

# SERVICE DELIVERY STANDARDS FOR MEMBER PROGRAMS



MARCH 2012

## ACKNOWLEDGEMENT

This manual is designed to ensure a minimum standard of service and define a vision for best practice in serving battered women and their children. It is drawn from the collective experiences of the ICADV membership in hopes it will assist in maintaining our reputation as a leader in the battered women's movement.

We acknowledge and honor those visionaries who brought us to this point, especially Susan Schechter for challenging day to day practice and its relevance to the realities of battered women's lives. The legacy of such vision lies in our ability to hold each other accountable to the individuals we serve. The true authors of this manual are the countless victims, those we served and those we never saw, whose courage inspired the battered women's movement. These standards are dedicated to them.

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## STATEMENT OF PHILOSOPHY

Domestic violence impacts individuals and families. It grows out of a social belief that men have the primary right of control over the lives of their partners and children. Historically, the ownership of women by men, the right to control, discipline, and abuse women's bodies, as well as control their financial and material resources, has been sanctioned both informally and formally, or legally. This system is known as patriarchy. It is tied to other systems of oppression in which certain categories of people are given privilege over others, leading to racism, homophobia, able-ism, ageism, and other forms of discrimination. Despite social change, these systems remain in existence. Consequently, battering continues; and the vast majority of its victims are women.

We believe that no one deserves to be beaten for any reason. Violence is learned behavior that is a choice on the part of the abuser. It is learned within families, within communities, and from the systems of oppression in which we live. It is part of almost all cultures.

Our conviction that women are fully equal members of society, that they have the right to self determination and full control over their lives, and are responsible for their choices, is an integral part of our approach to domestic violence.

ICADV's membership identifies itself as feminist in recognition of the institutional oppression of women and works towards the goal of women's equality and dignity regardless of race or ethnicity.

Intervention with children and the promoting of non-violent problem-solving, respect for differences, and empowerment for oppressed minorities are integral arts of our philosophy of social change.

All people have the right to safety and to freedom from violence. This is the basis for all our services for, and interventions with, battered women<sup>1</sup>.

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<sup>1</sup> For the purposes of these standards, the term “battered women” is understood to include males battered by their intimate partners.

## PURPOSE OF STANDARDS

Advocates are service providers, working for domestic abuse programs, who give information and support to survivors of domestic abuse and actively link survivors to other helpers. Advocates may provide any of the following services: accompany a client<sup>2</sup> to court proceedings, provide information about legal rights and options, provide support during medical examinations, accompany a client to apply for social services, make referrals to mental health providers, facilitate support groups, transport clients to other services, provide individual crisis counseling, etc. Advocates for battered women must respect the informed choices of the clients with whom they are working.

By engaging in a process of defining expectations for services and visioning best practices we hope to articulate a philosophy of safety for survivors, accountability of perpetrators, and social change. The purpose of these standards is to:

- Ensure uniform minimum levels of quality of service.
- Encourage excellence.
- Educate and inform about our beliefs, policies, and best practice.
- Evaluate and reflect on where our services are, where the overall movement is, and where battered women need us to go.

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<sup>2</sup> *“Client”* refers to persons seeking services from domestic abuse programs. Programs variously use the terms: “client”, “battered woman”, “survivor”, “guest”, “victims”, “resident”, or “abused person”. The use of the term client is intended to reflect that the program’s services are engaged on that person’s behalf according to that person’s wishes.

## GUIDING PRINCIPLES FOR INTERVENTION IN DOMESTIC ABUSE CASES:

ICADV's Guiding Principles:

- to increase victim safety.
- to respect the authority and autonomy of victims to direct their own lives.
- to hold perpetrators; not victims, responsible for abusive behavior and for stopping abuse.

**Any and every action taken by domestic violence program advocates should be tested by its impact on a woman's safety and personal sovereignty.**

Battered women come from all socioeconomic classes, educational levels, racial and cultural groups, sexual orientations, religions, and are all ages. Battering is something that can happen to anyone. A woman who is battered has been victimized; she is not sick, mentally ill, masochistic, or co-dependent, although victimization has been mislabeled as such. A woman may need a broad range of services due to the victimization.

