, maintaining confidentiality of "client-counselor" information and confidentiality of any information gathered for research purposes.

Information about residents should not be taken or discussed outside of the agency—this includes taking files home or discussing participants in casual conversation. Additionally, it is imperative not to name or describe children in the program to friends or people outside of the agency. Particularly in small towns, such descriptions may make it easy to identify individuals in shelter. Outside of the shelter staff should not acknowledge a current or former resident unless the resident first initiates contact. This is a safety measure in case the person is with her abuser and would consequently have to explain how she knows the staff member. Staff members should follow the lead of the resident. In addition to staff maintaining safety and confidentiality, it must be impressed upon current residents not to divulge information to other residents or people outside the shelter.

³ Zorza, Joan (1995), *Recognizing and Protecting the Privacy and Confidentiality Needs of Battered Women*, Family Law Quarterly, Volume 29, Number 2, Summer, p. 282.

It is recommended for management purposes to have all staff, board members, interns, and program participants sign a confidentiality agreement. This signed agreement would be kept in their personnel or resident file. The agreement would include provisions of maintaining confidentiality before and after involvement with the program/agency and would only allow for disclosure when a release of information agreement has been made (orally or in writing).

Publishing the Shelter Address

Agency staff should determine if the shelter's physical address will be confidential. In order to make this decision, staff should consider:

- Location – Is the shelter in a large city or a small town? If the shelter can blend into the surroundings it is less likely to be identified by the general public.
- Police Support – Is there a strong law enforcement link/support? Places with strong law enforcement support can depend on them for added security if the address is published.
- Community Support – Are there connections with the community so people will help or call the police if they see something questionable.

Note: Some shelter programs feel publishing the address decreases fear. The fear experienced tends to be the fear of staff, not residents, that an abuser will seek entry into the shelter. Some feel there is a potential for increased danger if the address is published. However, there should also be concern about an abuser waiting around the corner for a resident leaving the shelter, or an abuser following the resident back to the shelter from work, school, etc. Fear is due to minimal security measures (see *Security section later in this chapter*). Security measures should be in place whether or not the address is published. All of the issues involved should be considered and weighted against one another when deciding whether or not to publish a shelter address.

Other Agencies Calling the Shelter

Everyday shelters receive calls from a variety of people—sometimes abusers, family, friends, and other agencies—looking for people by name. Staff should not disclose who is at the shelter. Instead, they should respond by saying, “I cannot confirm nor deny if that person is here.” Staff can offer to post a message for the person, and if the person is in shelter, she will see the posted message. The resident can then make the decision about whether or not to return the call.

When residents are working with law enforcement, other domestic violence programs, and/or other community services, staff should assess the best and safest

method to assist communication between an outside agency and residents. Staff can continue to post messages for residents, or the agency can obtain a release of information or permission form to allow the agency staff to verify that a specific resident is at the shelter. This document would need to be signed by the resident and specify which people or agency staff can automatically be put through to the resident. To make this option less confusing for staff, residents may also inform staff when they are expecting a specific phone call and ask staff to put them through without screening. Another method is to utilize an informal screening process and train the individual answering the phone on how to ask more specific questions; however, this method still should not be used unless the agency has a release of information form signed by the resident specifying what information can be disclosed to an outside agency.

Should there be different guidelines for disclosing information to different agencies, other shelters, law enforcement or CPS? These are important questions staff should discuss and develop a response policy, obviously keeping in mind resident safety and legal or contractual requirements. Verification of the individual calling from an agency is very important to ensure that an imposter or abuser is not trying to obtain information about a woman in shelter. If an agency worker is calling regarding a resident's prior involvement, a release of information form must be signed before the agency can disclose any information—including acknowledging the person is in shelter. Prior allegations for CPS cases should be handled just as any other agency or caseworker calling the shelter. However, if child abuse is observed at shelter, it must be reported. Contacting CPS about observed abuse would not require a release of information.

Regarding calls from Child Protective Services on a pending case, some shelters take the call immediately while others take a message and call back to verify that it is in fact a Child Protective Services worker.

Note: If staff determines that a CPS report should be filed on behalf of a child, staff may want to talk with the parent first to see if she wants to call the report in herself.

Confidentiality Between Shelters

If a shelter has information regarding a resident that may create a safety risk at another shelter, should the shelter staff share information with the other shelter? If the first shelter obtained a release of information form upon termination, the shelter would be able to disclose such information to another shelter. If a resident refuses to sign a release form, staff needs to assess the seriousness of the situation and determine if the other shelter should be alerted. Should staff skirt around the issue and, indirectly, relay the information? It is important to remember that information provided might be misused, so staff should be careful about when and how

information is shared among shelters. Staff should consider if there is a serious safety concern for the resident, other residents in a program or staff—this would include a risk by an abuser or resident. One way to address this issue is to have a safety policy, which would be provided in writing and explained at intake, that states in cases where serious harm may occur staff may notify individuals or programs of personal information.

For example, a woman is in shelter and has a husband who is stalking her, has firearms and has threatened to find her and kill her. She suddenly disappears from shelter, however, staff have talked to her about going to other programs or friends that may be safer for her (potentially in another city, state or tribal jurisdiction). Her abuser shows up at the shelter looking for her, again threatening to kill her, and this time includes threats against family members and anyone who is trying to help her. Would this be a case to breach confidentiality to warn her family, the other possible programs and alert the police? If confidentiality is breached what is the safest and least intrusive means of doing so?

Note: All release of information forms should be very specific and clarify who and when information will be disclosed. If a resident signs a release of information prior to her departure from the agency/program, staff should explain to her in what manner information may be shared or provided with the release in place, including if there are any time frames for the release. The following are elements to include or consider for a release of information form.

- The name of the shelter agency, program, or staff who can share information.
- The name(s) of the agency(s), program(s), staff or individuals that shelter staff can provide or obtain information.
-
- Any time frames in which the information can be shared (beginning and end dates). Will it expire after three months, at the termination of services or completion of an outside program?
- Specifications on the information to be released or how the information is to be provided. Will the resident be required to have a probation or UA drop slip signed once a week?
- Can information be shared if the resident dies—especially if families are asking about the records?
- The signature and date of the participant and staff listed on the agreement.
- A provision and policy that the participant can revoke this agreement at anytime, preferably in writing.

Law Enforcement

Any staff members working at or on the same property as the shelter should know the proper policies and procedures for addressing requests from law

enforcement. In addition, these policies and procedures should be developed using any applicable laws (local, state, federal and tribal) and contractual agreements (e.g., VOCA, STOP or DES funding) that strive to maintain a resident's confidentiality and safety. As with the previous CPS example, staff may want to take steps to verify that this person is a police officer by obtaining the officer's name and station, asking for a phone number and calling back, or calling the general phone number for the station (the main operator will be able to verify if the officer exists and connect the caller to the officer's extension). Calling through the main switchboard or some type of central point is a reliable means to positively identify if an individual is an officer—and not a batterer posing as an officer to obtain information.

Another consideration in working with law enforcement is the fact that the batterer could be employed by law enforcement, or the military. Staff can identify this information by asking on the program's intake form (are they law enforcement and where do they work). This will alert staff to be cautious of law enforcement requesting information about the resident for the batterer.

If the police actually show up at the door, staff should have a signed release of information form in order to verify an individual's participation in the program or discuss a resident's case with an officer. (*see Subpoenas and Search Warrants in ADMINISTRATION*).

If there are no funding requirements concerning confidentiality, it is recommended that a policy be implemented (particularly with the assistance of an attorney) including the following elements:

- Information concerning a resident will be provided when a signed release of information form is on file to disclose information to law enforcement.
- In the absence of a signed release, no information will be released unless there is a court order (from a Judge not an attorney) to disclose information about a resident/participant.
- The agency identifies a custodian of the records who is responsible for maintaining control over the records and court access to the records.
- Frontline staff be aware of the process to address law enforcement and who to notify when the program is approached by law enforcement (or a process server).
- A provision to notify the participant/past participant of the request for information or records.

Individuals Donating Services/Touring Shelter Property

Many times people call to drop off donations or financial donors would like to have a tour of the facility they are supporting. Although tours are essential for fundraising, donors need to be educated that shelters are private places, especially if the address is confidential. If you decide to provide tours of the shelter, inform residents of the upcoming tour in advance and give them the choice to stay in their

room (which means those rooms would not be part of the tour) or leave the shelter while visitors are present. Staff must escort people coming in for tours during the entire visit. If one or more residents cannot leave shelter during the tour and express concern over the visit, then the agency should seriously consider excluding the visitors.

Problem-Solving Issues

While a woman is in shelter, or perhaps before a woman is accepted, some problem areas may exist that should be discussed with staff before problematic scenarios present themselves. One of the problem areas that may arise is the safety level of having an individual in shelter. The safety issue could arise in conjunction with her abusive relationship (i.e., her abuser knows she stayed in the particular shelter the last time she left and he is a violent offender). Also, it may be questionable whether or not it is appropriate for an individual to be housed in the shelter. Program staff should determine if there is cause for concern about an individual's presence in the shelter due to self-disclosure of information about her behavior or her child's behavior, information that has been shared with the shelter by other programs, and/or complaints that have been expressed by other residents. When considering if her presence could possibly be harmful to others on site, staff should use caution not to automatically react to complaints. Instead, staff should address complaints appropriately and consider how the information was obtained and who provided the information. Consider the following scenarios and how the agency should respond:

- A staff member from another shelter calls to tell your program about an individual who was asked to leave their shelter because she was hoarding supplies and shipping them off in boxes. Or, you find out that a current resident is doing this while in shelter.
- An alcohol and/or drug counselor for one of your residents calls to tell you that your resident confessed to using and selling drugs at the shelter.
- Other residents have individually approached staff voicing concern about another resident's (adult or child) behavior towards them.
- Staff witnesses inappropriate behavior by a resident—to the extent that the behavior is harmful or abusive to another person.

At some shelters the issue of stealing or hoarding supplies is addressed during nightly house meetings. If the behavior is not stopped and staff is able to determine the person responsible, then the next step may be to approach that person individually. If the individual's behavior becomes a danger to other residents, the individual may be asked to leave.

When a resident or staff member has a concern about a resident's behavior, staff should approach the resident individually and talk about this behavior (depending on the situation this may be done with the resident who voiced concern).

If there is a mental health issue, it should be addressed and the individual should be offered help for that problem while in shelter. Staff should also assess if the behavior is a reaction to her current situation. Is it a coping behavior or even a safety issue? Staff should remember that if an individual is only given thirty days of shelter, it might not be enough time for her to accomplish what she needs to be safe. In other words, her experience in shelter might be the first time she has been in an environment where she feels safe to express her feelings, which may be expressed as anger and frustration. Given her situation, she may have just cause to be angry and frustrated. For example, she probably was forced to leave her home in order to be safe and then find a new home in a short period of time.

A resident should never be exited without a warning that her behavior will merit such an action. For example, if the requirements of her stay in shelter specifically state that the use of drugs or alcohol on site will result in immediate termination and she has been provided with this information upon intake, then she has been warned in advance. However, many times the best intervention is to meet with the individual, assess the situation, and problem-solve about how this behavior can change. It is important for staff to individualize the assessment and intervention, as well as model and provide an empowering environment that assures choice and options about life decisions. Addressing a problem or issue can be a growth opportunity for participants.

NOTE: A house meeting is a gathering of the residents and at least one staff person to discuss the basics about day-to-day operations, like housekeeping, use of the phone or other common areas, taking messages, to make announcements or to address a problem in shelter. House meetings should be a time for both staff and residents to communicate and problem-solve if needed. These meetings can take place nightly or on alternate nights. Since most residents have such a short stay in shelter, and because of the significant changes in their lives and the stress of adapting to a new environment, it is best to make these meetings frequent.

Individual Rights

One of the most important aspects of seeking relief from an abusive environment is having a sense of safety and equality. Abusive relationships thrive on an imposed imbalance or the abuser's need to have all the power in the relationship, thus controlling the other partner. In order to provide a more balanced environment staff should inform participants that they have rights, and detail those rights—again this should be done from an empowerment perspective. Surround the resident with a healthy, nurturing, safe place. The following are some of the rights staff may want to address:

- Right to safety within the shelter (not be abused by other residents or staff)
- Right to confidentiality

- Right to respect
- Right to privacy
- Right to voice unhappiness or concerns with a program situation, resources, grievances, or services within the shelter
- Right to make decisions (including leaving with knowledge of the potential consequences of choices made)
- Right to be informed about resources (e.g., housing, welfare, legal aid, etc.)
- Right to decline counseling or case management while in shelter (if the program does not have a related funding requirement)

Shelter staff should model appropriate behavior consistent with the identified rights. Staff can do this by creating a safe environment that provides everyone with respect, confidentiality and privacy. Staff can also assist residents file grievances when the residents feel their rights have not been honored.

It is also important to understand the rights of children staying in shelter, and how those rights relate to the rights of the parent. When documenting information in a file, should staff abstain from including information that could keep a mother from keeping her children, especially considering the importance of the information to the children? If staff suspects or witnesses child abuse, there is an obligation to notify CPS, especially if a child is in danger. This type of information should be documented in both the child's and the mother's file. As stated in the Data Collection and Record Keeping section, when documenting information, staff should be wary of what information is included how the it is presented. Victim blaming language should not be used. Information may be used in court and could be misinterpreted. Abusers may use it against the woman. Staff should remember that sometimes women under stress from battering may not be attending to their child's parenting needs as well as staff might prefer.

If the child is being abused in the shelter, it must be reported to CPS. Arizona Revised Statute § 13-3620 details whom and when it is required to report child abuse and neglect (see *APPENDIX*). In such a case, the child's rights have precedence over those of the parent. The child must be identified as the primary victim, not the woman at that point. If possible, staff should try to address the issue with the resident and give her the first option to self-report the incident. However, if a child is abusing a parent while in the shelter, the mother should be made aware of the services available to help the child. Try to get the family help quickly because the situation presents a danger, not only to the mother, but to other residents as well. Always use the principle of safety first.

Grievance Procedure

Every program should have a grievance procedure for staff and participants. In a shelter environment the grievance procedure should be explained during the

intake process. Staff should also provide each participant with a written copy of the policy and the agency's grievance form. If applicable to the program, the phone number for the Department of Economic Security's Community Services Administration office (602-542-6600) and the Department of Behavioral Health Licensure's office (602-674-4300) should be included in the policy.

Physical Plant

Building

All programs hope to be well funded and provide the best possible facilities for participants and staff. With this as the goal, agencies should strive to obtain funding in order to provide adequately sized and suitable interior and exterior space—meaning that the rooms are able to accommodate staff and residents comfortably, the paint is not peeling off the walls, and the plumbing works. All facilities should also meet any funding, contract, licensing and/or health department requirements.

With respect to participant space, there should be personal living areas as well as a common social area. Keep in mind that residents will need to have private time alone, or with their families, and also the ability to socialize with other residents. Accommodations should allow for large and small family sizes, as well as single adults. Every facility should have a designated play area inside and outside for children (see *CHILDREN'S PROGRAMS*). Laundry facilities should be provided for resident use, and they should also be large enough to accommodate the capacity of the facility (i.e., How many people at a time would be using the space?). The facility should also have storage space for resident and agency use.

Staff should be provided with adequately sized offices that are private, soundproof (for confidentiality purposes), and in a central location, so they are easily accessible to residents. If staff provides group sessions, there should also be a designated group area that allows for privacy and confidentiality from other agency activities. A common social area may be used for both purposes, as long as residents know, and feel comfortable, that it changes purposes during group sessions. In other words, this space still provides the needed privacy and does not have any of the distractions that may occur in a common social area during group sessions.

Ideally, the facility should allow for a separate entrance for residents versus visitors. "Visitors" mean any non-resident or staff, including non-residential or outreach agency participants (e.g., transitional housing or community services participants, repair service staff, or family members). Having two entrances adds an additional safety measure for residents and staff. Staff may also want to get verification in advance when a visitor will be entering the shelter.

Supplies

Many times women seeking shelter do not have an opportunity to pack for the occasion and consequently are in need of basic supplies. Each shelter should have a stock of supplies and toiletries, including self-esteem raising supplies, as well as basics like food, bedding, powdered milk/formula, feminine-hygiene products, infant and toddler supplies, kitchen supplies, sanitary supplies, laundry soap, etc. One way to provide some of these supplies initially is to have a “Welcome Kit” (separate kits for adults, children and infants) with basic supplies and toiletries (e.g., toothbrush, toothpaste, shampoo, comb, etc.). If possible use full size bottles of products instead of hotel or travel samples. Products should also be culturally relative and sensitive.

A shelter program in Phoenix donates the furniture in the room the resident is staying in to the resident when she moves out of the shelter into an individual living situation. Another shelter program in Phoenix gives miscellaneous items and kitchen supplies. Another possibility is to give “credit” or “money” to residents for doing chores or projects that they can use to shop at the shelter “store” for supplies, furniture or clothes.

Security

Security is an issue in terms of facility location as well as day-to-day business. Ideally, the facility should be located in a safe and supportive neighborhood. In preparation for a new facility, staff should approach the nearby neighborhood and discuss the agency’s intentions. The discussion allows an opportunity to inform the neighborhood about what is going on in their community, as well as provide staff with a sense of how supportive the neighbors will be to program. The discussion can be accomplished by offering a series of community meetings to discuss the proposed shelter. Providing an opportunity for the community to discuss and ask questions about the facility/program may also get their “buy-in” or support for the project.

The facility should also allow for secure and adequate parking for residents and staff. A secure parking area is one that is well lit at night, accessible from the building, and easy for others to view from the facility. An adequate amount of parking spaces is necessary for residents, staff, volunteers, and any additional individuals at the shelter for special situations/events (e.g., groups or fundraising activities).

In addition to location safety, the agency should consider the following issues for building safety:

- Secured windows

- An internal and external security system
- Fire protection (to include smoke detectors and fire extinguishers)
- Link to police (panic button)
- A locking for power (breakers) or phone boxes
- Unlisted address
- Secured phone lines
- Block on phone number
- Cell phones, portable phones, and a phone that is not dependent on electricity
- Emergency lighting

The program should have policies and procedures in place for emergency situations to be reviewed with residents—possibly a good topic for house meetings. Staff and residents, including the children, should know what to do if:

- a batterer enters the property,
- someone tries to follow them into the building,
- someone is following them from work or school,
- there is a bomb threat to the building,
- when the fire alarm goes off or they see a fire,
- if the electricity goes out, and
- another resident or staff member makes them feel uncomfortable.

Accessibility

Accessibility is an issue for on-site functioning as well as availability of services for residents. According to the 1990 Americans with Disabilities Acts all facilities should be accessible to anyone who has a physical or mental condition that impairs one of life's major functions (e.g., walking, talking, hearing, seeing). This should extend to accommodations for wheelchairs, persons with assisted walking equipment, and any hearing or visual imparities.

In addition, staff should also consider availability of transportation and community resources when assisting residents. Accessibility may be a consideration when finding a location for a shelter program. Are there adequate bus services and resources close by? If not, which is usually the case in rural areas, can community resources provide transportation as part of their services (vouchers or a shuttle service)? Are there cultural or faith-based resources located near by, and can they be easily accessed? These are issues to consider when finding a facility, because they help provide needed support for residents while in shelter.

As with staff and volunteers, anyone working with program participants should be required to maintain confidentiality. This includes any possible undisclosed locations and individual names of participants.

Community Resources

When providing resources to residents it is important that residents provide the assessment of what they need, not the staff. A resident can link her need for resources to the goals she has set for herself. Ask the resident what she needs, present available resources and let her choose the resources she wants. Consider both formal and informal links, natural or already existing support systems. These support systems could be social service agencies, government agencies, family, friends, current job/employer, pets, faith-based community, etc. Encourage residents to facilitate connections to these supports in a way that best supports their goals. In assessing the needs of a resident do not overlook resources for entertainment, fun, personal care and building self-esteem. Find agencies to donate entertainment items, such as tickets to movies, plays or games, and gift certificates to spas or conferences.

Staff should be knowledgeable regarding resources and maintain a regularly updated list of resources. Staff should investigate a resource before referring residents. Locate alternative resources for undocumented women. The agency should consider developing a partnership with other service providers. Link with community agencies, faith-based organizations, childcare services, transportation, volunteer groups, medical facilities, civic organizations, and other community services to get resources for the residents. A coordinated community effort is crucial to providing successful services to battered women. Staff may also find it helpful to evaluate their own life experiences to establish what the women in shelter may need. For example ask, "What do I need or use on a daily, weekly or monthly basis to function?"

The Humane Society will take pets for people who are in shelters, link to the Arizona Humane Society.
One rural shelter has someone who donates cars.
St. Vincent De Paul donates bus tickets. There is also a program that provides bus tickets at half price.

Cultural Sensitivity

It is important when interacting with any individual that staff members are sensitive to any differences that may exist. These differences may be present due to someone's belief system, racial or ethnic background, sexual orientation, age, gender, socialization, disability, medical condition, physical or mental impairment, etc. Not only should staff be trained on cultural sensitivity issues, but shelters should also make every effort to hire bilingual staff, find interpreters, or take other measures to break down any potential language or communication barriers that may exist due these differences.

If an issue arises based on one of these differences staff should try to approach the situation without causing conflict. It is important to address issues when or before they emerge. The faster the response time to the issue, the more quickly it becomes a non-issue. Conflicts also exist not only with different cultures, but also between parents and single women. When staff is attempting to intervene once an issue has arisen, staff should identify the issue central to the conflict and then have a conversation with the parties involved to discuss each of their wants and needs. Staff should use a mediation model of problem solving so that each person has an opportunity to speak and to be heard.

Staff should always maintain awareness of language and stereotypes that are reflected in everyday language. Also, staff should be careful not to use terms that single out a group or culture, so that staff will not offend anyone. It is important that staff take the cue from the resident regarding what that individual wants to be called or categorized as if this information is needed. If a staff member is in doubt, he or she should ask the individual. The agency should make sure the intake questions/forms are gender and culturally neutral to avoid being offensive to anyone. The agency and staff must be aware of individual differences within a group. Although an individual belongs to a certain group, individual differences need to be noted and respected. In an attempt to be culturally sensitive, people may refer to an individual as a member of a particular group based on perception; however, the individual may not identify with that group. Attempting to group individuals does not allow for individual differences in beliefs, practices, socialization, etc.

How can staff address a problem they do not know exists? Many residents do not divulge personal information (such as being involved in prostitution, being lesbian or HIV+) because of a fear of resident and/or staff reaction (i.e. other residents will not talk with her or allow her around children). In these cases, it is the resident's choice whether or not she wants to disclose such information. Staff should talk with residents if there is a confidential matter involved. If staff is aware that residents have strong feelings against certain issues/groups with which an individual identifies, staff should talk to the resident affected, but allow her to choose whether or not to disclose the information. The person with the "difference" usually understands the issue, and the person who is "afraid" or "against" the issue or individual usually does not understand, has had a negative experience, or was raised to hold this belief. All individuals, regardless of their beliefs, have as much right to be in the shelter as anyone else. Staff should provide an opportunity for balance and work for the best solution for all individuals involved.

Diversity training for staff should be ongoing. Agencies should provide information and get input about diversity for both staff and program participants. An agency should give as much information as possible to staff and residents in order to increase comfort with different situations, cultures and individuals. Sometimes just having a variety of ethnic food or magazines available at the shelter may help residents feel more comfortable. A Diversity Team could also be a useful means of maintaining sensitivity. A Diversity Team is a group of individuals who discuss

topics related to diversity and sensitivity related to different groups. Teams should meet offsite on a regular basis and discuss appropriate services available to different ethnic groups, sexual minorities, religious beliefs, or other “marginalized” groups. Staff should also recognize if or when they do not have the expertise to address certain issues and utilize outside resources.

A former prostitute is living in shelter and discloses this information to a staff member. . Regarding the disclosure of this type of personal information of a resident to other residents, discuss the issue with the resident and find out what the resident would feel most comfortable doing. Get permission from the resident to discuss her situation with staff and other residents. Staff can share information with residents and other staff about the issue of prostitution in our society and get input. Come to a shared decision on why someone may be a prostitute. Prostitution is a form of domestic violence. Many times, women are in intimate relationships with someone who forces them into prostitution. Be sure this is a learning experience and not an opportunity to belittle or judge her.

Undocumented Women

Undocumented or Immigrant women usually face more obstacles in obtaining safety and security in the United States than U.S. citizens. Often their abuser uses the fact that they are not “legal” as a means to control and isolate them. In addition, there may be a language barrier, which again limits their ability to seek safety and services.

Like any resident in shelter, safety should be the first concern for undocumented women. Although citizenship should not be a deciding factor in providing services, there are some funding issues to consider in order to provide a spectrum of services for this population. Due to restrictions on federal and state funds, undocumented women are excluded from most services (e.g., medical, public assistance or employment), unless they have children born in the United States. There are a few programs that undocumented women are eligible for no matter what their immigration status. These programs are: emergency Medicaid, public health programs for certain immunizations and short-term, non-cash, in-kind emergency disaster relief. If the potential participant has a child born in the U.S., then she is eligible for funding and/or services for her children. Some shelters raise private funds to cover costs that government funding does not provide for this population of women.

As long as there are funds to cover the costs of serving undocumented women (private or government) there should not be a problem with housing undocumented women, assuming their documentation status is even known to staff. Agencies are not required to inquire about a potential participant’s immigration

status. In addition, staff are not required to call the US Immigration and Naturalization Service (INS) when there is an undocumented woman in shelter. No one should call INS for a resident, not even to get information, because it could put her at greater risk of deportation.

In serving women who are not born in the U.S. a program should look at any possible cultural biases or barriers in providing services. One large barrier to providing services can be language. If a program requires or prioritizes—whether in practice or by policy—that residents be English speaking this creates a barrier, and discrimination, for non-English speaking women. Shelters can address this bias in a variety of ways by:

- Not having such policies
- Inviting programs that work with immigrant and refugee women to provide training to staff
- Hire and recruit bilingual and bicultural staff and volunteers
- Provide accommodations (both language and cultural accessibility) to more adequately serve immigrant women. Again, having food from their culture, books, magazines and children's books with ethnicity in them or in other languages.
- Produce an outreach campaign to non-English speaking, immigrant and refugee communities to publicize the program and services available. This may increase usage of the program or introduce and encourage women's groups in these communities to collaborate with the agency.

One of the largest barriers for undocumented women is linking them with resources, case management and systems advocacy. Unfortunately their stay in shelter may be time limited, and other services and housing may not be available for undocumented women due to limited resources. The situation also varies depending on whether or not the woman is married to her batterer and if he is documented or a U.S. citizen. If the batterer is documented, it will take her four years to get her documentation papers. If he is not and she has no other link in the United States, it could take ten years or longer.

VAWA provides specific relief for battered immigrant women. First, these women can claim domestic violence as a defense to deportation. Second, battered immigrant women can self-petition for permanent resident status (*see LEGAL ADVOCACY*).

For more information on this topic the following are some resources (also see the Appendix):

- Written
 - *Domestic Violence in Immigrant and Refugee Communities: Asserting the Rights of Battered Women* produced by the Family Violence Prevention Fund, Northern California Coalition for Immigrants Rights and National Immigration Project of the National Lawyers Guild, Inc.

- *Working With Battered Immigrant Women: A Handbook to Make Services Accessible*, by Leti Volpp and edited by Leni Marin, produced by the Family Violence Prevention Fund.

TRANSITIONAL

Purpose

A transitional program is part of a comprehensive cluster of services bridging crisis services to more independent living, with on-going support. One of the main differences between shelter and transitional services is the duration of services provided and the increased independence for participants. Transitional programs can provide services from six months to three years, depending on the program's resources and funding availability. A transitional living situation is much more independent, because many times women are provided with their own apartment away from the agency. Although program participants usually do not have the same 24-hour staff support as are available in a shelter environment, they still have a case manager who will assist them in identifying longer-term goals and support them in achieving those objectives. Transitional services are not place specific (meaning a program does not have to have all services in one place and/or obtain a facility solely to provide this service) but are more geared toward increasing skills and/or resources to gain independence.

Initial Contact

When a program is contacted for transitional services, staff should assess whether the participant is eligible and appropriate for those services. Program staff will need to determine eligibility requirements, for example, whether or not participants must be victims of domestic violence. The agency should also consider other restrictions such as funding mandates, contractual obligations, etc. when determining eligibility requirements. Two key factors to consider on an individual basis are whether or not the person is actively experiencing a crisis and a participant's level of safety. These two factors may determine if a participant is appropriate for an independent living setting. Staff may also assess if transitional services are the primary need, or if there are other issues that need to be addressed first.

To promote utilization of a transitional program, an agency can create a pamphlet with information about the program for distribution to agencies or programs that may refer participants to your program (e.g., domestic violence and homeless shelters, jail, or other social service outreach programs). The pamphlet should detail specific information about eligibility and staff contacts.

Intake

Once the person is determined to be appropriate and eligible for services, staff should schedule an intake appointment. During the intake, staff should obtain the information necessary to provide services and do a comprehensive needs assessment. One crucial element of the intake process should be to address any financial issues the program participant might be concerned about. Staff should accept all definitions of income from participants (e.g., job, child support, TANF, family support, etc.). During intake, staff should also explain program services and expectations the agency has of the participant. It is important to be clear about what the participant can expect from staff and the agency, as well as what expectations staff will have for her while in the program. This discussion allows another opportunity for both parties to assess whether or not transitional services are the appropriate next step for the participant. As with all programs, the assessment will be an on-going process as the participant works toward her long-term goals.

Program

The number one guiding principal for any domestic violence program is safety. While keeping safety in mind, the goal of transitional services is for participants to go beyond basic survival and move toward reaching life goals. The best way for staff to encourage this is to provide case management to participants to assist them in assessing their needs and setting their goals. Goals will vary for each individual, so it is important for the case manager to let the participant lead the way toward success. It is also important that the case manager respect the participant's values and avoid imposing beliefs and values on the participants. The case manager's primary responsibility is to empower the participant by providing support and resources so that the participant may achieve her goals. Sometimes support comes in the form of helping the person assess her ability to achieve her goals, ensuring that she does not overload herself or set herself up for failure. For example, if someone with two school age children wants to earn a college degree in four years, while working full-time, staff should assess the possibility of the participant realistically achieving her goal. Unless the person has already earned college credits toward a degree, she will probably not accomplish her goal in four years. Staff should then encourage her to adjust her goal to reflect a more realistic time frame without discouraging her from working toward her goal.

In addition to assisting participants achieve their goals, case managers will need to assist participants to fulfill any program conditions or requirements. If there are any lease requirements/restrictions or general program requirements, then the case manager will provide support for the participant to complete them. It is also the case manager's job to convey the consequences of not following through with the requirements will be for the participant. There are many issues for a program to

consider. For example, staff and the agency should determine if there should be a restriction against visitations with the abuser. Staff should also consider safety concerns for others receiving services onsite if the transitional program is housed on the same property as shelter services or if the program has multiple participants. Another example would be to consider that some participants might have a court order in place requiring child visitations with the abuser. Therefore, appropriate policies must be in place to assist participants comply with such a situation and maintain program participants', staff, and volunteers' safety.

As part of the residents' continued safety planning, staff should have policies and procedures in place for cases of domestic violence, when someone is being stalked or harassed. These incidents can occur even if abusers are or are not allowed to visit residents while in the program.

Each transitional housing program should examine the option (keeping risk and safety in mind) of allowing abusers on-site. Whether this is allowed by the program or not, the agency should have a written policy on allowing abusers on-site. In creating such a policy the program should weigh the autonomy of a transitional living program versus safety and the ability to provide security or support to residents. At a minimum the policy should state that abusive partners or family members cannot live at the residence.

The agency and staff should determine the duration of transitional services and whether or not they will provide any services beyond case management. In order for participants to be successful assessing and beginning their work on long-term goals, they should have at least one year in a transitional program. Other services that may be needed, from the same agency or with other agencies, are life skills support, childcare, children's case management, counseling, parenting classes, etc. The program should have a least amount of restrictions possible and be guided by the purpose of maintaining safety.

All transitional programs are not going to be the same. Each needs to be tailored to the agency's and/or community's needs and resources. In addition, not all program participants will have the same needs, and consequently, the program will need to continue its flexibility and diversity while working with individuals in the program. As with the intake process, the program staff and agency will need to determine what services are needed and how the agency can provide these services to its participants (i.e., weekly or monthly case management, transportation support, child care, etc). Also consider that transitional housing might be the only option for many participants leaving shelter, and shelter stays are usually time limited. Again, there will be requirements of and limitations on the program depending on funding, contracts (either with other agencies or an apartment complex), and the available community resources. Overall, it is important to work with other agencies to provide seamless services (consistent and comprehensive) to assist and support participants achieve their goals and maintain independence.

A participant should have plenty of time to prepare for termination from a transitional program. In some cases, the participant may find that she is not ready for a transitional program or the program is not meeting her needs, and she will need to leave before completing the program. However, some participants may complete the program prior to the allotted time period, thus setting their own pace for a transition to independence. Ideally, termination from the program would be a planned event, and not an abrupt break. Regardless of the circumstances under which a person leaves the program, it is still important for her to be linked to any needed services or resources. This is especially true for a participant who leaves the program early.

Participants should be aware of their termination dates from the beginning of the program. Once someone starts any program, staff should provide information about potential time frames for goal completion and anticipated progress to be made during her involvement with the program. While the participant is working toward her goals, it is important to remind her of any imposed time frames for program participation. If participants are properly informed, they will not be surprised when the time to leave arrives. They will have plenty of time to prepare and plan for their next step. This is especially true if participants are provided with a step-by-step plan for program participation. For example, a person could be accepted into a transitional program for one year, with the condition that if during that year they complete a set of specified goals, then they could stay another year. This step approach to providing services makes the participant aware that she may have her participation in the program extended, contingent on her completion of program requirements. It is important that the case manager works to assist the participant stay on task so she can go on to the next step in the program.

As with other programs, follow-up and an exit evaluation is a good way to get feedback about a transitional program and the quality of services provided. An exit appointment is a good time to discuss and schedule follow-up contact with the participant (*see Termination and Follow-up in SHELTER*). Follow-up can be accomplished by calling the participant (as long as it does not jeopardize her safety) or asking her to call the agency in three to six months (be sure to provide suggestions about how to keep in touch with the agency). Again, providing feedback and having contact with the program for follow-up once they leave the program should be optional for participants (*see Program Evaluation in ADMINISTRATION*). When appropriate, it is important to let the participants know that staff is available for them if they need services in the future, and that they are welcome to attend special events.

Offer participants an opportunity for mentoring new participants once they leave the program. A mentoring program maintains contact with the agency and can continue to provide them with support.

Data Collection/Record Keeping/Confidentiality

As detailed in the SHELTER section of this document, it is important to maintain a file for each participant and document only necessary information. Necessary information is defined mainly by any contract or funding requirements. If the agency is contracting with an apartment complex, for example, the management may have specific requirements for occupation of the apartment. Participants should be encouraged to use as much agency information as possible (i.e., address and telephone number), instead of individual participant information, in order to maintain confidentiality, and safety. Although a program may be utilizing community resources, it is still important to maintain confidentiality for program participants and continue to be mindful of their safety. The agency may need to spend extra time educating funders and other agencies or individuals involved with the program on the need to preserve confidentiality. The education should include information about limiting the personal information needed for paperwork as well as restricting the information they may give out to anyone inquiring.

Physical Plant

A transitional program may be located at a variety of locations but should always meet the needs of the participants. Some agencies have transitional programs on the same grounds as the shelter program, some rent apartments or houses, and some buy an apartment complex or house for program use. Regardless of where services are located, they should all be accessible for use and be in good condition. Participants should not have to worry about maintenance, especially if it current conditions may be harmful to children. If possible, the housing should be flexible to accommodate a large or small family, and have furniture, dishes, etc. Also, available storage space for unused furniture and/or the participant's belongings is helpful. Ideally, a transitional placement should be in a good location to access public transportation, if available, and services. A location isolated from services or other necessary institutions (e.g., work, school, childcare, stores, etc.) is a large barrier to success.

Some programs provide furniture, dishes and linens that the participant can take with them once they complete the transitional program.

Community Resources

Since transitional programs have more community interaction than other programs, it is important to know about available services and resources in the community, as well as to inform the community about the issue of domestic violence

and the transitional living program. Linking to the community should be an ongoing process for a program and for a participant's working in the program. The community can be an excellent source of donations to furnish apartments/houses, supplies for the house or family, and financial support for other needs (e.g., bus tokens, movie passes, tuition, etc.). When networking in the community, it is important for a program to make connections with the police and neighbors. Staff may find that some neighbors are open and supportive of the program, while others may not want to be involved. Either way, it is good to inform and involve neighbors when possible.

CASE MANAGEMENT

Purpose

The main purpose for case management is to link individuals to resources to address immediate needs and then to broaden to find services for secondary issues. Case management can be offered in a shelter program, transitional housing program or community services (non-residential) program. Staff should first assist a participant to assess and identify her needs and goals, and then help her identify her strengths and assets to achieve her goals. This evaluation process can provide the woman with a different view of herself—as well as her situation—and give staff a better understanding of her as an individual. When establishing goals and plans for the future, case managers should start with very short-term goals and then progress to long-term goals. Once the participant's needs and goals are clearly identified, the case manager should provide the person with possible resources and let her choose how she wants to work toward achieving her goals. Again, as part of the empowerment philosophy, it is important for case managers to provide information and possibilities so the individual can make choices. This does not mean that staff cannot provide guidance about which resources are more effective or in what order goals may be achieved. The emphasis, however, should be placed on providing options and guidance rather than overbearing direction.

Many shelter programs have an in-house case manager. For example, a local shelter provides one case manager for the shelter program and one for the community program. Individuals do not have to be past shelter program participants to receive services in the community program.

Initial Contact

As stated previously, potential program participants may contact a program initially by phone, in-person or through a referring agency (see *SHELTER and TERMINOLOGY*). Initial contact begins with any piece of information gathered from a person indicating that she needs resources. Staff working with the individual making contact should try to get information about the person's situation and what services she needs, just as if she needed shelter. It is important for staff to offer other links, resources, and services, rather than offering no support or options. Regardless of whether or not the caller is in need of the services available or has time to schedule a planning session, she should be provided with options for services.

During the initial contact, staff should assess the individual's needs, what the program can offer (e.g., counseling classes or court accompaniment), and if an intake should be scheduled with the individual. It is important for staff to remember

that they have information callers do not and may need about services available. Staff should include a discussion about an appropriate next step or plan for the next step in every conversation they have with individuals utilizing services. Such discussions provide participants with something positive and hopeful to start thinking about and working on.

When initial contact is made by phone to a shelter or other domestic violence program by someone who is not requesting services, staff should:

- Provide information on basic domestic violence facts, the national hotline telephone number, information on local domestic violence specific services, social services, laws, etc., and information about shelters.
- As with any shelter hotline, assess the situation. Find out where the person is and if she has children with her, assess the imminent danger, determine why the individual is calling, and assess the person's physical condition.
- Decide which services or options to offer. In particular, determine if shelter is more important than information and resources.
- If shelter is needed but not available, refer the caller to another shelter with available space. Staff should be as helpful as possible with any other questions or needs the caller presents. (Note: This is when it is important to have relationships with other shelters. When the shelter is full, staff can find out who has space. This ensures that the referral will not be a wasted phone call for the individual.)
- Gather information to prepare for the person's arrival if it looks like she will be coming to the shelter.
- Assist with transportation if needed.