The central theme of our philosophy is that we are committed to assisting women in regaining control over their own lives. We do this by offering options which may help women make their own choices and decisions about their lives. We support them in taking responsibility for the consequences of their decisions. It is respectful and empowering to refrain from inappropriately rescuing women, i.e. doing things for them that they are capable of doing, or failing to confront them about their own behaviors which are problematic. Similarly, it is not respectful to treat women as children, in need of correction, rehabilitation, or fixing.

In accordance with this philosophy of empowerment, it is the responsibility of the service provider to view herself as a part of a partnership with a battered women working toward change. Advocacy with other agencies, and linking women to formal and informal supports is vital. An advocate's role is to provide information, support, practical

assistance, and, sometimes, mentoring. In doing this we acknowledge that all helping relationships have an inherent imbalance of power; we strive to prevent potential abuses of that power imbalance by: openly sharing the nature and reasons for any differences of power; encouraging confrontation regarding any discomfort with the relationship; being open to confrontation and feedback; being aware of our own power issues; and being clear that we view every battered woman as an equally worthy and valuable person.

Battering is not simply the problem of particular individuals. Our work with individual survivors of domestic abuse cannot be separated from our responsibility and fervor to engage with our communities and larger society to prevent domestic abuse from occurring. Battering is a social-political-economic issue. Ending battering requires fundamental change in how we relate to each other and the sanctity with which we regard every individual's right to live free from coercion, fear, violence, and abuse. The battered women's movement is aligned with the demand for civil rights for people of color; gay, lesbian, bisexual, transgender, and transsexual rights; disability rights; the rights of or elders; the rights of tribes and first nation peoples; Deaf, immigrants, people in poverty, and every other community engaged in the struggle to achieve social justice.

Linking our day to day work with survivors to ongoing primary prevention also means re-thinking our own institutions to: create agency structures and staff policies that reflect our vision; empowering and respecting paid and volunteer staff; challenging and holding each other accountable in helpful ways that encourage growth and change; and being open to confrontation and feedback from clients, service providers, and communities.

Finally, we must take care of ourselves. Our individual lives cannot be separated from the work of social change, nor do we live separated from the conflicts, struggles, and issues of our families or communities. Most of us serve many different roles: advocate, mother, sibling, child, leader, volunteer, healer, friend, worker, and voter. Many of us have faced abuse in our own lives. We must make sure that we are safe and healed sufficiently before devoting our energies toward others. Safety begins in our own hearts, minds, and bodies. If we do not value our personal lives and well-being, the work we do is meaningless.

## NONDISCRIMINATION

### NONDISCRIMINATION POLICY

We are committed to serving all battered women. We understand that societal conditions have kept many groups from having full access to their own power and available services. Specific groups include women from minority ethnic groups, women with disabilities, lesbians, bisexuals, older women, immigrant women, women with spiritual concerns, poor women, and women working in prostitution or pornography. We recognize that many of these women are victims of multiple oppressions in addition to the battering and we view these oppressions as forms of violence.

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#### STANDARD 100:

*Services to victims cannot be restricted based on: race, ethnicity, religion, gender, age, sexual orientation, substance use or abuse outside of shelter, disabilities, income, country of origin, immigration status, or English proficiency.*

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#### BEST PRACTICE:

Discriminatory attitudes and practices cannot be eliminated without an understanding of the ways social and institutional privileges are inherited and leveraged and without the conscious pursuit of cultural competence.

*“Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and*

communities and protects and preserves the dignity of each.” (NASW Standards for Cultural Competence in Social Work Practice, 2001.)”

Programs and staff improve cultural competence through increasing knowledge about diverse communities, experiential training in cross cultural advocacy, addressing accessibility issues, and recruiting and empowering staff from marginalized communities.

Program staff are proactive in addressing various forms of discrimination, including anti-immigrant sentiments. This could include strategies such as discussing similarities, differences, and barriers at house meetings; mediating a direct interpersonal conflict; setting expectations about communal living at intake, and modeling respect for all survivors of violence and their courage. Staff has many opportunities to learn about and practice how to have these discussions in a compassionate, open, respectful, and productive manner.