Intake

Once a person is accepted for case management, staff will need to obtain information from the individual and orient her to the program and facilities. This is when staff will need to fill-out any initial paperwork or documents that are required by funding, licensure or agency policy to have the person in the program.

Staff should gather intake information and record the information in an individual file. As with all programs, each participant should have a separate file. If this person already has a file at the agency for another program (e.g., shelter, transitional housing), the agency should determine a policy for such cases regarding whether or not to combine information in one file or keep separate files for each program. When staff members create files, they should build on information already gathered during the initial contact. Initially, it is important to gather information on the adult and the children. If the person doing intake is not the case manager for this individual, then let her know when she will get a case manager (i.e., we will assign your case manager within three days). Participants should be provided with an explanation about what case management is, what their options are, and what to

expect from the program. Also, information provided should be in writing so participants can review and reference it later. At the end of the intake interview, the participant should have a good idea of what she needs and where to go from there.

Program

As with all programs, case managers need to be well trained. Case managers must be able to work one-on-one with individuals and have a good understanding of community resources. Case managers sometimes get very involved with giving participants information and then expecting them to do things for themselves; however, case management is more than just giving information. The role of a case manager is analogous to a coach. A case manager should provide helpful information and cheer participants on, encourage them to achieve their goals, build their confidence, and give suggestions about how to succeed.

Within 72 hours of the intake, the case manager should develop a plan of action with the participant. At a minimum, staff should discuss safety planning with the participant, even if the person does not identify as being in crisis. Every plan is individual and should be based on the individual's personal goals and preferences. No plan can be completed without the participant's presence and active participation. When the plan is completed, the participant should sign it and receive a copy. Case managers should also communicate with other staff members so everyone is working together, rather than pulling in different directions, for the resident. The plan should then be assessed on an ongoing basis. The following are some suggestions about preparing and carrying out the case management planning process:

- Develop goals with the participant. Include only realistic goals that can be accomplished within the confines of the program to avoid overwhelming the participant.
- Start with short-term goals, beginning with hourly, daily, weekly, etc. If the person is in crisis, it may be difficult to organize and plan an entire day. Short-term goals will help participants accomplish tasks so they can feel productive and goal oriented. It also builds confidence in the process and encourages a sense of accomplishment.
- As participants are able to handle more, the planning should involve larger/longer term goals, such as getting a job or finding an apartment. This process builds on successes, gradually overcomes barriers, and allows for work on weaknesses along the way.
- Prioritize goals with the participant based on urgency and the participant's ability to focus on each task.
- Because everyone has a different experience with structure, there may be a viable reason for a participant not being able to complete a task. Establish immediate/current needs and assist participants achieve them.

Part of the process may be to provide support through periods of discouragement (internal or external).

- Turn weaknesses into strengths. Identify perceived weaknesses and evaluate if they are truly weaknesses or positive personality traits.
- Build confidence through recognition of success. If people are not encouraged and continue to face barriers without support, people tend to become discouraged and may stop trying to achieve goals.
- Review each plan regularly. Every plan is an ongoing process and needs to be reviewed and updated appropriately.
- With the resident's permission, involve others in the community to help achieve goals. Case managers should have knowledge of the resources available and maintain current information. It is important for programs to partner with community agencies.
- Provide informational services for non-case management staff to acquaint them with the case management process. Have meetings with case management groups and speakers (e.g., DES JOBS).
- Provide information to staff on how to debrief and process upsetting experiences at work to maintain personal health. Let them know there is support available if needed (e.g., cannot find a resource or a situation is draining them).
- Personal boundaries are essential. Staff's job is not to "fix" or take over residents' lives. Residents need to complete their own goals. Successes empower individuals to continue to achieve their goals. Staff should avoid demoralizing participants because they are not as successful as the staff would like them to be.

Use interagency case management meetings to enhance case management services. For example, if residents/participants work with more than one staff member this could be an opportunity for staff to discuss progress, compare resources provided or approaches taken with the individual/family. In addition, if a resident/participant only works with one staff member on case management issues, and interagency meeting to staff cases can be an opportunity for staff members to bounce off suggestions and get feedback (i.e., finding transportation to a school or a counselor with specific cultural or religious awareness).

Termination and Follow-up

A participant might be choosing to leave the program due to program completion, because she has no need for additional services, or the agency may have requested her departure. If possible, staff should schedule an exit appointment with each participant before they leave the program. An exit appointment provide an opportunity for closure with the agency, a review of participant accomplishments or progress, as well as an opportunity to inform participants about the services still

available at the agency if they are interested. Staff may also use this time to provide any additional links, resources or referrals that the participant may need or benefit from once she leaves the program. This is a good time to obtain feedback from the participant by having them evaluate the program services (*see Program Evaluation in ADMINISTRATION*).

An exit appointment is also a good time to set-up follow-up contact with the person leaving (*see Termination and Follow-up in SHELTER*). Follow-up can be accomplished by calling the participant (as long as this does not jeopardize her safety) or asking her to call the agency in three to six months (be sure to provide her with suggestions about how she can keep in touch with the agency). When appropriate, it is important to let the participant know that the program is available to her if she needs this service again, and that she is welcome to attend any special events.

As an agency, staff needs to decide what type of time frames to place on case management services, if any, and how long to maintain a “follow-up” relationship. Decisions about these factors will often be dictated by funding, availability of services, as well as participant preference. One goal should be that participants learn how to use and obtain resources for themselves and in turn build their own health networks and support systems—especially if they leave the city, state or tribe. This way they are not dependent on staff but can follow-up independently to update staff about their progress—of course if they choose.

Case management can continue as long as the resident/former resident is making progress and there is a continued desire for this service. However, staff should be careful to maintain balance with their continued involvement and to avoid over-involvement or forced empowerment. With each encounter, staff is assessing new information about the individual. Staff should not be quick to give participants labels. Consider the individual’s internal and external situation. Keep up with the client as she accomplishes goals and pay attention to what she is doing.

Non-Voluntary Termination

As with the shelter program, there are going to be cases of non-voluntary termination. Non-voluntary termination may occur originally in the shelter program and thus affect a participant’s involvement in the in-house case management program. Staff need to determine in these situations if they can/should continue to provide case management services once a participant is asked to leave the shelter program and how to provide follow-up services. Another consideration is whether or not the participant is appropriate to return for other program services (e.g., group, childcare, etc.).

Data Collection and Record Keeping

As stated earlier, each program participant should have her own file (see *Intake and Data Collection and Record Keeping in SHELTER*). Again, staff should determine if they will maintain separate files for each program, if participants are involved in more than just case management, or if they will maintain one file with documentation on the individual's participation in each program. These files, along with any other records pertaining to program participants, must be kept confidential. Only staff members who work with the individual should have access to the information—to review or add to the file—and the participant should have access to her file upon request.

Information entered into someone's file should be complete and accurate, as well as in the required format by the agency. Any files or information about program participants should not be taken outside of the program/agency. Staff should request that a release of information form be signed at intake or before disclosing any confidential information (this may be particularly important in a case management program if you are working in conjunction with other agencies). Also, staff must be sure to explain how information will be shared within the agency, if someone is involved in more than one program.

Do not provide detail in documentation that might incriminate a person or compromise her in some way. Be careful of wording and use of language. Do not give opinions or diagnoses and do not attribute motivation. Remember that this information could potentially be subpoenaed for use in a legal case.

See section SHELTER on proper storage of records and files.

Confidentiality and Individual Rights

As stated in the previous section, files and participant information must be kept confidential. Staff should inform participants about their rights, and detail what those rights are, again using the empowerment model (see *Individual Rights in SHELTER*). In a case management program some of the rights staff may want to address are:

- Right to privacy
- Right to confidentiality
- Right to respect
- Right to voice unhappiness or concern about a program, resource or service
- Right to file a grievance
- Right for participants to make their own decisions

- Right to be informed of staff actions on behalf of the participant and when these actions will take place (i.e., calling to schedule and appointment or speak with another agency working with the participant)
- Right for participants to be told about resources/services in the community to help them achieve their goals (e.g., housing, welfare, legal aid, etc.)
- Right to decline resource/services (if it is not required)

Staff should also discuss how information is documented in their file and the possibility of that information being used in a court proceeding. In the cases when a file has been subpoenaed, the agency should defend the right of privacy for the participant to avoid divulging confidential information. If a program participant subpoenas her own records, it is okay to supply the information, but only if the individual requests her own file. Staff should take the time to review the file with the individual before releasing it to the court. Again, for this reason it is important to be very careful about what goes into files during documentation. When adding things to the file, staff should keep in mind how the information could be interpreted and used against the person. If anything is to be copied from a file for release to anyone other than the individual, the programs should get a confidentiality release. Staff should make the participant aware that once she signs the release, there is no way to protect her file from what the other party may do with it.

Also, staff should remain mindful of the child's rights as well as their parent's rights. When documenting information, staff should consider whether or not to abstain from putting information in a file that could keep a mother from keeping her children, especially considering the importance of the information to the children. If the child is being abused it must be reported to CPS or the police. If a child is abusing a parent while in the shelter, staff should make the mother aware of services available to help the child. Staff should try to connect the family with services quickly because the abuse presents a danger not only to the mother, but to others in the program as well.

Note: If staff determines that a CPS report should be filed on behalf of a child, staff may want to talk with the parent first to see if she wants to call the report in herself.

Community Resources

It is important for case managers to know what resources are available and to maintain current information. Case managers should consider the population with which they are working and the needs of that population (as individuals and as a group). Case managers should also use that information to determine appropriate resources, and therefore choose referrals accordingly.

It is also important to always preserve confidentiality, maintain safety and limit the number of ways a woman can be tracked down or traced by her abuser. Staff

should attempt to avoid systems that might put the victim at a higher risk of being traced. Staff should know about alternative resources and how to access them, thinking “outside the box”. Programs should consider what community connections can be utilized that are not institutional (e.g., church vans for transportation)? Also, programs should advocate and encourage the agencies and systems that could potentially place someone in danger to develop policies that better protect victims of domestic violence. Staff should educate the agencies and community resources the program works with to let them know in what ways their policies are ineffective or dangerous for victims of domestic violence and how they can make improvements. It is important for programs advocating in this way to offer to assist the agencies make the appropriate changes. It is also important to approach the agencies in a non-threatening way to encourage collaboration and to establish a relationship.

The following are examples of how systems or policies can be harmful:

- People should not be identified by name or social security number on computer systems or by any other number that will attach a file to an individual, such as a driver’s license number, census numbers on reservations, or a child’s social security number. Many times abusers use social security numbers to identify individuals in databases in order to track down their locations. For purposes of advocacy, the program may want to shift the shelter funds to some source that does not require the agency to report identifying information.
- Fingerprinting to receive financial assistance, food stamps, etc. began in 1998 due to the federal five-year limit on receiving benefits. The scanned fingerprint includes first name, last name and social security number, and may therefore provide an opportunity for abusers to track down victims.

Women can use pagers or cellular phones with voicemail as a phone number and a PO Box for a mailing address so they will not be easily located. Also, if their Arizona Driver’s License uses their Social Security Number as the ID number, they can request that this be changed to a random number. In some instances women may want to change their Social Security Number, which can be done in person at the Social Security Office. Call 1-800-772-1213(voice) or 1-800-325-0778(TTY) for more information or to make an appointment.

The decision to utilize services is ultimately up to the individual. However, staff should educate each individual about the potential impacts (positive and negative) of utilizing services so that decisions are informed. Participants must be aware of the potential or known risks of a system or service. They should be aware of the time limits and the pros and cons of the resources available. Participants should also be prepared for the fact that other agencies may not have the same regard for battered women and their safety. Staff should not send people to agencies or programs they are not familiar with. It is important for staff to avoid creating false expectations, they should be familiar with community programs and provide realistic information about what can be expected from these programs.

Case managers should meet with the program managers of the agencies with which they work. They should make connections in the community, build relationships, get to know agency programs, make personal contacts, and know people representing the agency. A means to establishing relationships might be to invite speakers to come to the program and speak to staff (and participants if appropriate) to educate them about their program and resources. Also, programs should let the agencies know that shelter programs can provide speakers to them for cross training as well.

Remember that with the use of outside services many times arises a need for transportation. When programs connect with the community investigate, staff should inquire whether or not community resources are able to provide transportation as part of their services. Transportation does not always have to be a shuttle. Bus tickets, vouchers, Red Cross, church vans, etc. can be equally helpful. Another possibility might be to utilize the services of someone that will repair cars or provide reasonable loans to purchase cars.

COUNSELING

Purpose

According to Webster's New International Dictionary (Second Edition) the definition of the word counsel is "to provide an opinion, advice and instruction, usually of a legal nature." The word has also become known as a means to assist individuals, or groups, with mental or behavior health issues. The original definition of the word is still the same, but its common mean has changed from solely advising someone on legal matters to looking also at emotional and behavioral issues. Counseling can be a means to provide someone with a sense of reality, perspective or clarity on the issues at hand. It can also be a tool to increase coping skills with an individual in a safe environment. However, counseling does not always reflect a mental health perspective focusing on behavioral disorders, problems or issues. Most of the time providing counseling in a domestic violence program is not from a psychopathology perspective but a means to provide participants with support and information about their lives and experiences. Counseling can be a means to interact with someone on a level that is different from a day-to-day conversation about her life that will provide her with the support and information she needs.

In a domestic violence setting, counseling can be a means to educate someone on the myths and realities of the dynamics involved with domestic violence, necessary coping skills and stress management. Counseling in this setting can also provide support, affirmation and validation for someone experiencing domestic violence and the emotions she may be feeling. In addition, this can be a good time to talk about safety planning for an individual or family. Domestic violence counseling should be a time not only to focus on the person's feelings and emotional state, but also her needs, which can then be prioritized with consideration to her current situation. For example, a woman who has been in a crisis shelter for two days and does not want to return to her abusive partner may need to think about filing for divorce. However, her emotional and basic needs may need to be nurtured first before she can think about filing any court documents.

As an individual's or family's needs are assessed, it will also be determined if the individual or family has a need to process her/their situation or for case management services (i.e. housing, legal issues, medical needs, education/job placement, etc.). Many times these services can only be provided on a short-term basis (due to program length or duration of contact with the program participant); unless there is a continued outreach program that can continue to support a past program participant. With such a short-term focus, it may be difficult to address all the needs of a participant, but knowing this can help encourage the program to plan ahead to efficiently address participant needs. One way to address needs efficiently is to provide links to or resource information about other case management programs available to assist the person/family beyond the abilities of the current program.

NOTE: See the Shelter chapter for information on Data collection/Record Keeping and Confidentiality/Individual Rights.

Initial Contact

Once a person has contacted a program it is important for the program staff to do a safety assessment screening with this person/family. An assessment can be done by having the individual/family complete a self-assessment (allowing her/them to identify her/their presenting problem(s)), which may be a questionnaire or a check-list of items or experiences she/they may have had recently (e.g., do you feel safe, has anyone called you names, degraded you in front of family/friends, hit you, spit at you, etc.). This may be the first opportunity for staff to provide support and validation for participant feelings and let the participant(s) know that there are services available (e.g., shelter, counseling, advocacy, etc.).

Program

When providing counseling services it is very important for staff to listen to the individual and avoid labeling or making generalized statements about her situation. The following are good tips for providing counseling:

- Engage in active listening, facilitate a discussion
- Don't lecture
- Be aware of power dynamics (a power imbalance automatically exists by nature of the staff/resident relationship)
- Remain goal-oriented
- Affirm the positive; be strength-based and empowering
- Be realistic about choices and possible consequences
- Recognize the person is an expert on her life as she sees it at the time
- Approach the person in the present, where she is, then go forward
- Set short-term goals with the person; assess the progress (client driven)
- Avoid making decisions for someone, a person should be empowered to make her own decisions
- Celebrate all accomplishments

It is also important to consider how an agency will document counseling sessions in a participant's file (*see Data Collection/Record Keeping in SHELTER*). Programs should consider funding and/or contract requirements to maintain documentation on program activities as well as the fact that information may be requested or used for court records. Because information might be used in a court case, staff should avoid labeling individuals and only provide the minimal amount of details needed or acceptable for the program.

The agency should also determine the best times to have counseling services available. Some programs may need to have more flexible hours if participants work, go to school, and/or have child-care needs. If possible, programs should consider having weekend and evening hours available to help facilitate such needs.

Staff providing counseling services should have appropriate experience and training. The depth of the counseling provided will determine the level of experience and/or training needed. Regardless of the focus on counseling, staff should have on-going training to enhance their skill levels and receive training related to the issue of domestic violence (see *ADMINISTRATION*). In addition to training, counseling staff should also be supervised so they have someone monitoring their work as well as a support person to contact when needed. Staff support/supervision may be needed to improve counseling style or to provide an opportunity for self-care/stress management.

Intake

Once a person has contacted the program and is offered services, an intake should be completed. The purpose of an intake is to identify the person's level of safety, need for services and how the program or agency can assist. It is important that staff remain focused on the person and the issue at hand, while remaining patient and attentive to the individual's emotional and safety needs. The information gathered during intake can be used to identify possible needs of the participant and to set some initial goals. The intake process should be completed at the participant's pace and may not be completed in one session, especially the first one. The intake may not be the best time to provide details and overload someone with information verbally. However, the participant can be provided with written materials to read at her leisure and discuss when she is ready.

Collect what you need for safety planning and to meet minimal program requirements.

Termination and Follow-up

If it is possible, an exit appointment should be scheduled when a participant is leaving the program. An exit appointment is an opportunity to create closure with the agency, review a participant's accomplishments or progress, as well as inform a participant about the services still available at the agency should she need and want them. Staff may also use this time to provide any additional links, resources or referrals that the participant may need or benefit from once she leaves the program. An exit appointment is also a good time to obtain feedback from the participant about the program by asking her to evaluate services (see *Program Evaluation in*

ADMINISTRATION). Also, it is a good time to discuss follow-up contact with the person. The program can call the participant (as long as this does not jeopardize her safety) or ask the participant to call the agency in three to six months (the program should provide her with suggestions about how to keep in contact with the agency) to initiate follow-up. When appropriate, it is important for programs to let the participant know that the program is available to her if she needs services again, and that she is welcome to attend any special events.

Physical Plant

Because providing counseling to a participant usually involves discussing confidential information, the environment and surroundings in which the counseling sessions take place should be comfortable and safe. Whether staff is discussing resources, program rules or details of an individual's life, program participants should always feel that other staff or participants will not overhear their conversations. The surroundings should be safe and not imply an imbalance in power. For example, staff should not conduct counseling sessions from behind a large desk or in a waiting room, common living or dining area where anyone can hear their conversations. If possible, the agency should designate separate rooms or use personal office space to conduct counseling sessions so participants feel their conversations are confidential.

If counseling is provided to batterers, it should be provided in a different physical location than victim services. Batterer intervention programs should not be located at the same facility or in the same building as victims' services due to safety concerns. Providing both types of services in one location could jeopardize victims' safety by providing an opportunity for victims to have unwanted contact with batterers. Also, having batterers on or near shelter grounds could compromise the feeling of a safe environment for victims, even if the individual batterers are unknown to the victims.

Community Resources

Whether your agency provides counseling programs or not it is important to have additional resources for counseling services available. Since most programs can only provide short-term counseling programs it is useful to have other counseling referrals to provide for participants. Such referrals can also be used for participants who are leaving or cannot obtain services from the current program (e.g., someone that needs substance abuse counseling, a support group, or an abuser who calls looking for services from your agency).

When providing referrals in a counseling setting, staff should assess all the potential needs of the participant—this may take more than one or two sessions to address. Many times participants will need additional services beyond the counseling session to address legal, medical, transportation, childcare, employment or educational needs. If the agency does not have these services onsite, staff should have a list of resources to accommodate these needs (if available). Community resource information should be shared and discussed among staff members, especially if there are case managers on staff. Coordinating with other staff members can increase awareness about the possible services available to assist participants. If services are limited, not available or are too costly, it is important for staff to be realistic with participants about the extent of availability and how services can be obtained.