#### OUTREACH TO WOMEN OPPRESSED IN MULTIPLE WAYS

We will make every effort to provide outreach to all women, especially those oppressed in multiple ways, and to make our services accessible physically, culturally, and emotionally. We believe it is our responsibility as service providers to educate ourselves regarding the oppressions women face, and to examine and change our own values and behaviors that may contribute to the oppression of women. Clients with multiple oppressions may have had prior experience with police, the justice system or other formal social institutions that has negatively impacted their community and sense of personal safety. These experiences must be acknowledged and understood in order to develop relationships and effective safety strategies for our clients.

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**STANDARD 110:**

*Domestic abuse programs shall strive to connect with and serve previously underserved women. This includes engaging women from these communities as volunteers, paid staff, board members, and resource providers.*

**BEST PRACTICE:**

The term *outreach* means more than making brochures available in several languages and advertising to underserved communities. Outreach means learning about communities and engaging its members in discussions of: how domestic abuse manifests itself within that community; how other experiences such as poverty, racism, or isolation impact the issue of domestic abuse; traditional ways and resources for communities to deal with social problems; how domestic abuse programs might be of service to the community; and developing resources and leadership within that community. (See also Community Organizing Standards 810)

**DEAF BATTERED WOMEN**

Being Deaf or hard of hearing is viewed as a cultural attribute rather than a disability by many Deaf and hard of hearing people. Because of oppression from hearing people, like any marginalized community, the Deaf community may feel distrust toward hearing people. Programs should acknowledge this and take every action possible to facilitate communication (on hotlines, at community events via translators, in brochures, etc.)

**STANDARD 120:**

*When working with a Deaf or hard of hearing client, programs must take steps to ascertain and use that person's preferred mode of communication, e.g. American Sign Language (ASL), Signed English, lip reading, note writing, Relay Iowa, etc.*

**STANDARD 121:**

*Programs shall have a TTY available and staff shall be trained in its use. Clients shall have access to the TTY, in a private environment, if they request it. Staff shall be trained in the use of Relay Iowa.*

**STANDARD 122:**

*In accordance with the Americans With Disabilities Act, programs shall maintain a readily accessible list of sign language interpreters and shall provide such an interpreter at the client's request.*

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**STANDARD 123:**

*Advocates shall be knowledgeable about their clients' rights to sign language interpreters, and other accommodations, and will advocate for these rights within medical, legal, educational, social service, and other systems.*

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**STANDARD 124:**

*Use of a certified ASL interpreter does not negate a client's confidentiality rights under 915.20A.*

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**BEST PRACTICE:**

Programs have access to and can provide assistive devices such as vibrating alarm clocks, telephone flashers, flashing infant monitors, webcams, videophones, etc. to clients as needed. Clients may request interpreter services to attend house meetings, support groups, etc. Programs strive to recruit paid and volunteer staff that are Deaf and those familiar with ASL.

## CLIENTS WITH DISABILITIES

Programs must be proactive in identifying the barriers faced by people with disabilities who seek services and be responsive to survivors with physical, sensory, emotional, or cognitive impairments. Domestic abuse programs should develop working relationships with other service providers in their communities and be knowledgeable about resources available to people with disabilities.

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STANDARD 130:

*Programs shall conform to Americans With Disabilities Act requirements.*

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STANDARD 131:

*Program staff receive training on how disabilities impact the experience, safety, and barriers faced by battered women.*

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STANDARD 132:

*The physical location of the program has parking available for persons who are disabled, an accessible entrance, and at least one accessible restroom facility. The location of support groups, if offered off-site, shall also be accessible.*

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STANDARD 133:

*Shelter programs have at least one accessible bedroom and bathroom, and communal areas, such as the kitchen and living room, are accessible.*

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STANDARD 134:

*Disability status shall not be a reason to deny services. Intake processes for programs and safety planning shall include questions about accommodations needed. Shelter programs shall work with clients to accommodate needs such as personal care attendants, specialized foods, transportation, modifying chores, allowing service animals, etc.*

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**BEST PRACTICE:**

Domestic abuse programs offer training to disability-related service providers, including independent living centers and churches, on recognizing the symptoms of abuse, batterer accountability, safety planning, and domestic abuse services provided. Programs work to build relationships with disability-related advocacy organizations and service providers and consult with them to improve the response to survivors with disabilities.