For more information on this topic see the Shelter Chapter.

SUPPORT GROUPS

Purpose

A support group can provide an opportunity for personal growth, socialization, education, prevention or to work toward a group goal. When support groups are designed for use with domestic violence victims, they can also be a safe place for participants to express themselves (especially feelings they may not feel safe to express at home), share and normalize experiences, and link with a larger community and peers. Because domestic violence presents many issues, a domestic violence support group may not have one group purpose or issue to address. Some issues that could present in a domestic violence support group include, how to identify domestic violence; defining domestic violence; safety planning; how to leave safely; effects on children; support services; criminal justice response; housing; or the reaction of family, work or community. Because so many issues present, someone does not have to be a “direct” victim to participate, but can be there to support or help someone else. However, it is important for staff to consider the sensitivity of the topic and to maintain a safe environment. Therefore, staff needs to be careful not to include abusive partners or family members (male and female), and many times battered women feel safer if the group is limited to women only. However, this does not mean that men should be excluded from services, and if properly screened and the group feels comfortable they should be included in the group. The group model does not have to be specific to therapeutic work. It can be driven by the needs of the individuals in the group. Some groups can be held within a shelter program (on-site) or at another community/social service agency.

Program

It is important for the agency to determine whether or not the group will be mandatory or voluntary for participants (if the group will be mandatory, staff should specify how many times per week/month a participant must attend). The agency should also determine if the group will be open to current program participants only or for the community as well (including past participants). Also, the agency should determine if the group should be held on-site or in the community. The decision about whether to hold the group on-site or in the community will depend on the program’s situation and facility. Something the agency should consider when making the decision is whether or not the shelter location is confidential. Generally, it is good to have women from shelter and the community in same group. In addition, if the agency makes participation mandatory for shelter residents, then the group should be held on-site for safety and convenience. If the group is held off-site, then the agency should provide transportation to on-site participants. Agencies should not have victim support groups in the same location or at the same time as

batterer groups. Instead, programs should find a convenient location and maintain a safe/confidential environment. If possible, support groups should be offered during different times of the day, different days of the week, and/or different locations so that people with other obligations are more likely to be able to participate. Programs must remember that people rebuilding their lives are busy, so it is helpful to remove the barriers they might encounter to being able to attend group.

Another important issue to consider, especially if the group is mandatory, is childcare. As stated in the SHELTER section, program participants with children will need childcare services in order to attend groups or individual meetings. Having child care available will allow them to participate fully in the programs and services available.

One shelter program has a support group once a week, in the evening, for shelter and community members. They use volunteers, who are staff supervised, to watch the children in the childcare facility. If you choose to provide childcare for group participants be sure to provide safe and quality care so participants feel comfortable leaving their children.

Ideally there should be two facilitators who have experience and are well trained in group work and domestic violence. They need to know and understand the issues faced by a battered woman and her children from a personal, legal and social perspective. As part of their group work experience they should know how to handle conflict and other dynamics that occur in groups. The following are a list of characteristics for a good facilitator:

- Knowledge about safety planning
- Has appropriately addressed own issues on the topic
- Common sense
- Good listening and communication skills
- Approachable - is a real person
- Demonstrates appropriate problem solving skills
- Empathetic
- Good judgment
- Not judgmental – Avoids using labels
- Positive role model
- Resourceful
- Ability to appropriately confront members who break confidentiality

See the section on ADMINISTRATION, Staff Training, for basic training needs to work in domestic violence.

The group itself should develop the ground rules, with the guidance of the group facilitators. If the group does not address safety and confidentiality, then the facilitators should address these issues. Facilitators should also let the group know what legal and agency responsibilities they have and what they expect from participants. The following are a list of possible issues:

- Sign-in sheet
- Demographic information
- Confidentiality (of participant and others in group)
- Mandated reporter for DV or CPS situations
- Reporting danger to self or others (like threats to kill self or others)
- Subpoena for records or notes

The group rules should support the safe environment and also give participants ownership of the group process, or control in creating their own environment. This ownership and control can provide a great sense of involvement and empowerment to the group members, two key goals of group work.

Facilitators should always have tissues and water available for participants. When doing group work it is important to always be prepared for a show of emotions. This can also be a good reason for having two facilitators. Although the facilitators can help support each other in conducting the group, it is also convenient to have a facilitator available to give individual attention to a member during group. When someone has an emotional break-through, she may need to remove herself from group—when *she* feels it is necessary. A second facilitator can serve as an extra support in such a situation. The second facilitator could offer some individual support to the person who has become emotional or removed herself from the group, while the other facilitator continues the group process.

Facilitators should not get discouraged with people who don't consistently attend group. Again, people are busy and may not always be able to make group, or they may need some personal space. This may be particularly true for people who are in crisis or those who are rebuilding their lives. Sometimes people addressing very emotional issues feel they get “too close” to what is going on and need to take a break. This does not always mean that they have given up. It may simply mean that they need to spend time alone or to seek individual support (with a friend or counselor). Overall, it is important for facilitators to make the group valuable to all participants. Facilitators should encourage leadership from group members, but they should not require participation. It is also important for facilitators to be certain to provide closure for participants by making sure they have time to wrap up.

A support group can be conducting group in several different ways. Group facilitators may have a specific topic for the meeting, facilitate group exercises, allow time to discuss personal questions or issues (this is usually best done with small groups), and/or provide speakers/presenters on various topics. The following are a list of possible topics for group discussion:

- Define DV – Types of Abuse
- Effects on children
- Safety Planning
- Support Systems (friends, family, faith community etc.)
- Drug and Alcohol Abuse
- Progression of Violence in a Relationship

- Holidays and Anniversaries – this can mean actual dates celebrated nationally or by faith or “remembrance days” (dates of specific incidents with the abuser)

Recommend book: Talking It Out: A Guide to Groups for Abused Women by Ginny NiCarthy, Karen Merriam and Sandra Coffman. For examples of group exercises listed in the book’s Chapter Ten, see the *APPENDIX* in this manual.

Evaluation

Staff may want to consider using an evaluation process to allow participants to provide feedback. Evaluation can be done on a regular basis (i.e., weekly, monthly, etc.) or when the group’s work is completed (either when the group has finished or an individual is leaving the group). A program may want to include the following questions on an evaluation tool:

- Was this group helpful for you, and if yes, how?
- What aspect of the group was most helpful?
- What aspect was not helpful? How could it be improved?
- Would you suggest this group to other women who have experienced domestic violence? Why or why not?

Note: Refer to the *Program Evaluation* section in the *ADMINISTRATION* Chapter and the *Termination and Follow-up* section in the *SHELTER* chapter for more information on this topic.

CHILDREN'S PROGRAMS

Purpose

Although not all agencies can afford to have a separate program for children, this section provides information on how to approach and address children's needs when children's programs are present in an agency—residential or non-residential. When working with children, staff should be aware of age and developmental stage differences among the children in order to effectively serve them. If possible, children's programs should be separated by age groups. This separation helps to ensure that each child will be addressed on his/her development level. For example, asking a teenager to watch a Barney video on communication will not be effective for that child—and most likely you will lose that teenager's trust and attention. Each activity should be age appropriate and engage the child to encourage participation.

Given that the children in a program have probably witnessed some form of domestic violence, the children's program should be conducted in a safe and nurturing environment. Many times agencies and program staff forget that children need the same respect provided to adults in order to feel safe disclosing personal information.

When programs are separated by age group, the environment for each group should also support this delineation. For example, appropriate surroundings for preschoolers should have small (child size) chairs available so that they feel the environment is meant for them, not adults. And conversely, it is not reasonable to expect a teenager to sit in a chair that is too small for her/him. Subtle environmental supports provide a sense of power balance to encourage children to feel comfortable.

The main focus of a children's program should be to provide support for a child who is experiencing or witnessing violence in his or her home. A program can specifically address socialization skills (i.e., learn healthy interactions with others), behavior changes (i.e., appropriate expression of feelings), what is appropriate behavior in relationships (intimate or not), empowerment (i.e., having choices and options) and safety planning (i.e., how to call 9-1-1, when to run for help, etc.). Overall, it is important to help children understand that violence and power struggles are not the way to resolve conflict at home or with friends.

Working with children may also present an opportunity to work with parents and provide them with support. It is usually a very stressful time for both adults and children when families acknowledge and address the violence in their homes. Staff can provide the support needed to assist families recognize their feelings as they relate to domestic violence and to process/address their issues. Situations during which a mother leaves an abusive father present issues for the children in the family. A children's program must be prepared to help children work through the adjustment

of the new family dynamics and possibly the loss of a parent. Although the father may have been abusive, it is important to acknowledge that a child may see the family leaving the father as a loss, and possibly feel responsible for this change in family dynamics.

Providing a children's program not only requires funding but also staff educated on child development and the effects of domestic violence on children. As with any staff, children's program staff should receive training on job duties as well as ongoing training to enhance job skills. Staff should have additional resources for programs that benefit children and parents, especially if the agency does not have a specific program for children. Also, according to A.R.S. § 36-3008 or § 36-883.02, staff and volunteers working in a domestic violence shelter or in a childcare facility are required to be fingerprinted.

Initial Contact

During the first contact with a child, staff should be respectful of that child's boundaries while setting their own boundaries about what is and is not acceptable. Setting boundaries should be done in a manner that is appropriate for the children's ages/developmental levels and presented in a manner in which they understand what is and is not expected of them. For example, when a staff member first meets with a five year-old child, that staff member needs to explain expected behaviors to the child using the child's level of language and appropriate examples. Staff should provide children with specific information or handbooks if materials are available, and be sure to meet any immediate safety or physical needs (e.g., diapers, formula, etc.). When providing support to children, staff should remember that it is primarily the parent's responsibility to attend to her child. Therefore, staff should support the parent's role in meeting the child's needs. Parents should be given a tour of the facility and provided information about appropriate play areas and rules for using these areas. It is important that there is consistency in the rules and expectations, at an age appropriate level. However, when working with children, flexibility is also needed to address individual situations.

Provide a children's handbook or coloring book. If possible, use peers to talk to children. Other children who have been through the program or are currently in the program and staff feels they are appropriate and able to talk with other children.

Intake

As with adults, intake should be a time for staff to obtain information necessary to provide safety and to meet program requirements (i.e., if a CPS report is merited). Initial information can be obtained from the parent; however, depending on the age of the child and with the parent's permission, staff may want to meet with the child alone later. The duration of the intake appointment should be appropriate to the individual child. A very young or an active child, for example, may not have a long attention span. Also, it is important for staff to explain to both the parent and the child how the information gathered during intake will be used and why it is necessary.

NOTE: If a child discloses information about abuse that merits notifying CPS or law enforcement, staff should only get the minimum amount of information needed to call in the report. Staff should not use this opportunity to discuss or process the experience with the child. If the child becomes involved with CPS or the legal system, she/he will be asked to provide detailed information—and probably more than once. Discussing the experience in depth with the child could revictimize the child or damage a criminal case. If the child does not enter the CPS or criminal justice systems, the experience should be addressed over time with appropriate counseling.

Program

Depending on the availability of staff and funding, a separate children's program can be provided to address safety, behavioral problems and addressing issues related to family violence with the children. Again, depending on the structure and content of a children's program, staff need to assess a child's need for intervention and discuss options and suggestions with the parent. If participation in a children's program is required, the requirement should be explained to the parent during the initial contact. When the child's participation is optional, it should be a parent or guardian decision regarding the child's participation in these services.

When providing children's services, staff should not only be aware of the child's development stage but should also be sensitive to cultural and/or substance abuse issues the child may have. Although we may think children are too young for substance abuse issues, it is possible that children have been exposed to drugs or learned to use drugs and/or alcohol from family or friends, especially teenagers. It is also important to assess whether or not the child's age is consistent with his/her development of skills, verbal and physical ability, and emotional intelligence. Being developmentally delayed can be a result of abuse or post-traumatic stress disorder. If staff suspects that the child has developmental delays or is experiencing post-

traumatic stress disorder, staff should refer the child (with parental consent) to an appropriate professional.

As mentioned in the initial intake session, it is important for staff to establish boundaries with children regarding acceptable and unacceptable behavior, as well as the consequences for not respecting those boundaries, from the beginning. Discussing boundaries will probably be an ongoing process and should be applied to children's interactions with everyone in the program, not just program staff.

If the program is providing specific sessions or groups for children, they should be conducted frequently (how often will depend on the children's ages). The group format should provide a variety of activities that stimulate more than just one or two senses or brain functions. Repetition of the same activity may cause the children to lose interest and may not be conducive to encouraging the children to express themselves. If available, staff should also provide snacks for the children between activities.

When children are participating in group activities, it is important to start with what each child is prepared for emotionally. Staff should explore the children's needs and avoid doing only what is more convenient for staff. Staff should let the children guide the pace and energy of the group, 'The power in any program comes from the participants—don't get in their way.' At the same time it is important for staff to be positive role models for children, maybe even mentors. This forum may also be an opportunity to foster a better relationship between the parent and child. Staff may provide opportunities to encourage children to talk with parents about certain issues. If appropriate and with the child's consent, staff may also facilitate parent-child counseling sessions.

The following is a list of issues, group topics, and opportunities for learning that a program may consider including in children's activities:

- Safety planning (*see APPENDIX*)
- The cycle of violence and its impact on their lives
- Deliver message: using violence is a choice!
- Using non-violent toys, videos and games
- Boundaries
- Self management
- Education or school issues
- Addressing or expressing anger
- Emotional literacy—self understanding
- Develop a sense of belonging
- Provide an opportunity for the children to relate to others who have experienced family violence
- Help them understand power imbalances in all forms
- Accountability—to send a message about personal responsibility
- Communicating with parents

As with adults, the program should get feedback from its child participants in order to improve or continue program efforts. Staff can ask the children to evaluate the program and provide feedback about their likes and dislikes related to the group. The format of the evaluation must also be age appropriate. If there is a way to make the suggestions anonymous, the program may want to discuss doing so in order to get more honest feedback.

Termination/Follow-up

As with adult counseling programs, an exit appointment should be scheduled for children if time allows. Staff can use this time to reflect on the child's progress, provide any necessary safety planning information, offer resources or outreach services, and establish a follow-up plan, if appropriate, for the family. An exit appointment may also be a good time to get feedback from the program participant(s). If the family is leaving due the behavior of one of its members, it is important for staff to avoid passing judgment on the behavior and to continue to offer support.

Data Collection/Record Keeping

Information should be kept to a minimum and written clearly. Staff should only document for program purposes. If the agency provides a separate children's program, then every child should have his/her own file separate from the parent's file. If parents are going to waive the right to view a child's file, this needs to be clearly specified in a consent or waiver form that should be explained to both parent and child.

Confidentiality and Individual Rights

When working with minors it is important for an agency to know what information is required by law and funding to be disclosed to parents and/or authorities. During the initial contact with the child, and throughout the program, it is important to inform the child about her/his rights and when information will be shared with a parent or guardian. Policies related to confidentiality should be clear and described in a manner so that the child understands what type of information will and will not be disclosed to the parent. Knowing the limits of confidentiality allows a child to gain trust in order to disclose personal information.

Knowledge about policies related to confidentiality can also serve to maintain a healthy balance of parental involvement and avoid having parents feeling left out of their children's lives. Although parents may be concerned about their children, they need to understand the importance of confidentiality in a counseling setting, without being made to feel closed out from their children and staff. It is a delicate balance for staff to maintain a counseling relationship with children and not create a wedge between parents and children.

At some point a child may disclose information that they do not want her/his parents to know. When this occurs, staff should assess the severity of the information, assess whether or not the situation is a safety issue for the child or others, and then determine if the parent or guardian should be notified. If possible and appropriate, staff should inform the child that information will be shared with the parent and explain why. For example, if a teenager is talking about a suicide plan, then staff may want to discuss their concern with the child and notify the child that they would like to alert the parent to obtain additional support for the child.

Physical Plant

The two key components of the physical environment for children are that they have a designated play area and that the sources of entertainment available are non-violent. Children have a physical need to be active and exert themselves, so any agency that accepts children needs to have a play area. The children's play area should be a space where children know that they can be themselves, a space where kids can be kids.

It is good practice to have only non-violent entertainment available and allowed at the facility (e.g., TV, movies, games and music), especially in common areas. The program needs to discuss how to address and identify violent entertainment in private spaces, like a participant's room. This may be a larger issue if there is more than one family in a room. Staff may want to educate participants about the potential effects of viewing and hearing violence (i.e., the messages they send and that other participants may be upset by seeing or hearing violent entertainment).

As mentioned previously, all child-related activities and environments should strive to be age appropriate, which usually means having a broad spectrum of toys and activities. Many of the play areas can have general or adaptable toys for all age groups, like art supplies. With regard to outside play areas, programs should think about age appropriateness in relation to potential safety hazards. The physical size of children obviously varies with age. Younger children should have slides or jungle gyms that are size appropriate. Older children should have larger play equipment available. Overall, safety is important when setting up a play environment for children. However, once the environment is established, children should always be

the responsibility of the parent or guardian while at the facility. The only time staff should be responsible for children is after the children have been signed into the children's program or if staff are conducting an activity for them. It is important to let parents know that they are responsible for supervising children while at the program.

If possible, designate at least one area that is specifically a family space. This can be an inside area with activities or an outside area that allows more room to play.

Community Resources

Programs should maintain information about additional resources for children or parenting programs, especially if the agency does not have them available. Also, programs should be sure to investigate programs prior to providing them as referrals. There are numerous programs available for children, but they may not always be in the best interest of children (from a domestic violence program's perspective) and may not have expertise on domestic violence issues. When referring children to other programs, a program should be sure to consider confidentiality issues, especially programs in rural settings. When children are involved with non-domestic violence agencies, those agencies need to respect the confidentiality of a child living in shelter. If appropriate, the referring program may obtain a waiver form so that staff can follow-up with the referral and discuss the child's progress with the agency providing services.

- Provide training to community agencies about the effects of domestic violence on children.
- Don't put agency identifying information on permission slips

LEGAL ADVOCACY

Purpose

Although most of the programs discussed in this manual are focused on providing direct services, the goal of providing legal advocacy is to provide information and to empower someone who is, or may want to be, involved with the legal system. Legal advocacy can be a program unaffiliated with another domestic violence program (via a hotline and/or a walk-in service), provided on a crisis line, or be a part of staff support for participants in other programs (e.g., case management staff in a shelter program). Regardless of how legal advocacy is provided, its purpose is to guide an individual through the legal system (including criminal, civil domestic relations, State, Tribal, Federal and Military) and help that individual understand the legal process.

The following are different types of legal advocates who provide services:

- Lay Legal Advocate: A person who provides information and explains options and rights within all aspects of the legal system, but cannot provide legal advice. This person is usually employed by a non-governmental agency and provides services to individuals who may or may not already be involved in the legal system. A lay legal advocate usually provides information and resources for all legal systems, not just criminal.
- Crime Victim Advocate/Victim Witness: According to A.R.S. § 4401, number 5 a "*Crime victim advocate* means a person who is employed or authorized by a public entity or a private entity that receives public funding primarily to provide counseling, treatment or other supportive assistance to crime victims." A person who usually is employed within a governmental agency (e.g., the prosecutor or county attorney's office) who is part of the legal system. Crime victim advocates also provide information and explain options and rights within the legal system. They usually do not provide services unless the "victim" is already part of the criminal justice system and has a case being prosecuted.
- Attorney/Legal Representation: A legal agent who can act for a person in a legal proceeding. The action of one person standing for another so as to have the legal rights and obligations of the person represented. An attorney can be the city or county prosecutor/defense attorney, someone who provides legal services as part of a legal aid or human services program or a private attorney.