Shelters and outreach offices are fully accessible, including barrier-free access to sleeping rooms and common areas, architectural features that comply with the Americans with Disabilities Act, visual and auditory alarm systems, available interpreters, and TTYs for telephone communication.

Programs have emergency funding available to provide assistive devices, nursing services, etc. needed to accommodate people so that they may receive services equal to people without disabilities. This includes providing for the needs of service animals, such as secure yard space and food.

## IMMIGRANT CLIENTS

When working with battered immigrant women, language is likely to be an issue, even for those proficient in English. The abuser has likely used the threat of deportation, her family's situation, and isolation to control her. Resources available to these women are also limited by eligibility guidelines, racism, and cultural barriers. Therefore empowerment should not only be done by providing services, but by educating ourselves and offering culturally competent options.

Undocumented immigrants are eligible for emergency services including, specifically, domestic abuse services. Most domestic abuse programs receive funding from the Family Violence Prevention and Services Act (FVPSA). FVPSA-funded programs may not discriminate based on national origin (42 U.S.C. 10406) and must address ethnic, cultural and language-diversity issues. (42 U.S.C. 10402(a)(2)(C)). The Department of Health and Human Services has not designated FVPSA monies as a federal public benefit program that requires verification of immigration status.

Though the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," P.L. 104-193 (August 22, 1996), as amended by the "Illegal Immigration Reform and Immigrant Responsibility Act of 1996," P.L. 104-208 (September 30, 1996)—commonly referred to as "Welfare Reform" created new requirements affecting access to federally funded programs for immigrants, the Attorney General designated certain services necessary for the protection of life and safety of vulnerable populations, including battered immigrants and their children. These services are exempt from the immigration restrictions imposed by welfare reform when they are delivered at the community level without regard to an individual's income or resources, including

domestic violence services such as short-term shelter or housing assistance and other in-kind services. (AG Order No. 2353-2001, 66 Fed. Reg. 3613 (January 16, 2001)).

In addition, the final Order from the Attorney General states that "[n]either states nor other service providers may use the Act as a basis for prohibiting access of aliens to any programs, services, or assistance covered by this Order. Unless an alien fails to meet eligibility requirements provided by applicable law other than the Act, benefit providers may not restrict the access of any alien to the services covered by this Order, including, but not limited to, emergency shelters."

As recipients of Federal financial assistance, shelters must comply with Title VI and other civil rights laws. Recipients of Federal financial assistance are not allowed to discriminate based on race, color or national origin (42 U.S.C. 2000d et seq., 45 CFR Part 80). Protection against national origin discrimination includes persons with limited English proficiency. (See HHS' "Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency," 65 Fed. Reg. 52762 (August 30, 2000)).

Other emergency and transitional shelters receiving funding from HHS that are not devoted to serving survivors of domestic violence may also be exempt from immigration verification imposed by the 1996 laws because they are covered by the Attorney General's Order, because they are exempt as not-for-profit charitable organizations or because they provide assistance regardless of eligibility criteria (e.g., income).

HHS has recently issued guidance that explains that shelters for homeless or battered individuals may use TANF funds to provide services to anyone who needs their help, regardless of immigration status. (For more information on the details of using TANF funds in such circumstances, see the TANF Q's and A's at <http://www.acf.dhhs.gov/programs/ofa/polquest/index.htm>.)

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STANDARD 140:

*Programs shall not inquire about immigration status as part of initial screening to determine eligibility for services.*

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STANDARD 141:

*On request, programs link women with immigration concerns to an attorney specializing in immigration.*

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STANDARD 142:

*Programs shall inform immigrant clients of their right to self-petition for immigration status under the Violence Against Women Act, or as crime victims under U-visa provisions, or as victims of trafficking under T-visa provisions.*

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STANDARD 143:

*Advocates will assist battered immigrant women with documenting and substantiating their claims of abuse as part of their petition for immigration status.*

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**BEST PRACTICE:**

All staff have a general knowledge of immigrant rights and options. Programs have at least one staff person designated as an immigration specialist trained in the types of visas available and eligibility requirements for them. This person stays up to date on immigration policy changes and acts as a resource person for clients and fellow staff.

## NON-ENGLISH PROFICIENT CLIENTS

Not all battered women have a comfortable grasp of spoken English. Furthermore, verbal exchanges represent only a fraction of communication. Cultural expectations, rules, feelings, and experiences are conveyed in a variety of simultaneous ways. Consequently, a grasp of spoken English does not necessarily assure that the full meaning of a communication is being conveyed. Furthermore, traumatic experiences often compromise verbal skills; it's unreasonable to expect someone to try to relay and deal with trauma in a language they are not comfortable with.

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STANDARD 150:

*Upon request, programs shall provide interpreters to non-English proficient clients. This may include utilizing Ameritech's Language Line or other such services for translation.*

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STANDARD 151:

*Children shall not be used as interpreters for counseling sessions, intake, group sessions, or other contacts in which adult issues are discussed.*

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STANDARD 152:

*Programs shall assist clients in securing their right to interpreters within the legal system.*

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BEST PRACTICE:

Programs maintain a list of interpreters available in their communities. Brochures, shelter policies, information on legal rights and options, etc. are available in multiple languages. Multi-lingual paid and volunteer staff are recruited.

Interpreters are screened for their ability to maintain confidential and accurate translation services, sign a confidentiality agreement, and have training on domestic abuse dynamics.

Programs are flexible about shelter policies regarding visitors, attendance at house meetings, etc. to accommodate the needs of non-English speaking clients, including Deaf client.

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LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX (LGBTI) CLIENTS

Social stigma and lack of legal protections create additional barriers for lesbian, gay, bisexual, transgender, and intersex (LGBTI) victims of domestic abuse. Program policies and documents should explicitly state that battering may exist in *any* intimate

partnership and proactive steps should be taken to create an environment in which LGBTI victims feel safe to receive services and LGBTI staff feel comfortable working.

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STANDARD 160:

*Program staff receive training on the impact of homophobia on society and LGBTI people in particular and the barriers faced by LGBTI individuals dealing with domestic abuse. Organizational analysis of domestic abuse includes same sex relationships and the experience of LGBTI people.*

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STANDARD 161:

*LGBTI survivors receive support services from staff to address homophobia they encounter both within the program and in seeking services from other agencies and systems.*

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STANDARD 162:

*Language used in hotline calls, forms, intake materials, etc. shall not assume heterosexuality and shall be gender neutral. Programs shall have brochures and other material available for LGBTI clients that address issues of same sex battering.*

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STANDARD 163:

*LGBTI couples seeking shelter services shall be housed together and treated as any other family unit.*

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STANDARD 164:

*Programs shall treat clients according to the client's self-identified gender. If gender neutral options are not available, clients identifying as intersexed or with no preferred gender-identity shall be allowed to determine whether they are more comfortable in a male-only or female-only shelter or support group environment.*

**STANDARD 165:**

*Programs shall be sensitive to any additional privacy or safety needs of transgender clients and make accommodations as necessary to ensure they receive services. Accommodations needed are not a factor in determining eligibility for services. Staff maintains confidentiality about transgender status in the same way they would respect the privacy of other clients' medical information. Transgendered clients needing assistance with maintaining hormonal treatment are connected to appropriate medical resources.*

**BEST PRACTICE:**

Eligibility for services should be determined first as part of intake; questions regarding possible accommodations needed should come after this determination.

One of the barriers that may be faced by an LGBTI client is the attitudes and misinformation of other clients, especially while residing in shelter. Staff should let LGBTI clients know that they will receive support services from staff to address any homophobia they may encounter within the program. Staff has a duty to address other client's concerns in a compassionate way, allowing them to air their feelings while affirming the program's nondiscrimination stance and providing information about issues of sexuality and gender.

**SERVICES TO OLDER BATTERED WOMEN**

Historically, the battered women's movement has largely focused on the needs of women with young children. Only recently have the needs of older battered women been addressed and delineated as different from the issue of elder or dependent adult abuse.