In order to educate participants about the legal system, staff will need to explore the pros and cons of each individual's situation and explain how the legal

system may and should respond to her situation. Part of the explanation may include distinctions between criminal and civil matters, as well as a discussion about relevant laws and victims' rights. If staff is available, participants may also need support filing court papers or attending hearings on their cases. Although it is dependent on how an agency provides legal advocacy services, it is not likely staff will not need to schedule a separate intake or have case files specific for this service for each participant.

Legal advocacy should focus on providing information and resources in order to empower someone to navigate the legal system. The primary job of a legal advocate is to act as an interpreter between the participant and the legal system.

Initial Contact

As with other programs, the first contact with someone requesting legal advocacy may occur over the telephone. During initial contact, staff should assess the caller's situation as they would when answering a crisis call or a request for shelter. Staff should confirm that the person is safe and able to talk about her situation (*see Initial Contact in SHELTER*). Staff should ask the person specifically what she needs, what she would like the program to provide her with, and how she would like to have the situation resolved. It is important for staff to listen carefully to what the caller identifies as the primary issue(s) to be resolved and explain what services the program is able to provide. This discussion is important because callers need to be educated about the strengths and limitations of the program as well as what they can expect from the program. If the staff or program cannot provide the services needed, then program staff should assist callers find additional services. For example, if a program can only provide telephone support, and a caller would like an advocate to escort her to a court hearing, then staff should provide the caller with resources and agencies able to provide a court advocate.

Once initial contact is made, it is important for staff to be clear about what the caller needs and determine if legal advocacy is her primary or only need. If she has other issues in addition to the legal issue that take priority over her need for legal advocacy, staff should be sure to refer the caller to the appropriate available services. For example, someone may call to talk about calling the police because her ex-husband has just physically abused her. During a discussion about the incident, staff determines that the caller needs medical attention for her injuries. Staff should prioritize the medical need over the need for legal advocacy and provide resources for services. Staff should also explain that the staff at the medical facility could assist her with contacting the police. In such a situation, it is very helpful for staff to know the community resources available in order to refer the caller to a

medical facility that will screen for domestic violence and assist her with filing a police report.

Once the caller's issues are understood and prioritized, staff should focus on how legal advocacy can be helpful or applied to the caller's situation. Many times individuals do not understand the criminal justice system, so it is the staff's job to explain the options, limitations, and possibilities available through the legal system. When providing information staff should be honest and realistic about what may or may not occur in the caller's case. Also, staff should inquire about what actions or steps the caller has already taken and whether or not she has any other agency working on her case. It is not staff's responsibility to solve the caller's problem; however, it is staff's responsibility to help the caller by empowering her to take the next step (defined by the caller) to help herself.

Program

The first step in providing legal advocacy for any agency is to determine how the service will be provided. Questions/issues to consider include:

- Will this be a service provided separate from shelter services either through a hotline/phone based, a walk-in service or both?
- Will staff members providing crisis support, case management or outreach services also provide legal advocacy services?
- Because legal advocacy is information and resource intensive, it is a service best provided by a staff member who only focuses on legal advocacy, and can keep educated on the many legal changes and resources.

The following are the pros and cons to having a phone based or walk-in legal service:

- Phone Pros
 - Phone based programs have both anonymity and confidentiality. Records are not subpoenaable because they are not considered fact-based evidence.
 - Because it is often easier to get to a phone than to travel to a location, phone based programs provide convenience in obtaining access to services.
- Phone Cons
 - Because advocates are working over the phone, they are limited to providing an information-based service.
 - A program is unable to provide direct intervention.
 - Requires continuous updating of referrals and resources.
- Walk-In Pros
 - A walk-in program allows face-to-face interactions.

- Advocates usually have more contact to spend time addressing both legal and social service requests
- Advocates are able to provide direct intervention available
- Walk-In Cons
 - Walk-in programs have no anonymity. Although there is client-attorney privilege (when attorney services are also provided), there is no such privilege between lay legal advocate and participants.
 - When attorney services are provided, there is always potential that a conflict of interest exists which would preclude the participant from obtaining legal assistance.

In addition to understanding the dynamics of domestic violence, a legal advocate should know and understand:

- The legal system (criminal, civil, and domestic relations)
- Safety planning
- Confidentiality issues
- Local, state, federal and tribal laws
- Local, state, federal and tribal resources
- Policies and procedures in the legal and social service systems

The primary responsibility of a legal advocate is to explain the legal system for the participant and help her understand the system. This understanding can help to reduce her anxiety about an intimidating system, and can also provide options for her as a participant of the system.

In addition to understanding the legal system it is also important that advocates know the community resources available to assist participants with legal matters. Many times participants will need or are already working with an advocate, attorney/prosecutor, paralegal, expert witness or victim witness advocate. It is important to know about the services these resources provide, their limitations and how they can be accessed. Knowledge about available resources allows an advocate to be realistic about what a participant can expect from these agencies/services.

When providing legal advocacy information it is important for an advocate to be knowledgeable about legal terms in order to adequately explain the legal process to a participant. Legal advocates should not provide simplistic information about the legal process. Instead, advocates should provide thorough, honest information to participants so that they will be prepared for and understand what is happening in court. Knowledge of the terminology used in court is very important in order to understand the legal process and know what to expect from the system.

Based on each participant's priorities and her unique circumstances and needs, legal advocates should be prepared to provide accurate information about the "pros and cons" of working within the legal system. This information should include an extensive list of options, alternatives, consideration of potential companion issues, as well as assistance in developing both short-term and long-

term goals within the context of the legal system. The more accurate and thorough the information provided, the more comfortable the woman may be with her decisions and choices, and, equally important, the more realistic her expectations may be of the legal system. Also, accurate, thorough information about the legal process enables a woman to more fully participate in that legal process, advocating on her own behalf. For example, a participant might find information about the difference between plea-bargaining a criminal case rather than going to trial helpful. A participant may want to know that if her case goes to trial, the participant, and possibly her children, family or friends, could have to testify in court. Also, the abuser may choose to plea bargain to a lesser charge, possibly not a domestic violence crime. The participant should understand the implications of such a situation. It is important for a participant to understand fully the potential consequences of involving the legal system in order to make an informed decision about participating in or taking legal action in a case.

When a legal advocate is working on a case with someone, the advocate should check regularly to be certain that the participant understands the information provided and the potential next steps. It is important to be clear about the limitations of the services a participant can receive from the legal system as well as the program. Legal advocates should provide participants with resources when they are needed and appropriate. Overall, it is important that staff provide examples of when the system has worked for battered women and advocate to hold the system accountable.

Provide participants with a list of legal terms and their definitions (see *Appendix*). Also, give participants a flow chart of the legal system and information on how to follow their cases.

Undocumented Women

Undocumented or immigrant women usually face more obstacles obtaining safety and security in the United States than U.S. citizens. Often their abusers use the fact that they are not “legal” as a means to control and isolate them. In addition, there may be a language barrier, which again limits her ability to seek safety and services (see *SHELTER*).

VAWA provides specific relief for battered immigrant women. First, battered immigrant women can claim domestic violence as a defense to deportation. Second, battered immigrant women can self-petition for permanent resident status. In order for a woman to qualify for legal permanent residence, the woman must:

- Prove domestic violence, battering or extreme cruelty by a spouse who is a U.S. citizen or lawful permanent resident.
- Be married to the abuser when she files for self-petition, and when the Immigration and Naturalization Services (INS) approves the petition.

- Show that extreme hardship would result to her or her children if she was deported.

For more information on this topic, contact the following resources:

- Written
 - *Domestic Violence in Immigrant and Refugee Communities: Asserting the Rights of Battered Women* produced by the Family Violence Prevention Fund, Northern California Coalition for Immigrants Rights and National Immigration Project of the National Lawyers Guild, Inc.
- Programs
 - Battered Women’s Justice Project, 4032 Chicago Ave South, Minneapolis, MN, 55407, Telephone - 800-903-0111, Fax – 612-824-8965.
 - National Immigration Project, 14 Beacon Street #506, Boston, MA 02108, Telephone - (617) 227-9727.

Termination/Follow-up

Since there may not be an intake process for legal advocacy services, there may not be a specified termination process. If an advocate is providing services over the phone, and potentially during a single phone call, the advocate should verify the caller’s overall understanding of the discussion and review resources and information provided to the caller before hanging-up. The advocate should ask callers if services were helpful to them and let them know they can call back for additional information or support, if appropriate. If the caller is a repeat caller, ask if her prior call was helpful and did the system, resource or information provided worked for her situation (i.e., did the Order of Protection work? What happened if it was violated?). Also, advocates should find out if callers have any suggestions for improvement or feedback about the resources they contacted and/or used.

If a program has a walk-in based service, advocates should ask participants if the agency can follow-up with them—assuming staff time allows for this task. If they agree to follow-up, staff should determine a safe way to carry out follow-up (see *Termination of Services and Follow-Up in SHELTER*). For some callers the only way to follow-up may be to have them call the program. In some instances programs may find that staff need to provide participants with the same information at follow-up. Often there is a lot of information to understand and remember while a caller is in crisis and/or dealing with the legal system.

Legal advocates should be realistic and informative about possibilities, available services and resources available for each case.

As with other programs the type and depth of information collected and maintained in program files will depend on funding, contract and program requirements. If legal advocacy is provided as part of another program, then related information may or may not need to be documented in the individual's file. The agency and staff need to determine, beyond any requirements, how to maintain records for the program and what type of information to collect from participants. A few elements to consider are confidentiality of the participant and compiling statistics about the services provided. One important issue is documenting identifying information about a participant. Also, programs should consider whether or not staff should obtain the first and last names of participants if it is not required or already recorded as part of another program/file. In some instances recording names could be helpful for the participant (i.e., if a woman calls back, staff would be able to access information from the first call) or it may also be harmful. Maintaining files with names on them could be harmful to the caller if an attorney determines the woman sought legal information from the program and then subpoenas information or records for the case. Further, the subpoena may be helpful or harmful to a participant depending on what is documented in the file and how it is used in the case.

When obtaining information try:

- To only get necessary details, do not require someone to repeat their story over and over again.
- To only document pertinent information to each case and requests for services from the program. Keeping a brief narrative of the case may be helpful for staff providing follow-up or continued services, especially if the participant has worked with more than one staff member.
- To provide a means to measure and document a participant's satisfaction with the agency and services. Participant satisfaction does not need to be limited to direct agency services, but can be related to general services from the legal system. For example, a caller might provide information about an incident during which 9-1-1 was called. She might then provide valuable information about the response of law enforcement such as the officer's ability to determine the primary aggressor and appropriately arrest the abuser. This type of information not only helps in documenting statistics but can also be helpful in developing suggested agency policy changes or legislative recommendations by the program.

It is important, regardless of the scope of the documentation maintained by the program, that each program develops policies and procedures addressing the issue of responding to a legal summons or subpoena. When a prosecutor subpoenas an individual's file, a program must respond to or acknowledge receipt of that subpoena. A program does not always have to comply with the subpoena. However, the program must respond to (acknowledge receipt of) the subpoena.

Program policies and procedures should include provisions describing the steps to be taken by staff when information is subpoenaed, and, most importantly, that a consultation with a program's staff attorney should proceed any and all responses (see *Confidentiality in SHELTER*).

One of the greatest challenges to programs providing legal advocacy is to develop policies and procedures that simultaneously protect any participant's file from being subpoenaed, satisfy data-gathering requirements, and exclude any information that identifies or links that information to a specific individual. For telephone-based services, and as long as an intake is not conducted and/or there is no identifying information gathered, confidentiality should not be an issue. Files with no identifying information are not subject to subpoena.

However, for walk-in programs, confidentiality and legal advocacy services often present a dilemma. For many participants their need for officially documented information is often in direct conflict with their need for confidentiality and safety. Whenever possible, participants' immediate and long-term safety and emotional well-being must take precedence over satisfying data collection/record-keeping criteria.

For example, if a program wants to know the frequency with which police were called due to domestic violence, there is less opportunity for re-victimization if the legal advocate relies on self-reports (information that the participant provides without staff asking), rather than asking whether she ever called the police on her abuser. If she never called law enforcement, she could be inadvertently and unintentionally re-victimized if she is asked whether or not she called the police and feels ashamed for not calling for help. More importantly, whether she did or did not call the police may not be relevant to her immediate situation, priorities, or needs. The legal advocate's role is to provide her with assistance, support, information, and resources enabling her to more fully understand and participate in the legal process. The advocate should also explain the potential short and long-term consequences of her decisions.

Confidentiality/Individual Rights

Advocates should explain to each participant her individual rights in respect to the program and the legal system. If the program decides to document identifying information, then staff should first obtain a verbal waiver by the participant. The program, however, should not refuse services to someone who will not provide identifying information. Although confidentiality is always important, programs should remember that when providing services in a small community (either a rural area with few residents or a tight knit cultural community), confidentiality might have more significance. Because many people know one another in small communities, it may be especially important for advocates to discuss and adhere to policies related

to confidentiality. For this reason it is important to only get information when it meets the participant's needs and informing the participant what is and could be done with the information they provide. In cases when it does meet the participant's needs to divulge information, the program should consider developing policies related to destroying the identifying information when it is no longer needed. For example, a woman calling into a program could request to have information sent to her through the mail. The advocate could write her name and address on the envelope and then shred the paper on which she originally wrote the information.

When working on a case that involves other agencies or parties, be sure to only provide information to the participant seeking services. If the participant agrees to have the staff member discuss her case with others, that staff member must be sure to have a release of information form signed (*see Confidentiality in SHELTER*). In some programs, an automatic contract may exist that allows programs to share information about cases. If such a contract exists, the contract terms should be explained to all participants so they understand how information is shared. Before a release of information is signed, or the participant shares information, staff should spend time educating the participant about the pros and cons of doing so. Participants may not understand the full implications of sharing information between agencies or individuals.

The Arizona Attorney General's Office of Victim Services produces a maroon booklet titled: Arizona's Victims' Rights Laws. You can call and request this document at 602-542-4911 (Phoenix), 520-628-6455 (Tucson) or 800-458-4911. Information about victims rights can also be found on their website (www.attorney_general.state.az.us) or DPS's victim services website (www.azvictim.com). For federal information about Violence Against Women and Full Faith and Credit log-on to the Department of Justice, Office of Justice Programs' Online Resources at www.vaw.umn.edu/index.asp

Physical Plant

Participants should be afforded privacy and confidentiality when requesting legal advocacy services, as with other services. Staff should be located in a space that has privacy so they can discuss confidential information with participants and not overhear any other confidential conversations. The space should also be free of any outside distractions or interruptions (e.g., phone calls, other staff or participants).

As previously stated, community resources are very important to providing legal advocacy services. It is important for advocates to know who can provide advocacy, pro-bono services (attorneys), or other legal services that are specific to domestic violence. Many times battered women lose their court cases because they do not have representation or their representative does not understand the dynamics of domestic violence. Community resources can be obtained by staff networking with available services to determine if they are appropriate and from the feedback given by participants. Agencies should try to get feedback from participants about the quality, usefulness and value of services provided by community resources to determine their appropriateness/usefulness. Staff should always be on the look out for new resources and evaluate the ones currently being used.

In the process of gathering resources, it is especially important that legal advocates be aware of and familiar with the resources and referrals they are using. When gathering information from a participant, advocates should ask her which resources she has called and what services she has already obtained (or attempted to access). The compilation and verification of resources is an integral part of building an effective legal advocacy program. When available, volunteers and interns can be recruited to develop and update a resource list.

Participant feedback is invaluable to compiling a reliable, credible and useful list of resources and referrals. Tracking complaints about service providers and programs provides a legal advocacy program with a priceless tool, enabling the program to track trends, patterns, and problem areas in their community's service delivery system. Each program would then have the option of following up with complaints. To do so, advocates may want to verify reported problems and when appropriate, remove those resources that have been deemed unacceptable from the referral and resource list. When verifying complaints, advocates should be careful not to disclose any identifying information about participants that have reported problems with community resources to those agencies to avoid breaching confidentiality. Often, even details about a case could make a participant identifiable to an agency and consequently vulnerable to retribution or embarrassment.

An additional task in gathering resources is to include those that describe avenues of recourse for complaints. For example, the legal advocate must be aware of and familiar with mechanisms for filing formal complaints. Equally important, the advocate must be able to present this information to the participants as an option, describing the process, any qualifying criteria for filing complaints (what the entity has authority over, types of issues that the entity will investigate, etc.), and the pros and cons of filing any complaints. For instance, filing a complaint against a judge or

commissioner before her case is finished could bias the judge or commissioner against her.

Legal advocacy programs should be sure to pass on community resource information to the program participants. It is important that participants understand the limitations and expectations of these resources.

Advocates should never give the participant false hope about the process or the capability of an agency. The following are suggestions of where or how to research referrals.

- Go to your local and county criminal justice agencies (e.g., court, law enforcement, probation, etc.) and inquire about their process and resources for domestic violence cases.
- Introduce your program or services to any legal aid or pro-bono legal services in your area. Inquire how to utilize their services and if they receive training on domestic violence.
- Staff or participants can download information and forms off the Arizona Judicial Department's Internet site:
<http://www.supreme.state.az.us/selfserv/forms.htm>. They also have a Domestic Violence Information Page at:
<http://www.supreme.state.az.us/dr/dv/dv.htm>.

COMMUNITY EDUCATION AND OUTREACH

Purpose

The main purpose for community education and outreach is to let the community know that domestic violence exists, to what extent it exists, how to recognize it and the related services available. Basically, community education increases the community's awareness of the issue and how to address it effectively. Community Education can provide information to agencies or organizations about domestic violence issues as well as resources and referral information for the purposes of working with or identifying someone facing this issue. Outreach services are more focused on linking services (e.g., shelter, case management, transitional housing, etc.) or disseminating accurate resource information to individual community members or agencies.

Program

The agency or program staff should first determine how to address requests for services and an effective means to contact the community. Some agencies may need to start out initiating all community education activities, but once this service is known agencies may receive enough requests for presentations to keep the program busy. A program should be prepared to provide a presentation if asked to do so on short notice. However, programs must also be realistic about what services they are able to provide. When a program begins to seek agencies in the community, programs should begin with familiar agencies and programs (e.g., other shelters, counseling programs, child care facilities, housing programs, case workers, etc.). This interaction can be educational for both agencies familiarizing them with each other's services. After community education and outreach services are established with familiar agencies, the program can then contact agencies or organizations that they would like to establish a relationship with or know that their participants may use. The following is a list of potential audiences for presentations:

Advocates	Legal Aid	Traditional Healers
Churches/Faith-based Groups	Courts	Hospitals
Civic organizations	Prosecutors	Health Care Providers
Social Service Agencies	Government Officials	Construction
Companies	Employers/Business	Women's Groups
Schools	Media	Local Welfare
Police	Department	Staff
EMT's	Military Organizations	Translators/Interpreters
Sports Groups	Mental/Behavioral Health	

When contacting these agencies, programs should be clear about their intent and goals related to providing this service. Programs should anticipate that some agencies or individuals might not understand why they need to learn about or discuss the issue of domestic violence. It is important for programs to convey that domestic violence is a social problem, not just a family issue, and that the more people that learn about the issue, the better off the community is as a whole. It may be helpful to share a story as an example about how a neighbor, church member or caseworker who was able to assist someone because of his/her knowledge about the issue. Another example may be a story of someone killed in the community who may have benefited from outside intervention.

Agencies should prepare general presentations including information about:

- the presenting agency,
- domestic violence,
- how the social and legal systems impact victims of domestic violence,
- barriers battered women face, and
- resources available in the community.

As with all staff, the person presenting the information should be very knowledgeable and experienced, as well as able to present information in front of an audience. An outreach program provides an opportunity for an agency to network with other community agencies. By presenting at various agencies, the staff will learn about services available and create new partnerships to better serve battered women and their family, including the abuser. It is important that the information gathered is then shared with the staff at the agency that provides direct services.