**STANDARD 170:**

*Programs staff shall be familiar with the dynamics of domestic violence in later life.*

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STANDARD 171:

*If a client receives minor medical care at home, the program allows this service to continue within the shelter. The program may require these service providers to sign a confidentiality agreement.*

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BEST PRACTICE:

The program has forms and literature available in larger type to accommodate visually impaired battered women.

Staff are knowledgeable about legal issues affecting older people such as elder abuse reporting laws, powers of attorney, guardianships, Medicare appeals and housing rights.

The program builds relationships with the local aging agency, adult protective services, and other local organizations for seniors, makes referrals to those programs and consults with them to improve the response to older survivors.

## CLIENTS WITH HIV/AIDS

It is illegal to discriminate on the basis of HIV-status under the Americans with Disabilities Act.

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STANDARD 180:

*Staff shall maintain the confidentiality of HIV-positive clients and not reveal such status to other clients or service providers without the client's written release.*

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STANDARD 181:

*If a client receives minor medical care at home, the program allows this service to continue within the shelter. The program may require these service providers to sign a confidentiality agreement.*

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STANDARD 182:

*Program staff is trained in and uses universal precautions in dealing with body fluids.*

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BEST PRACTICE:

The program builds relationships with local agencies and advocacy organizations, makes referrals to those programs and consults with them to improve the response to HIV+ survivors.

## NON-RESIDENTIAL SERVICES ISSUES

### CRISIS INTERVENTION AND HOTLINES

Crisis intervention encompasses all actions performed over the telephone or in person with an individual in crisis to stabilize emotions, clarify issues, provide support, and explore options to meet the individual's immediate needs. Crisis intervention includes, but is not limited to:

- Assessing risk and/or danger;
- Assessing suicidality
- Assessment of needs;
- Listening;
- Establishing rapport and communication
- Validating feelings and providing support;
- Identifying the major problems;
- Safety planning;
- Referrals;
- Information about legal rights and remedies;
- Exploring possible alternatives;
- Formulating an action plan; and
- Follow-up measures.

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#### STANDARD 200:

*Crisis intervention services must be provided by a trained staff member or volunteer. The primary focus is on the provision of information, advocacy, validating feelings, safety planning and empowerment to reinforce the individual's autonomy and self-determination.*

## HOTLINES

Crisis intervention via telephone must be immediately available 24-hours a day by a staff person or trained volunteer. Hotline workers should be able to provide supportive listening, basic information about legal options, and how to obtain legal information and community referrals.

## STANDARD 201:

*A pager system, message machine, answering service or call-back services, are not hotline services and do not qualify as hotlines. Callers must be able to immediately speak with an advocate when they dial the crisis line number. Persons who answer the crisis line must have the minimum 20 hours of victim advocate training required by the Iowa Code for victim counselor privilege. (§ 915.20A)*

## STANDARD 202:

*Forwarding the local hotline to the state-wide hotline is strongly discouraged, and a violation of the standards when done for long periods and/or on a regular basis. This does not preclude cooperative arrangements, including forwarding, between local programs to ensure that crisis lines are covered.*

## STANDARD 203:

*To insure confidentiality and anonymity centers may not use caller I.D. machines on hotlines. Programs have policies in place to address confidentiality and safety issues regarding voicemail, texting, and email. Programs have a written policy concerning suicidal clients that states the circumstances in which staff shall violate confidentiality and client self-determination in order to prevent self-harm.*

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STANDARD 204:

*A paid or volunteer staff person shall be available on a twenty-four hour basis to provide emergency advocacy, such as: speaking with a victim after a batterer is arrested, reporting to an emergency room at the request of medical personnel, or admitting a family to shelter.*

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STANDARD 205:

*Hotlines have a TTY available and staff are trained in using the TTY, Relay Iowa, and Language Line to ensure the greatest possible accessibility.*

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STANDARD 206:

*Hotlines shall have a toll-free number and/or accept collect calls to ensure that cost is not a barrier to accessing services.*

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STANDARD 207:

*Program phone lines shall have blocks on the numbers to protect the privacy of clients during outgoing calls. They will ensure that anonymous incoming calls are not blocked.*

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**BEST PRACTICE:**

All persons answering the crisis line have received the minimum 20 hours of training required by the Iowa Code for victim counselor privilege, plus the additional 4 hours of skill-building required by ICADV's Certification Program to be considered Victim Counselors. Volunteers answering the crisis line have access to a paid staff member as a back-up during hotline coverage.

The program keeps current with technology changes to ensure the best possible confidentiality of hotline services, particularly in regards to the use of cellular phones.

Programs have a videophone available for Deaf survivors.

The hotline number should be listed in a local phone book, and be widely distributed within the program's service area. Programs should explore nontraditional strategies for making underserved communities aware of the crisis services provided.

When the primary hotline number is busy, lines that rollover to another line and are not answered shall either provide access to voicemail, or provide a message informing the caller that staff is engaged and asking them to call back, rather than having the line continue to ring unanswered.

Staff asks callers on the crisis line if they are safe or in need of medical or police assistance as a minimal screening. Repeat callers are assessed each time they call, and if not in crisis, may be asked to limit the length of the call, may be notified that another line will remain active and that the listener may need to excuse him or herself to take another call, or otherwise adapt the crisis line experience to ensure access or appropriate use of the service. Callers using a crisis line for information, referrals, emotion regulation, prevention of isolation, prevention of panic attacks, etc. are considered to be using the line appropriately.

## SAFETY PLANNING AND CASE MANAGEMENT

It is paramount that individual and group supportive services accessed by adult survivors and their children is firmly grounded in the philosophy of empowerment, with the advocate providing information and support to assist survivors in determining their own course of action. The advocate should work to aid survivors to recognize and utilize their own strengths and provide information about domestic violence and available resources. An advocate providing case management serves a coordinating role and facilitates the provision of services provided by other professionals in a collaborative manner.

Case management activities may include, but are not limited to:

- Ongoing and long-term safety planning;
- Medical, nutritional and/or health services;
- Law enforcement assistance;
- Legal remedies and services;
- Public assistance services, including job training and support services;
- Short-term, transitional and/or permanent housing;
- Child care services and parenting education;
- Child protection services;
- Alcohol and drug evaluation and education;
- Alcohol or substance abuse treatment services;

- Services for persons with disabilities;
- Transportation assistance;
- Education, continuing education, GED and/or literacy classes;
- Lesbian, gay, bisexual or transgendered support services;
- Employment readiness services and/or job training;
- Interpreter/translation services and/or immigration assistance;
- Financial planning and credit rights information and services; and/or
- Other related services as needed.

*Batterer-generated risks* are those risks directly caused by the batterer, often regardless of whether or not the victim remains in the relationship or home with the abuser. *Life-generated risks* are those risks and circumstances not directly caused by the batterer (but often used as additional weapons by the batterer) such as: mental health; racism and other biases; lack of community resources (affordable housing, well-paying jobs, social service agencies); physical health, etc.

A *safety plan* is an individualized plan to address the barriers faced by survivors in achieving safety, and an integral part of case-management for survivors. At a minimum, a safety plan addresses the batterer-generated risks posed by the batterer in both the home and in the community, whether the survivor is currently living with the batterer or not. Safety plans should take an empowerment approach in which the client is the one to identify her risks and develop strategies most likely to reduce those risks. Ideally, a fully developed safety plan addresses both batterer-generated and life-generated risks, takes into account the likelihood that the survivor will move back and forth between living with and not living with the batterer, breaks isolation, and identifies the resources necessary for the strategies to succeed.

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STANDARD 210:

*Case management services are provided by qualified, trained staff members knowledgeable about the dynamics of domestic violence, community resources, and victim rights and options.*

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STANDARD 211:

*Case management services are offered to all clients, at a minimum to determine a woman's current and ongoing needs for assistance and develop an action plan or safety plan for her immediate needs. Ongoing*

*case management may include assisting her to access non-emergency services related to establishing independent living, such as health care, job training, education, and child care. This can also include services provided through follow-up contacts. No client shall be required to participate in case management to receive services.*

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**STANDARD 212:**

*Safety planning shall be offered to all clients seeking services whether or not she plans on continuing to live with the batterer. Safety plans shall be based on client identified risks and goals and shall be designed not only to reduce her exposure to trauma and abuse, but to build her capacity and resources for meeting her goals. Safety planning and/or action plan goals must represent the goals of the clients not the advocate or program goals.*

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**STANDARD 213:**

*Feedback from people who have used the service is a vital element in improving our response to survivors. Upon leaving a shelter or safe home or discontinuing participation in agency services, victim/survivors are given the opportunity to evaluate the services they received.*

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**BEST PRACTICE:**

Programs recognize the challenges that arise in the context of safety planning with women from underserved communities and develop creative alternative solutions for safety planning and safe locations.