Once a presentation is scheduled, programs should provide services in a convenient location. When determining the location, staff should be aware of safety and confidentiality issues. For example, having a presentation in the lobby of social service agency would not be appropriate since this may be a high traffic area, which is distracting, and agency participants may walk in and feel uncomfortable. The presenter should be sure that any language, alternate format or special accommodation needs are addressed prior to the presentation. Also, the presenter should be sure about what the requesting agency expects, how many people will be attending, the age range of the audience (if relevant to presentation), the time available to speak, and specific location directions. If staff will need equipment, the hosting agency should be notified in advance. It is important for the presenter to arrive on time, and even early if she/he needs to set-up equipment or display materials. The presenter should also dress consistent with the audience style, but "professional". It is important for the presenter to avoid dressing in a distracting fashion.

Staff should try to determine the audience's understanding of the issue and begin from that point. Information will not be effective if it is not consistent with the audience's current knowledge, or lack thereof, on domestic violence and available resources. The presenter should gear the information, as much as possible, to what

the audience needs to know about the issue. In other words, they should be provided with information they need for what they are doing in their organization or agency. The presentation and materials should be interesting, clear, and respectful. Information should be presented in a straightforward and sensitive manner, with consideration to issues of culture, religion or audience members with a history domestic violence in their families. The presenter should avoid using labels or making generalizations about people or situations. If during the presentation staff is referring to victims as "she" and batterers as "he", the presenter should give statistics related to domestic violence and gender first and then explain why these gendered terms are used in this context. When staff uses statistics, it is important to make sure they are meaningful to the audience. The issue of domestic violence should be presented as a community safety issue and related to the audience members as individuals, potential victims, and community providers.

The presenter should test the audience's knowledge and attitudes before beginning a presentation by asking them to define domestic violence and identify its causes.

The presenter should be prepared to provide resources and links with services to interested audience members. Also, the presenter should be prepared for public disclosure by people in the audience who share their personal experiences with the group. Also, audience members who discuss their personal experiences may go on at length or become highly emotional. If there is more than one staff member presenting, it might be useful to have one of the staff members talk privately with anyone who becomes emotional and is in need of support. If there is only one staff member presenting, the presenter can offer to speak with the individual after the presentation. Information should be provided about services available for audience members who may recognize domestic violence in their own lives during the presentation or for those looking for further information.

Community educators must also be prepared for hostility and resentment from audience members. There may be adversaries in the group who want to discount the information staff is providing. The presenter should be clear about what constitutes domestic violence, and allow for differences of opinions. Most importantly, presenters need to be "on their toes" and provide credible knowledge about the subject, as well as an understanding about how to appropriately handle and maintain interest of the audience.

Have a trained advocate present to talk to people who need one-on-one support and discussion. Provide this support in an area with privacy so the person has confidentiality when disclosing personal information.

It is important for staff members to keep commitments if future contacts or requests for further information come up during the presentation. Also, staff members should follow up with others who offer to provide additional information or

set-up future presentation audiences. Providing outreach and community education can be an opportunity to not only provide information, but also to expand resources for agencies and to identify additional audiences.

Data Collection/Record Keeping

Programs should keep records about presentations and information about the audience. It is important to collect feedback from the audience by distributing an evaluation at the end of a presentation. The evaluation form should ask individuals to rate the information presented, how it was presented, how helpful it will be in their personal and work settings, etc. (see *APPENDIX*). It can also contain demographic information about age, race, and type of job/organizational affiliation, how long individuals have worked in the field, etc. An evaluation not only provides feedback to the presenter, but is also a useful tool to obtain specific information about the audience and the people the program has reached. In addition to evaluation information, staff should maintain a log detailing the date, how many attendees (this can be captured by having a sign-up sheet), where the presentation was held, the duration, the target audience was (name of organization or characteristics of audience), and the main topic of the presentation. This is also an opportunity to get addresses and phone numbers for future contacts with service providers, or to add to the agency mailing list. In order to gather more information, programs should not request identifying information on the evaluation. Instead, presenters should use a sign-up sheet or provide an agency request for information form to compile contact information.

ADMINISTRATION

General Administration

Before an agency begins a program, there are numerous requirements and documents needed for the program to operate. The agency should first receive the appropriate licensing for its program(s). Licensing information can be obtained through the Arizona Department of Health Services, Office of Behavioral Health Licensure, 1647 East Morten Avenue, Suite 240, Phoenix, Arizona 85020. The phone number is (602) 255-1127. The fax number is (602) 255-1126. Licensing requirements will also dictate fire safety, health, sanitation, and zoning codes (e.g., no sleeping in the designated eating areas). In addition, the agency should consider becoming a non-profit or 501(c) 3, tax-exempt agency. If an agency is building a new facility, proper zoning and/or licensing approval should be obtained from the local municipality (city, county, state or tribe). Also, it is important for agencies to communicate with the neighbors about the program to garner acceptance and support for the agency's efforts.

When working in the field of domestic violence, it is also important to have an agency safety plan, and if funding allows, some type of security system in place. Regardless of how high-tech or low-tech a security system may be, each agency should always have a safety plan for a variety of potential dangerous scenarios in place. Again, these plans should be provided in writing and discussed during new employee and volunteer orientation. It is also helpful to have a drill to practice the safety plan, if appropriate, on a regular basis. Programs should consider having plans for the following situations:

- Facility is approached by stranger or abuser
- Fire
- Flooding
- A leak in the water system inside or outside the facility
- What happens to an audible alarm when it is triggered
- How to use silent alarms
- Inquires by law enforcement (whether claiming to be or showing ID)
- Loss of electricity (be sure to have at least one phone that does not need electricity to operate)
- Phone lines are down
- Prank phone calls
- Snow
- Rain storms

In addition to safety planning, the agency should also consider obtaining insurance and potential liability issues.

Due to safety concerns, services provided to batterers should be located at a different facility than the agency's victim services. (This is required by the Arizona Department of Health Services' *Interim Guidelines for Approval of Misdemeanor Domestic Violence Offender Treatment Programs*.) Providing both types of services in one location could jeopardize victims' safety by providing an opportunity for victims to have unwanted contact with batterers. Also, having batterers on or near shelter grounds could compromise the feeling of a safe environment for victims, even if the victims do not know the batterers.

Grievance Procedure

Every program should have a grievance procedure for staff and participants. The procedure should be explained during the initial training and orientation process for new employees. Staff and participants should receive a copy of the policy in writing and a copy of the agency's grievance form, if applicable. The policy should also be posted in a general area for staff or participants to read. Included within the policy, if applicable to the program, should be the phone number for the Department of Economic Security's Community Services Administration (602-542-6600) and the Department of Behavioral Health Licensure's Office (602-674-4300). The orientation process should also provide training on how to support and respond to participant grievances.

Domestic Violence and Staff

As a program or agency providing services to domestic violence victims, staff should also keep in mind that co-workers, volunteers or board members may experience domestic violence as well. When creating or updating policies and procedures programs should put guidelines in place for address when a staff, volunteer or board member is identified as a victim or abuser of domestic violence.

For individuals who are identified and/or report being abused, the program should consider the following:

- Confidentiality
- Safety planning
- Provisions to provide requested services (either at the agency or refer to another agency if there is a conflict of interest)
- Change of schedule or facility location if necessary
- Time off for court dates, medical appointments, mental health days, etc. Determine how much to agency can offer as time off with pay and time off with out pay as temporary leave
- If working directly with program participants, the staff's ability to separate personal issues with work (as a precaution to both the staff member and participants)

For individuals who are identified and/or report being abusive the program should consider the following:

- Determine if it is appropriate to remove staff from their duties (what is the situation, are there criminal actions, is there a safety risk to others, etc.)
- Should someone be terminated for a criminal conviction?
- If someone is put on leave is it with or without pay
- If exhibiting abusive behavior onsite (to staff or participants) what disciplinary action will the agency take against the staff member?

Obviously if the program requires fingerprinting for staff a criminal conviction will probably require that they be terminated from employment, or moved to a facility without children.

Governing Body

Most non-profit agencies have a governing body or a Board. The Board is a crucial component to an agency's operation in that it helps to assist programs understand and embrace the mission of the agency. In addition, the Board's main focus should be on the agency's policy, procedures and fundraising, not the day-to-day operations of the agency. In order for the Board members to assist in this manner, members should become familiar with the program(s) of the agency and receive training on the overall function and purpose of those programs (i.e., provide case management, short-term shelter and advocacy to women and children fleeing domestic violence, see *Training* section to follow). It is also very helpful for staff members (especially front-line staff) to share "stories" with Board members so they understand the reality of the work being done (information provided should not breach confidentiality). Although staff involvement in educating board members is important, it should not be the only opportunity for these two entities to dialogue. Board and staff (all levels) should have access to one another as well as opportunities to share information about the agency in relation to Board members, staff and participant issues.

It is important when the agency or Board members solicit new Board members that they seek out individuals who have knowledge or expertise about the issues involved with running a non-profit agency (e.g., fundraising, legal issues, etc.). Boards should be diverse in their members and have a strong, organized and impartial leader/President. New members should also be screened to assure that they are appropriate to work with the issue, and that they are batterers. This screening can be completed by the agency checking references, having a criminal background check and conducting a personal interview. During the interview, the potential board member should be asked about her/his views and perspectives on domestic violence, the cause(s) of domestic violence, and asked to respond to specific scenarios. An example of such a scenario is, "What should happen when the police are called to a home where a woman who has an Order of Protection

against her husband and who has called her husband to invite him to come to the house, has then called law enforcement because the husband came to house and became verbally abusive?”.

Note: The word diverse when referring to board member recruitment does not only involve including people from different cultures, but also people from different programs, with a variety of experiences and expertise. An agency should not attempt to play a numbers game of having so many people from a particular category of race or agency. The “quota” individual may not be the best person to support and contribute to the board’s work. Although they may provide an external appearance of diversity (by looks or title), be sure that they can provide experience and expertise to benefit the Board’s work.

Personnel Management

Domestic violence is a very serious issue in our society that requires the support of individuals who are willing to acknowledge the seriousness of the issue and committed to address it in all its forms. For this reason it is important to obtain staff members who demonstrate a combination of attitude and skill toward empowerment and zero tolerance of domestic violence. In other words, not everyone is suited to work in the field, even if they think they are.

When interviewing for new staff, it may be helpful to inquire about applicants’ thoughts and beliefs on domestic violence. The following are sample questions or scenarios to present to potential staff members (these could also be used to screen board members or volunteers):

- How do you define domestic violence?
- What are the causes of domestic violence?
- Who is affected by the issue?
- What is your experience with domestic violence (this could be personal or work related)?
- How do you think children are affected when there is DV in their home?
- If a friend told you that she was being abused, how would you respond?
- How do you handle stress and conflict in work and personal settings?
- If a program participant told you that she was planning to return to her abuser, how would you respond?
- If you were in a public place and saw a woman who left shelter/the DV program two months ago and she did not see you, what would you do?

These types of questions not only provide information about how an individual feels about domestic violence, but can also identify if the person has an unresolved issue that may interfere in his/her ability to provide direct services to program participants.

In addition to an interview, a potential staff member should be screened to verify they are appropriate to work with victims of domestic violence. Depending on funding requirements and availability, it may be a good idea to request a background check and follow-up with references. If the position requires that the individual work directly or in the same facility with children, the agency must have the individual fingerprinted. These precautions strive to ensure that victim safety (physical and mental) is maintained in the program and that a batterer is not hired to work with victims.

Once a new staff member is hired, that person should be provided with an orientation to the agency and training related to her/his job (including information about domestic violence if needed, see Training section to follow). Orientation at a minimum should include providing the employee with a copy of the agency's policies and procedures, mission statement and philosophy. A signed document acknowledging that the employee read and understands the policies and procedures should be kept in their personnel file. Personnel files should also contain documentation about trainings attended, incident reports involving the employee, and achievements. It may also be a good policy to put all new employees on a probationary period to assess their ability to carry out the job responsibilities, as well as work with others and with program participants. Staff should also have ongoing supervision, support, mentoring and open communication with other staff and supervisor(s).

Supervisors need to make an effort to maintain an enjoyable work environment that promotes the growth of both programs and staff. Obviously, funding is part of supporting the growth of a program and should also be considered in relation to obtaining and maintaining quality staff members. Fair wages and benefits should be provided for all staff members, and should be a part of the financial planning process. In addition to financial recognition, staff should receive awards or 'kudos' for good performances. Recognition can be given with a simple complement on a regular basis, documented information in a periodic evaluation, a presentation of an in-house award/plaque/certificate, or a nomination for an award from another agency.

All staff should have the opportunity to attend trainings or other types of staff development activities. Funding and staff size may be an issue in allowing staff to attend outside trainings or meetings, but these activities are vital to the growth and development of staff and programs. Staff not only gain additional skills, knowledge and network with others, but they also learn stress reduction skills. As with other budgetary constraints, programs must be resourceful and innovative to provide for these needs—again, these needs should be identified in the financial planning process. When funding does not allow for the costs of training or travel, programs should identify agencies or activities that are free or provide scholarships for people to attend. If possible, and ethical, programs should consider trading services with other agencies or organizations. Overall, the more staff members learn and grow, the better off the program is as a whole.

It is important for programs to acknowledge that working in the field of human services, particularly in domestic violence programs, can be very stressful and demanding on staff members. Therefore, it is important to have a support system in place. Many times support results from a natural relationship between co-workers; however, some staff members may need more interventions than only case conferences or casual conversations. Supervisors will need to be part of the support process; however, if feasible, an outside support system should also be available. It is possible that working in the field of domestic violence services may bring up issues with individuals that they are not willing to talk about in the work environment or disclose to a supervisor. For this reason it is a good practice to have additional support systems available to offer employees needing support. Overall, a healthy supported staff provides for a healthy productive program.

Provide access to an employee assistance program (EAP) or other type of support program for employees. This could mean hiring someone on a contract basis for staff use or making sure mental health benefits are part of the staff medical plan.

Volunteers

Many of the same concerns and issues related to obtaining staff members apply for recruiting volunteers. Again, domestic violence is a sensitive issue and volunteers should be screened to ensure that they are appropriate and can handle the work involved—whether they work directly with program participants or not. As stated in the previous section, the agency can use the same questions for staff interviews to screen volunteers in order to understand their experiences and views on domestic violence. In addition to an interview, a potential volunteer should be screened through a background check and a follow-up with references, especially if they have volunteered for other agencies. According to A.R.S. § 36-3008 the agency is required to have all staff and volunteers fingerprinted. Again, the main concern is that victim safety (physical and mental) is maintained and that a batterer is not recruited to work with victims.

In addition to screening volunteers to assess their understanding of domestic violence, it is important that this group be diverse and willing to support the program's mission and values. Diversity can contribute to the variety of a project's need for volunteers. For example, a volunteer may be computer savvy but unable work well with children. Therefore, the volunteer may be more suited to help with administrative duties instead of caring for children while their parents attend group. While it is important to be flexible when utilizing volunteer services, it is also important to identify a variety of areas in which volunteers can assist a program/agency. This information will give potential volunteers specific guidelines to

determine if they are willing or able to contribute specific abilities to the agency. The following are potential areas/activities in which volunteers may be helpful:

Childcare	Transportation	Picking up/sorting donations
Activities	Clerical	Special interest
Movers	Legal advocacy	Mentoring
Answering phones	Makeovers	Tai chi
Yard work	Maintenance	Job development
Resume development	Cooking	Life skills
Hairdresser	Massages	Music

Once a volunteer is screened, the first step in the volunteering experience should be training on domestic violence and the agency's expectations. Programs should provide volunteers with a well-rounded training session on the dynamics, myths and realities of domestic violence (*see Training section later in this chapter*). If your agency cannot provide this training, it may be necessary for volunteers to attend another training in the community for the information. Volunteers should also receive detailed information about their specific duties, how to carry them out, any applicable policies and procedures (e.g., accepting donations, signing-in, documentation, etc.) and who to report to with questions or concerns. It is important that volunteers have a specific contact person or a few people to contact in case they have questions, scheduling conflicts or concerns about their work. As with program staff, they may need a support system to discuss their experiences while volunteering. For this reason it is important to have a specific contact person for each volunteer. However, volunteers should be made to feel comfortable discussing issues, if appropriate, with other staff and volunteers. For example, if someone volunteers at night and notices a behavior change in a particular child, the volunteer should know who to contact and feel comfortable bringing the issue to a staff member who can address it further.

Open and ongoing communication with volunteers, staff and management allow for a seamless system of providing services.

Part of open communication for volunteers can include a high level of agency involvement. Agencies should involve and invite volunteers to participate in related staff trainings, retreats and meetings. This involvement not only keeps volunteers involved, but also provides an opportunity for them to learn more about domestic violence and the program/agency. It is also a way to show appreciation and recognition for their efforts and support of the agency.

As an agency, it is important not only to educate and inform volunteers but also to acknowledge their efforts and follow-up with their work. Agencies should maintain a file on each volunteer documenting their background, time spent at the agency, incident involvement, and, of course, good work. It may be good practice to always have someone greet volunteers when they arrive and ask them to sign-in to

document their volunteer time. Volunteer records can be used to document how many volunteer hours are spent in the program, and may also be helpful when the agency wants to give recognition to volunteers. Recognition can be provided by casual comments from staff or, more formally, during a reception for the volunteers during which they receive awards for their time and efforts.

Training

As stated earlier in this chapter, staff, volunteers and board members should receive initial and ongoing training. The initial training should be given as a comprehensive orientation to job duties/responsibilities, agency policy and procedures, as well as general domestic violence information. The following is a general list of training topics to be addressed during orientation:

Child abuse	First aid
Confidentiality	Resources
CPR	Safety planning
Crisis intervention	Stress management
Diversity and Cultural Issues	Suicide/mental health issues
Domestic violence	What to expect at the program

While on the job, staff should participate in job related training in order to enhance their knowledge, understanding, job skills and resources used to perform their duties. Specific core domestic violence topics for training could include: Power and Control, Advocacy, Empowerment, Assessment, Victimization, Batterer characteristics/behaviors, Oppression, Trauma Theory, Safety, Resources, Community Responses/Coordination Efforts, or Legal Issues/System. For example, staff can attend ACADV's Regional trainings, which are provided statewide, or our biannual Train-the-Trainer program. There are also a variety of conferences (in and out of state) and local trainings on specific subject matters affecting domestic violence or potential resources for this issue. In addition to enhancing job skills, a staff member may be requested to attend training as part of performance and program development. This can be done as a means to learn new skills, learn about existing programs/resources, learn how to implement new programs or network with other agencies. Overall, training is important for staff (as well as volunteers and board members) to provide a better service and maintain health staff function.

Resource Development

One of the greatest needs and most important tasks for a non-profit or social service agency's Board to perform is securing resources and funding to sustain their programs. Agencies should identify the existing and/or available resources at the

program and systems levels and determine when and how the agency can utilize these resources. The agency should then identify gaps in the resources across all programs/systems. Once gaps are identified, agencies have a starting point to identify areas where they need additional networking, collaboration and/or funding.

When seeking funding, the programs should drive the funding need and funding sources should be consistent with the agency's mission and goals. With this in mind agencies might find it helpful to look for innovative funding sources and grants, especially those with no particular deadline (i.e., from foundations or personal donors). It is also good to have access to skilled grant writers (staff, Board, volunteers, consultant) who can help with identifying as well as crafting prosperous grants.

Fiscal Management

When planning to seek funding it is important to first identify the program/agency financial needs. Once the need for funding is identified, then grant funding can be sought. It is important to seek out funding before the inception of a program and to get written confirmation regarding funding before relying on it for support. In other words, an agency should not spend money it does not have. Once funding is secured, the program should stay within its budget and not reflect a deficit—a good bookkeeping computer program would also be beneficial for regulating funding. It is important for an agency to manage its resources well and receive funding from a variety of sources—this way if one funding source is no longer available, the whole agency will not suffer. Also, an agency should always have a contingency plan for a case in which funding is unavailable or a program does not receive continued funding from the original source. Planning for such a situation should always be done prior to the loss of existing funding. The sustainability of the program should always be part of the original planning process. Agencies can also be resourceful and creative by finding donated or in-kind services. Many times these resources can be used to get future funding, especially when grants require matching funds.

When seeking funding, an agency should not only look at the budget, but also other considerations beyond securing funds. One important aspect to consider is if the funding organization is supportive of your agency's efforts, policies and mission. Agencies seeking funding should carefully screen funding sources to identify agencies that might potentially deny confidentiality of program participants or require inappropriate/irrelevant information. The safety and confidentiality of program participants should always be protected.

Arizona Revised Statute (A.R.S.) §36-3002 established a domestic violence shelter fund, which is administered by the Arizona Department of Economic Security (DES). A.R.S. §36-3004 outlines the requirements for a domestic violence shelter to apply for funding and A.R.S. §36-3005 details the eligibility to receive funds. For more information on this funding source contact Community Services Administration at DES, (602) 542-6600.

Other possible funding resources are VOCA, STOP or other federal grants through the Department of Health and Human Services, Center for Disease Control and the Department of Justice. There are also private foundations and corporations who provide funding to community programs.

Confidentiality

Although confidentiality is an issue that each program within an agency should address, the agency as a whole should also consider steps it can take to ensure that confidentiality is maintained. An example of an administrative issue is the phone system and caller ID. It is an important safety precaution to avoid having an agency's identifying information appear on a person's caller ID box. If the agency's identifying information is blocked from caller ID, an abuser could not review the incoming calls and discover that someone in the household is seeking support from the agency. It is also important for staff to understand the potential risks of caller ID when they talk with participants on the phone, so that they may safety plan appropriately with each individual.

Staff should be trained about what caller ID is and how it works. If the agency phone number is blocked, staff should be aware. As part of the safety planning process, staff should know how to instruct phone participants to delete calls on a caller ID box and to reset the redial number on a phone after dialing a new number. Also, staff should be aware that caller ID may not work with toll free 800 numbers, 900 toll numbers, 9-1-1, long distance or if the phone has been programmed not to receive blocked calls. Therefore, calling such numbers might be safe for participants. In addition, once a phone line is blocked, people using that phone cannot use star 69 (*69) to verify the phone number of the last caller. Callers can block a line by dialing *67 before making a call if they do not already have their phone blocked by the phone company.

The agency should have strict policies on maintaining confidentiality within the agency as well as between other agencies or outside entities. As stated in the SHELTER chapter, according to the Family Violence Prevention and Service Act (42 U.S.C. §§ 10401-10413) and the Victims of Crime Act or VOCA (42 U.S.C. §§ 10601-10607) programs receiving federal funding are required to have confidentiality provisions in place⁴(see *APPENDIX for Model Policy*).

Although a participant may be receiving services from the agency, potentially from more than one program, it is important that staff strictly maintain confidentiality. For example, if an agency has case staffing meetings to discuss participant progress, it is important that only the staff members involved or working with the participant are present. The agency should develop a consent or release of information form in order to share information with other agencies, individuals or programs. Each participant should be fully informed about what type of information will be shared after she has signed a release. She should also be informed about what information will be shared among staff in the agency.

Another issue to consider in relation to confidentiality is the release of personal information within the agency. An agency may find that staff, volunteers or board members may be in need of services. It is important for the agency to have specific policies and procedures regarding providing services to a staff, volunteer or board member who is a victim or perpetrator of domestic violence. This policy should be very clear about issues of confidentiality and safety for the individual.

In an effort to further define “confidential information” for staff and participants, the program or agency should have a policy about mandated reporters. A.R.S. §13-3620 states that social workers, counselors, anyone responsible for the care of a child, etc. are required to notify law enforcement or child protective services if they suspect or witness child abuse or neglect. The agency should clearly state how such reports will be handled and which staff member will report such incidents. In addition, any other mandated reporting requirements by local or tribal laws should be clearly understood. Agency policies should be provided in writing and verbally to new participants during intake so they are aware of what staff may be required to report.

*Subpoenas and Search Warrants*⁵

The agency or program needs to take careful consideration as to how they will address requests from the legal system for confidential information. The two

⁴ Zorza, Joan (1995), *Recognizing and Protecting the Privacy and Confidentiality Needs of Battered Women*, Family Law Quarterly, Volume 29, Number 2, Summer, p. 282.

⁵ From the manual *Protecting Confidentiality: A legal manual for battered women’s programs*, Ed. Lynn A. Marks, chapter SEEKING JUSTICE: Legal Advocacy Principles and Practices, Section III, pgs. 24-28

pillars of providing domestic violence services to victims are safety and confidentiality. Without having the provisions in place to maintain confidentiality the program is compromising its ability to provide suitable services and possibly jeopardizing a victim's safety.

Law enforcement, a prosecutor, a defense attorney, a private attorney or the courts may approach a program requesting staff to provide information about a particular participant. This request can be to confirm if she is receiving services, her "progress" while in the program or more specific details about discussions with program staff. In some instances this may be for the benefit of a criminal case, a civil case or a domestic relations case. Overall it may benefit her or the batterer. If the participant is aware of the request and states that she would like the support of staff, she can sign a release of information and instruct staff as to what types of information she is comfortable sharing. On the other side, if the participant is not aware of the request for confidential information the program needs to carefully evaluate how they will address these requests. The following concerns should be discussed and addressed when formulating a policy to address this issue:

- Record keeping procedures – Limit documentation to essential information that is not judgmental, opinions of staff or details verbatim statements by participants.
- Designate a "custodian of the records" – This person is responsible for maintaining control over the records and would respond to requests for confidential information.
- Procedures for responding when a request is made – Consider that the request may come by a letter sent in the mail or a police officer knocking at the program's door. Most importantly discuss under what circumstances records or information will and will not be released. Staff should be well trained on how to respond, what to say, and who to contact.
- Getting the participant's consent - Who or how staff will discuss the request with the participant? Staff should obtain consent from the participant before releasing any records and/or testifying.
- How far will the program go to resist a subpoena or warrant – If the program does not get consent, will the program try to file a motion to quash the subpoena, be willing to show records "in camera" (in private with the judge in chambers), or refuse to comply and risk contempt or possibly arrest.
- Attorney – Programs may also want to investigate the possibility and feasibility of having an agreement with an attorney to represent staff and or women when these issues arise.
- Access for warrants – Programs may want to create a procedure where staff has to notify the Program Director, the Executive Director and/or their attorney to review the warrant and conclude that it is valid before they can proceed.

According to Black's Law Dictionary, a search warrant is a written document issued by a judge, in the name of the state, directed to a sheriff, constable or other officer, authorizing him or her to search for and seize any property that constitutes evidence of the commission of a crime, contraband, or other property that has been used as the means of committing a crime. The search warrant should contain the following:

- Describe specifically the property or things to be seized. General exploratory searches are forbidden.
- Must be properly dated and signed by a judicial officer.
- Law enforcement must identify him/herself and announce the purpose of the visit prior to entering the premises.
- Law enforcement must present a copy of the search warrant, including the affidavit of probable cause, to the occupant.
- Law enforcements search may not go beyond the property detailed in the search warrant and must be reasonably conducted to find the materials described.

Note: The possibility that a search warrant may be conducted at a program suggests that case folders should not contain names of participants; staff should use a numbering system in filling folders.

Search warrants may also be used to search for a person. It can only be used in this capacity if there is an appropriate allegation on the warrant that alleges that the person was involved in criminal activity or is a material witness. If law enforcement arrives with a valid search warrant for a resident of a program, in order to protect the safety and confidentiality of other residents, staff should ask the named resident to step forward.

Program Evaluation

When evaluating a domestic violence program it is important to obtain information and input from the people served by the program as well as staff. The opportunity to provide feedback should be available to all participants and staff, including residents, outreach clients, volunteers, front-line workers, administrators, etc. Input should be provided anonymously and in a manner so that the information gathered can be used to make program improvements. It may be helpful to gather evaluation information by using a rating scale or check off boxes because it is easier to read and compile. However, written feedback can provide vital information and specific details needed to assess and improve program functions (see *APPENDIX*).

When designing an evaluation it should be based on the services provided by the agency and not what the participant does or does not do in the program. The results are to assess the program's ability to provide appropriate and supportive

services, not if the participant responded properly to services. For more information on domestic violence program evaluations the Pennsylvania Coalition Against Domestic Violence produced a book titled *A Practical Guide: Outcome Evaluations Strategies for Domestic Violence Programs*, which is available to domestic violence programs for \$25.

Ideally an evaluation process for each component of the program should be done on a regular basis. This can be accomplished by seeking input during the initial contact with a participant, possibly during a participant's involvement with the program, and especially when she leaves the program. If possible, it may be useful to send out a follow-up questionnaire or make a follow-up phone call to obtain further feedback after three or six months. There are two major barriers in obtaining follow-up information: 1.) Ensuring that the follow-up contact does not jeopardize the safety of the program participant and 2.) Locating the former participant may not be possible.

Provide a written and/or oral exit interview with program participants and staff if feasible in order gather evaluative information and to discuss follow-up contact. Also, the agency may want to consider and having an independent entity evaluate its program(s).

APPENDIX

Model Confidentiality Policy

*This policy was drafted by the Pennsylvania Coalition Against Domestic Violence (Barbara J. Hart, Staff Counsel) in December 1992, for discussion and adaptation by Pennsylvania programs.

Women's Center Confidentiality Policy

I. STATEMENT OF CONFIDENTIALITY

As a human service agent dealing with issues of domestic violence and/or sexual assault, the Women's Center becomes involved in particularly private and personal areas of people's lives. Confidentiality is critical to the services and advocacy we provide. It is fundamental underpinning both of client/provider safety and the integrity/efficacy of our services. Confidential communications are accorded to any victim, child or non-abusive significant other who seeks our assistance.

It is the policy of the Women's Center (WC) to hold confidential all communications, observations and information made by, between, or about clients. This includes all client, service, and administrative records, including any and all logs/records resulting from telephone contacts, and any other work product of staff related to recipients of service. Communications are confidential whether made by adults or children, and whether to or between staff, volunteers, safe home providers, student interns or board members of this organization. Furthermore, the address of the agency, as well as the safe home providers and volunteers are not to be disclosed except with the explicit written permission of the individual involved.

All service recipients, whether they are receiving services in person or on the telephone, will be informed of the confidential nature of our services. Persons served by telephone will be informed of the importance of maintaining confidentiality regarding any information relayed to them, including but not limited to the name of the program person, procedures for accessing shelter or locations of support group meetings. Those women who seek accompaniment through the legal system or any other face-to-face services will be informed regarding the confidentiality policy, and asked not to disclose any information regarding other clients both during service receipt and after termination of services. All will be required to sign an agreement to maintain confidentiality. Significant others and human service professionals will, likewise, be asked to protect our communications with them.

Confidential information will be released only in accordance with the guidelines established in Section VI below.

II. DEFINITIONS

A. CONFIDENTIAL CLIENT/ADVOCATE COMMUNICATION

A confidential client/advocate communication is any written or spoken information exchanged between a client and a counselor/advocate in the course of a counseling/advocacy relationship, between advocates in the course of service delivery, between the client and other recipients of service associated with the agency, and between clients and the administrative personnel of a domestic violence program. Any and all knowledge, advice, records, logs, client and organizational records or working papers relating to a service recipient are confidential and not to be shared with any third party. Even the fact that a person is a client or has contact with the agency is privileged information. Communication is confidential even when shared by the client in the presence of the counselor/advocate with third parties who are working to further the interest of the client. Furthermore, confidential documents received from other agencies for which a client had to execute a written release are, likewise, confidential and incorporated within the scope of confidential client/advocate communication.

All confidential communications are privileged and may not be disclosed either during the period when the person is associated with or is served by the Women's Center and after termination of service or association.

Confidential client/advocate communications are protected by statute. Unless a client waives the privilege or confidentiality in a signed writing, a domestic violence counselor/advocate is not competent or permitted to disclose confidential communications made to or by the counselor/advocate by or to the client.

Any dispute as to the meaning or validity of this definition is to be evaluated in light of the statutory victim privileges set forth in Title 42 and Title 23 of the Pennsylvania Code, the Pennsylvania constitution, the contract with PCADA and other contractual non-disclosure provisions.

B. CONFIDENTIAL PROGRAM COMMUNICATIONS

A confidential program communication includes any written or spoken information related to the operation of the program, including but not limited to, communications or writings made by staff, interns, volunteers and board members, related to the internal operations of the program, including but not limited to, administration, personnel and board functions, except as approved for disclosure by a supervisor, the executive director or the chairperson of the Board. Confidential program communications are privileged and not to be disclosed both during the period of association with the program and after termination of association.

However, any confidential program information related to a legal claim that an employee, intern, volunteer or board member has filed against the Women's Center

may be disclosed in the pleadings and in litigation but should be fashioned in such a way as to protect clients and persons associated or formerly associated with the Center in keeping the *Statement of Confidentiality* in Paragraph I of this document.

III. ACCESS TO CLIENT FILES

The Women's Center maintains records of client contract for statistical and information purposes.

A. STAFF ACCESS

i. Access to client records, both open and closed files, is permissible only to persons who meet all statutory requirements. These requirements are embodied in 42 PA C.S. Sec. 5945.1 for sexual assault clients and 23 PA C.S. Section 6102 for domestic violence clients. Additionally, access is permissible only to persons in compliance with such other requirements as may be established by the WC to implement this policy.

ii. Access to client and administrative files will be controlled and monitored by the executive director or her delegate.

iii. In all cases where access is requested by other than authorized persons including, but not limited to, funding sources and licensing authorities.

B. CLIENT ACCESS

Requests by clients to review their files are honored. Requests by any third party, including but not limited to a client's attorney, will not be honored without a client's informed, written consent. A review of the file must be done in the presence of the executive director or her delegate. The client, or an authorized third party, may make notes about the contents of her file and make a written request for a copy of those portions of the file that are not the work product of the Center. The client may be required to pay the costs of photocopying. Information received from other confidential sources may not be reviewed or copied; the client will be referred to the original source for copies of those materials. The request and the response to the request will then be referred to the original source for copies of those materials. The request and the response to the request will then become part of the record. The WC has the right to require a twenty-four hour notice for purposes of making the file available.

The client should be informed that a copy of her file released to any third party is not covered by confidentiality and disclosure laws, may not thereafter be claimed as confidential, either in whole or part, related to the person or proceeding to which the copy was released, and may be used against her.

The client may request the correction or removal of inaccurate, irrelevant, outdated or incomplete information from her file. Any such request shall be considered. Any document or notation required by the DPW contract must remain in the file. The file may be corrected to make it accurate; however, if the Center and the client dispute the accuracy of a proposed correction, the dispute shall be noted and the file remain unchanged. A client may submit rebuttal data or memoranda to her records.

Written documents/materials held by the WC merely for safe-keeping for the client are not to be kept in the client's file and must be released upon her request. These materials are not subject to review even by authorized persons who otherwise have access to client and administrative files.

Client files may not be removed from the agency except with prior written permission of the executive director or her delegate.

The Center reserves the right to deny access to any file related to litigation by the client or her agent against the Center.

C. ACCESS BY BOARD MEMBERS

All members of the program's board of directors are required to sign an agreement to maintain confidentiality. Board members do not have access to open or closed client files, nor to information that would identify a client; except as the executive director authorizes board member access, such authorization being for the purpose of handling specific administrative situations, including but not limited to, a subpoena for a client's file, proceedings related to DPW appeal, or litigation against the Center related to the client. Access to administrative files will be monitored by the executive director or her delegate.

D. ACCESS BY GENERAL PUBLIC

Neither the general public nor the justice system is entitled to access to the Center's records. Names and other case information that, standing alone or collectively, could identify a client must never be used in training or public speaking. Disclosure should be made only with the explicit, written permission of the client.

IV. CONTENT OF CLIENT FILES

1) The content of client files is limited to information that is required for statistical and funding purposes, establishing goals for the counseling/advocacy relationship, and documenting the need for services.

2) Verbatim statements made by or concerning a client are never included in the client file. Clients are not to write in client file.

3) Any person writing in the client file should sign and date each entry, and by virtue of said signature, it may never be inferred that the client has verified the entry. Clients shall not be required to sign entries made into their file.

4) Certain specific documents will need to be signed by the client, such as but not limited to, service plans, individual rights, house rules, confidentiality statement, medical and child care releases, and releases of information. Such documents, as well as incident reports, internal grievances, and DPW appeals will be maintained in administrative files, not client files, after cessation of service provision.

5) Information received from sources other than the client may be included in client files, as appropriate.* Copies of protection orders, as well as petitions and orders in other family law matters, may be retained in the client file. Otherwise, client files should not contain legal documents or statements containing legal conclusions, except as these are made by a court of law or by an attorney acting as counsel for the client and are deemed covered by the communications privilege by a court and might potentially be used against her.

6) Written statements, letters, or comments of a client should not be kept in the client file except where they are critical to service delivery or advocacy and then only for the duration of service delivery. The client should be carefully informed that any statement not addressed to workers of the WC may not be deemed covered by the communications privilege by a court and might be potentially be used against her.

When a client asks that a domestic violence shelter or safe home hold papers for safekeeping, those papers should not become part of the client file, but should be kept in a locked place where other client valuables are kept. Such materials are not deemed client records. Counseling centers should not hold papers for safekeeping for any of their service recipients, but should assist a woman in finding a safe place for such papers.

7) All entries in a client file must be made in such a fashion that they are legible and in language familiar to clients.

8) Shelter logs and/or telephone logs should use only the first name of clients whenever reasonable. These logs must be factual only and must not include interpretive or evaluative remarks about the client.

9) Essential communications about individual clients which cannot effectively be made orally to other workers in the program should be made in memo form and must be immediately destroyed by the recipient worker.

* Summarizing documents obtained from other sources is generally not appropriate practice. The original, if relevant, should be maintained in the client's file until cessation of service provision.

10) Students/interns working in the program are not authorized to make entries in the client files. Counseling notes of the students should be kept in the student's supervision file in the Center. If and when student notes are released to college instructors, all identifying material must be removed from these notes, including the names of staff, volunteers, battered women and their children, and other students.

V. MAINTENANCE/DESTRUCTION OF CLIENT FILES

1) Open and closed files must be kept in locked file cabinets or a locked area, which is secure at all times. Access to the keys to the files should not be less restricted than access to the files. The keeper of the records, who is responsible for the secure maintenance of all client and administrative files, is the executive director.

2) All files will be maintained as contractually required.

3) For purposes of the PCADV contract, the files must contain a PW652, the service plan and documentation of services. Minimally, the Center conducts a file review every 6 months, and all documents, except those contractually required, shall be removed unless essential for on-going service provision.

4) The client should sign a statement acknowledging that she has been notified of the retention and destruction procedures of the WC. The executive director or her delegate will supervise the destruction, if any, of client files and program logs. Under no circumstances is a file, or any part thereof, to be destroyed to avoid a subpoena.

VI. RELEASE INFORMATION

Battered women seek the services of domestic violence programs because their safety is endangered by their abusing partner. Women fear that if their abusive partner discovered that they had called a domestic violence program, or discovered the whereabouts of the shelter, or obtained information about the receipt of any services, they will be assaulted again or killed. Battered women who see our services depend on the maintenance of confidentiality of all communications with and between our program staff. Confidentiality is essential to a full and satisfactory relationship between the battered woman and the program. Therefore, the release of any information to a third party must be purposeful and clear with informed consent.

All staff are bound by statute and staff, student interns, volunteers and Board are bound by this policy and their signed agreement to maintain confidentiality. The client is bound to confidentiality by her non-disclosure agreement.

A. CLIENT-INITIATED DISCLOSURE

The client generally makes decisions regarding disclosure. In order to insure that the client is giving informed consent with respect to the release of information, the following conditions must be met:

i. Where a client wants the program to release information to a third party, she should review the requested information and evaluate the benefits and drawbacks of releasing the information before deciding whether or not to give consent for its release. The program has the responsibility to ensure that the client is informed regarding the scope of the information to be disclosed, the purpose of the information, the duration for which the release is valid and the ramifications of disclosure.

ii. The client's consent must be in writing and must include the SPECIFIC information to be released; the date the release is signed; the beginning and ending dates that the release is effective (not to exceed thirty days total); and the purpose for which the information is released. Blank release forms must never be signed.

iii. Information that is released, once consent is given by client, should be limited to that information which is essential to respond to the request.

iv. A release of information form from another agency may not be substituted for a signed release from the WC.

v. In cases involving minors; the minor's non-abusive parent or legal guardian will make the decision whether or not the records are released. A minor's file is the adult parent client's file.

vi. When more than one adult is involved in a counseling situation, the consent of all parties must be obtained or the release of any information.

vii. Release of information by telephone is appropriate only in the presence of the woman herself, or as deemed appropriated by the executive director or her delegate in emergency situations outlined in VI. D. It is preferential that the client herself disclose information to the third party.

viii. Notwithstanding any of the above, the Center may determine that disclosure of any information subject to confidential communications shall not be made even though a client executes a written release. Where the Center concludes that the requested release would endanger the client, the Center, other clients, staff, student interns, volunteers or board members, the executive director is not bound by the written release. The Center may also conclude that disclosure in a particular case will create an appearance of non-confidential services that will deter other battered women from seeking life-preserving services. The executive director is

authorized to resist disclosure by all appropriate means, citing statute, public policy, contractual obligation, constitutional privacy claims, etc. Where the client, nonetheless, seeks disclosure, the executive director should advise the Chair of the Board of the decision to resist and seek board support for her decision since Center resources may have to be allocated to the protection of the confidential information.

B. SUBPOENAS/SEARCH WARRANTS/ARREST WARRANTS

This program is committed to avoiding court appearances except as necessary to further the interests of justice or to protect the victim of battering from further violence.

i. All subpoenas should be addressed to the executive director or her delegate.

ii. Pursuant to the Rules of Civil Procedure, subpoenas for program testimony or records may be served upon any adult answering the door of the shelter or staffing the office. Even though the Center has designated that all subpoenas be addressed to the executive director, service need not be made upon her. Thus, when a subpoena is served, the person receiving service must immediately inform and/or deliver the subpoena to the executive director.

iii. Upon receipt of a subpoena, the executive director shall contact counsel for the Center evaluate whether the program should result or cooperate with the subpoena.

iv. The Center must not disclose any information without the explicit, informed, written consent of the client. The Center is under no affirmative obligation to seek out a former client to advise her of the subpoena or to seek her release of information. Without client consent, the Center must resist disclosure and should file a Motion to Quash the subpoena.

v. As to search warrants, the adult answering the door of the shelter or staff in the office should advise the officer with the warrant that only the executive director is authorized to permit a search and that the person will make every effort to immediately contact the executive director. The executive director should be immediately alerted to the search warrant, and, if she cannot be located, the attorney for the Center should be immediately apprised. Assuming that neither cannot be contacted, the chair of the board should be notified of the search warrant. The warrant should be scrutinized for its validity. If there are defects on the face of the warrant, the executive director (the attorney or the chair of the board) shall call the issuing authority and ask that the warrant be quashed based on the defect. If the search warrant is for anything other than a resident of the shelter, the officer should be asked to wait until those women and children residing in the shelter may be informed about the search warrant and elect whether to remain in the building or temporarily exit the building while the search takes place. If the search warrant is for

a particular individual, the executive director may advise the individual that the program would prefer that she cooperate with the warrant rather than expose all of the other residents and staff to the disclosure attendant upon a search.

Search warrants should never be issued for client or administrative files of the program, and if the warrant is directed at records, the executive director should immediately call the issuing authority and ask that the warrant be quashed and that a subpoena be issued immediately instead. If the issuing authority will not agree to the dismissal or withdrawal of the warrant, the executive director should immediately contact a judge of the Court of Common Pleas by telephone asking that the court direct that the warrant be terminated. Search warrants should be related to the evidence of a crime. Since evidence of the crime committed by the batterer against the client is not likely to be located in a shelter, a search warrant for evidence of a crime will likely issue when the police or prosecutor believe that a battered woman has committed a crime. If that is the case, the executive director should immediately contact the attorney for the battered woman, if any, and advise of the warrant and inquire whether the attorney wants to seek to quash the warrant by telephone communication with the appropriate authority. If a warrant is not terminated by any of the above means, the program will have to honor the search warrant. To safeguard the interest of the Center, all efforts to resist the warrant should be documented and pictures or videotapes may be taken of the officer executing the warrant.

vi. When an officer produces an arrest warrant at the shelter or the Center office, personnel at the Center shall comply with the warrant. Should staff learn of an arrest warrant before it is effected, staff should notify the person subject to the arrest warrant of issuance and encourage the client to immediately contact counsel and turn herself in to the issuing authority or the police department. The Center is not obligated to assist law enforcement in effecting arrest.

C. TELEPHONIC COMMUNICATIONS

The Center is committed to the preservation of private and safe telephone communications. The introduction of new telephone technology has made privacy and safety more complicated and costly. All those associated with the Center are expected to be conversant with strategies to preserve telephone safety and confidentiality for themselves and clients. It is critical that no confidential communication be inadvertently disclosed and, thus, the Center has established telephone procedures and will revise them as necessary.

D. PROGRAM-INITIATED DISCLOSURE

There may be circumstances under which the Center may disclose confidential information without the consent of a client. The executive director or her designee alone has the authority to make a decision regarding disclosure without

written consent of the client. This decision should be exercised carefully and should only be exercised in the following circumstances:

i. If a client is incompetent and a legal guardian has been appointed for the client, the guardian has the right to consent to disclosure. Disclosure of a clients file will be made to the legal guardian of any incompetent client. The legal guardian must provide a certified copy of his/her appointment and affirm that the appointment is current before disclosure is given. Likewise, the client should be advised that disclosure is anticipated. Release of any confidential information is governed by this document, as explicitly set forth in the paragraph above.

ii. If a situation involves a medical emergency which is life-threatening to the client or child, and the client is not able to authorize the release or the client cannot be timely found, pertinent information limited to the medical emergency may be released without signed consent. However, the client must be notified of this action orally and in writing as soon as possible.

iii. If the Center concludes that a client's safety or welfare is at grave risk, the executive director may disclose to law enforcement and/or others the basis for this conclusion and information that may assist in safeguarding the client. The client must be notified as this action orally and in writing as soon as possible.

iv. If the domestic violence client has been killed under circumstances that suggest homicide, the executive director may choose to disclose that the deceased domestic violence client was served by the Center. The disclosure should be made with permission of any family member who was seen as an ally by the deceased domestic violence client. Disclosure of pertinent information related to the domestic violence client, the abuser and the history of violence perpetrated by the a user should be directed to the district attorney. Any disclosure to the media should generally be made after consultation with the district attorney, but should disclose otherwise necessary to effect justice on behalf of the deceased domestic violent client, communication with the media is appropriate. The statutory privilege covering client/advocate communications terminates at the death of a domestic violence client.

v. Where an employee of WC has had face-to-face contact with a child and concludes that child has been abused either physically or sexually, the abuse must be reported, according to guidelines below. If the employee has had telephone contact with a child and has cause to believe that the child has been abused, such should be reported to the WC designated administrator, who will follow the PCAR reporting policy for those sexual assault situations and the PCADV policy for those domestic abuse situations. Title 55: Public Welfare (Part V. Subpart D. Article III, Chapter 3490.11) states oral reports shall be directed to Childline and written reports to the local Children and Youth Services.

a) The executive director or her delegate shall submit oral reports to Childline and written reports to Children and Youth Services.

b) The information which is required by law to be in a report is only that information which is available. The exact location of the WC should not be given out because it is legally unavailable. However, it may be necessary to reveal the post office address for the purpose of further communication. The WC is not required to complete an investigation before reporting. Only that information which is available at the time the report is made needs to be disclosed. *

c) If the mother or guardian is willing to report the abuse herself, the WC will have complied with the requirement for reporting if they assist her in making the report.

d) The following information must be included in the report:

- Name of the child.
- Nature and extent of the suspected child abuse.
- Relationship of the suspected perpetrator to the child.

e) The following information may be included where available:

- Address of the child and her/his parents or other person responsible for his/her care (except not the address of a domestic violence program);
- Where the suspected child abuse occurred;
- Child's age and sex;
- Nature and extent of the suspected child abuse including any evidence of prior abuse to the child or his/her siblings;
- Family composition;
- Source of report;
- Person making the report and where she/he can be reached;
- Any action(s) taken by the reporting source including the taking of photographs and x-rays, removal or keeping of the child or notifying the medical examiner or coroner.

f) If the mother or guardian refuses to report the abuse, WC should inform the mother or guardian that WC will and must report, and shall do so.

vi. In cases involving suspected child abuse, be it sexual or physical, where the abuser does not fall within CPSL definitions, the worker shall consult with the executive director and consider the following:

* Note: If the child abuse is disclosed to an attorney working for the program or a paralegal working under the supervision of an attorney, no report of suspected child abuse must be given. This decision is up to the discretion of the attorney.

- Age of the victim (as a general rule, victims, fourteen (14) or over shall be afforded the same degree of confidentiality as per an adult [PCARS's Policy]);
- Relationship between the victim and perpetrator;
- Nature and severity of the abuse;
- Access to the victim by the perpetrator;
- Relationship between the worker and victim;
- The amount of time which has lapsed since the abuse occurred.

Based on the totality of circumstances and the need for the continued safety of the victim, the worker and the executive director will, with the advocate and the battered woman, devise a plan with which to handle the situation.

vii. When a client informs a worker that she intends to commit a violent crime, this information must be reported to the executive director (or her delegate) who may disclose the information to the appropriate legal authority, but should only when she was not able to dissuade the client from pursuing the contemplated violent crime, where disclosure is reasonable, and where the executive director (or her delegate) believes that there is a substantial likelihood that the client will commit the violent crime. Disclosure may also be made to the identified, intended victim(s) where feasible. The executive director (or her delegate) will inform the client that she is taking this action. In short, the confidential client relationship does not protect a counselor from the responsibility to report the intent to commit a felony.

viii. In domestic violence situations, disclosure may be made to another shelter/program in order to accomplish the transfer of a client or services for the client upon agreement by the battered woman release of information. This release may only be to other domestic violence programs under contract with DPW or members of PCADV. Disclosure should only include the intake and service plan of the client, along with any court pleadings or orders.

ix. Participation on multi-disciplinary teams or with other human service agencies for the purpose of case management is constrained by the requirements of this policy and by statute.

x. If the Center intends to use the story of any client in community education or external communication with enough particularity that a person outside the Center might identify the client thereby, the Center shall obtain written permission for the use of the story from the client, who may specify limitations on the scope and circumstance of Center usage thereof.

(Note: These statutes only apply to non-federal or non-tribal lands in Arizona. Tribal codes may differ or be based on federal law.)

[13-3509](#) . Duty to report; classification

A. A person who is asked to record, film, photograph, develop or duplicate any visual or print medium depicting sexual activity, whether or not the person would be compensated, shall immediately report, or cause a report to be made of, such request to a municipal or county peace officer. The report shall include the name or names of the person, persons or business making the request, if known, and shall describe what was requested.

B. A person who knowingly violates this section is guilty of a class 6 felony.

[13-3620](#) . Duty and authorization to report nonaccidental injuries, physical neglect and denial or deprivation of necessary medical or surgical care or nourishment of minors; duty to make medical records available; exception; violation; classification

A. Any physician, hospital intern or resident, surgeon, dentist, osteopath, chiropractor, podiatrist, county medical examiner, nurse, psychologist, school personnel, social worker, peace officer, parent, counselor, clergyman or priest or any other person having responsibility for the care or treatment of children whose observation or examination of any minor discloses reasonable grounds to believe that a minor is or has been the victim of injury, sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212, death, abuse pursuant to section 8-201, or physical neglect which appears to have been inflicted on that minor by other than accidental means or which is not explained by the available medical history as being accidental in nature or who has reasonable grounds to believe there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant less than one year of age protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security. A clergyman or priest who has received a confidential communication or a confession in that person's role as a clergyman or a priest in the course of the discipline enjoined by the church to which the clergyman or priest belongs may withhold reporting of the communication or confession if the clergyman or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the clergyman or priest may otherwise make of the minor. A report is not required under this section for conduct

prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors age fourteen, fifteen, sixteen or seventeen and there is nothing to indicate that the conduct is other than consensual. Reports shall be made forthwith by telephone or in person forthwith and shall be followed by a written report within seventy-two hours. The reports shall contain:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
2. The minor's age and the nature and extent of the minor's injuries or physical neglect, including any evidence of previous injuries or physical neglect.
3. Any other information that the person believes might be helpful in establishing the cause of the injury or physical neglect.

B. A health care professional who is regulated pursuant to title 32 and whose routine newborn physical assessment of a newborn infant's health status or whose notification of positive toxicology screens of a newborn infant gives the professional reasonable grounds to believe that the newborn infant may be affected by the presence of alcohol or a substance prohibited by chapter 34 of this title shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection "newborn infant" means a newborn infant who is under thirty days of age.

C. Any person other than one required to report or cause reports to be made in subsection A of this section who has reasonable grounds to believe that a minor is or has been a victim of abuse or neglect may report the information to a peace officer or to child protective services in the department of economic security.

D. A person having custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

E. When such telephone or in-person reports are received by the peace officer, they shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective services receives these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.

F. Any person required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the child and the vicinity involved. Medical examinations including, but not limited to, radiological examinations of the involved child may be performed.

G. A person furnishing a report, information or records required or authorized under this section, or a person participating in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, shall be immune from any civil or criminal liability by reason of such action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in

question. Except as provided in subsection H of this section, the physician-patient privilege, the husband-wife privilege or any privilege except the attorney-client privilege, provided for by professions such as the practice of social work or nursing covered by law or a code of ethics regarding practitioner-client confidences, both as they relate to the competency of the witness and to the exclusion of confidential communications, shall not pertain in any civil or criminal litigation or administrative proceeding in which a child's neglect, dependency, abuse or abandonment is an issue nor in any judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section nor in any investigation of a child's neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

H. In any civil or criminal litigation in which a child's neglect, dependency, abuse or abandonment is an issue, a clergyman or priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a clergyman or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a clergyman or priest from the duty to report pursuant to subsection A of this section.

I. If psychiatric records are requested pursuant to subsection D of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.
2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

J. If any portion of a psychiatric record is excised pursuant to subsection I of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record containing information relevant to the reported abuse or neglect be made available to the peace officer or child protective services worker investigating the abuse or neglect.

K. A person who violates this section is guilty of a class 1 misdemeanor.

13-3806. Duty of physician or attendant upon treating certain wounds; classification

A. A physician, surgeon, nurse or hospital attendant called upon to treat any person for gunshot wounds, knife wounds or other material injury which may have resulted from a fight, brawl, robbery or other illegal or unlawful act, shall immediately notify the chief of police or the city marshal, if in an incorporated city or town, or the sheriff, or the nearest police officer, of the circumstances, together with the name and description of the patient, the character of the wound and other facts which may be of assistance to the police authorities in the event the condition of the patient may be due to any illegal transaction or circumstances.

B. Any violation of the provisions of this section by a physician, surgeon, nurse or hospital attendant, is a class 3 misdemeanor.

Training Evaluation

Name of Agency
Title of Training

Location: _____ Date: _____

What information from today's training was the most useful to you?

What information from today's training was the least useful to you?

Occupation/Affiliation:

- DV Advocate/Program Staff
- Court Staff/Judge
- Law Enforcement
- Attorney
- Mental Health Provider
- Faith-based
- Victim Witness/Services

- Social Worker
- Probation
- Batterer Program Provider
- Teacher/Educator
- Healthcare Provider
- Citizen/Community Member
- Other: _____

Time/Years in Field: _____

Time/Years in Domestic Violence Field: _____

Rate the following from: 1(poor) to 5(excellent)

Name of Topic 1 1 2 3 4 5

Name of Topic 2 1 2 3 4 5

Name of Topic 3 1 2 3 4 5

Overall Information 1 2 3 4 5

Other comments and/or suggestions for future training's (Use back if necessary):

THANK YOU!

RESOURCES

Books

Assessing Woman Battering in Mental Health Services
By Edward W. Gondolf

Education Groups for Men Who Batter: The Duluth Model
By Ellen Pence and Michael Paymar

Ending the Cycle of Violence: Community responses to children of battered women
Edited By Einat Pele, Peter G. Jaffe and Jeffrey L. Edleson

Getting Free: You can end abuse and take back your life
By Ginny NiCarthy

It Could Happen to Anyone: Why battered women stay
By Ola W. Barnett and Alyce D. LaViolette

Next Time She'll Be Dead: Battering & how to stop it
By Ann Jones

Safety Planning with Battered Women: Complex lives/difficult choices
By Jill Davies, Eleanor Lyon and Diane Monti-Catania

Talking It Out: A guide to groups for abused women
By Ginny NiCarthy, Karen Merriam and Sandra Coffman

The Verbally Abusive Relationship: How to recognize it and how to respond
By Patricia Evans

When Love Goes Wrong: What to do when you can't do anything right. Strategies for women with controlling partners
By Ann Jones and Susan Schechter

When Violence Begins at Home: A comprehensive Guide to Understanding and Ending Domestic Violence
By K.J. Wilson, Ed,D.

Women Who Kill
By Ann Jones

Programs

Battered Women's Justice Project
800-903-0111
bwjp@aol.com

Center for the Prevention of Sexual and Domestic Violence
(Special service for religious leaders.)
936 North 34th Street, Suite 200
Seattle, WA 98103
206-634-1903
206-634-0115

Domestic Abuse Project
204 West Franklin Avenue
Minneapolis, MN 55404
612-874-7063
www.umn.edu/mincava/dap.htm

EMERGE (Program for Batterers)
18 Hurley Street, #23
Cambridge, MA 02141
617-547-9879
emergeinc@aol.com

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
415-252-8900
415-821-4553 – Fax
www.fvpf.org

Family Violence & Sexual Assault Institute
1121 ESE Loop 323, Suite 130
Tyler, TX 75701
903-534-5100
903-534-5454 – Fax
fvsai@e-tex.com

National Center for Victims of Crime
2111 Wilson Boulevard, Suite 300
Arlington, VA 22201
800-FYI-CALL (800-394-2255)
703-276-2880
703-276-2889 – Fax
www.ncvc.org

National Clearinghouse for the Defense of Battered Women
125 South 9th Street, Suite 302
Philadelphia, PA 19107
215-351-0010
215-351-0779 - Fax

National Coalition Against Domestic Violence
PO Box 18749
Denver, CO 80218-0749
303-839-1852
www.ncadv.org

National Domestic Violence Hotline
3616 Far West Boulevard, Suite 101-297
Austin, TX 78731-3074
800-799-SAFE – Crisis (800-799-7233)
800-787-3224 – TTY Crisis
512-453-8117
512-453-8541

National Organization for Victim Assistance (NOVA)
1757 Park Road, NW
Washington, DC 20010
202-232-6682
202-462-2255 – Fax
800-TRY-NOVA – Crisis (800-879-6682)
nova@access.digex.net
www.try-nova.org

National Resource Center on Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112-2778
800-537-2238
717-545-9456 – Fax
800-553-2508 – TTY

National Training Center on Domestic Violence and Sexual Violence
2300 Pasadena Drive
Austin, Texas 78757
512-407-9020
512-407-9022 – Fax
www.ntcdsv.org

Pennsylvania Coalition Against Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
800-932-4632
717-545-6400
717-545-9456 – Fax
pcadv@pcadv.org
www.pcadv.org

Violence Against Women Office
Department of Justice
633 Indiana, NW, Room 446
Washington, DC 20531
202-307-6015
202-307-2019 – Fax