**INFORMATION, EDUCATION, AND REFERRALS**

All battered women have the right to information and education about domestic abuse and other issues (such as: the impact of victimization, the criminal justice system, civil rights, grief reactions, parenting strategies, etc.) explained as fully and clearly as possible. Clear and specific information regarding options that may increase safety and

coping strategies is especially important. Information must be conveyed in a culturally competent manner, and be easily accessible to those with limited English proficiency.

Survivors may need to utilize a variety of services to address their needs and meet their goals; it's imperative therefore that programs strive to build collaborative partnerships with other agencies and service providers in their communities. Advocates should also be knowledgeable about the options available to assist their clients. Referral information and descriptions of services and resources should be made readily available to battered women.

It is also our responsibility to partner with non-traditional service providers and be educated on the different cultural dynamics so a true partnership can be accomplished with women of all communities.

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**STANDARD 213:**

*Programs shall establish and maintain working relationships with community agencies and individuals in order to provide access to services not directly provided by the program.*

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**BEST PRACTICE:**

Programs shall strive to ensure that the agencies they refer to are knowledgeable about domestic abuse and respectful of battered women's choices, circumstances, and needs. If a service provider is known to have hostile or disrespectful attitudes toward battered women, the advocate shall inform the client when making the referral.

Programs should provide information to survivors on the dynamics of domestic violence; on the fact that batterers—not their victims—are responsible for the abuse; the role of society in perpetuating violence; and the social change necessary to eliminate violence, including the elimination of discrimination based on ethnicity, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.

Programs engage and train community agencies and other professionals on these same issues to create an environment that is sensitive and responsive to the needs of battered women and children.

## COUPLES COUNSELING

ICADV asserts that abusive behavior is a choice made by an individual rather than a problem within the relationship. Intervention, therefore, needs to focus on the perpetrator's responsibility for change. Couples therapy, marriage counseling and/or counseling based in family systems theories deviate from perpetrator accountability and jeopardize victim safety in a variety of ways. They may encourage the abuser to blame the victim by examining the victim's "role" in the batterer's problem. Seeing the couple together implies that the victim is also responsible for the abuse. Also, because the therapy process involves disclosure, the victim has two choices: stay silent about the abuse or disclose it to the therapist and risk retribution by the batterer. Many victims report being beaten for telling a counselor about the abuse. Also, similar to mediation, joint counseling can be used by the batterer to further intimidate, stalk or even assault the victim.

Couples counseling is indicated only if coercive tactics and violence cease and both parties request it. At a minimum, this type of counseling should not begin until the batterer has been in treatment for many months. In addition, it should be noted that it is difficult to accurately assess whether coercive and violent behavior has indeed ceased or become more subtle. In any form of counseling, the abuser must take sole responsibility for the assaults and must understand that family reunification is not the treatment goal; the goal is to stop the violence.

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### STANDARD 215:

*Programs shall not provide couples counseling or other services to both batterer and victim. Programs shall inform clients seeking couples counseling of the potential dangers inherent to it. Programs will provide information about batterer education programs or therapists knowledgeable about domestic abuse available in their communities. Clients insisting on couples counseling as a strategy shall be referred to a counselor well-versed in domestic abuse who can provide concurrent counseling for both partners (see them separately until such time as the counselor advises they could engage in couples counseling.)*

**BEST PRACTICE:**

The program educates the community whenever it can about the danger associated with joint relationship counseling with an abusive partner and acts as a resource for local professionals who may be asked to provide such counseling.

**MEDIATION**

Mediation with batterers presents many of the same difficulties as couples counseling. The parties must be able to recognize that they each have rights and needs separate from the other. They must be capable cognitively and emotionally to participate in the process and willing to carry out agreements. Both parties must feel free to speak freely and to withdraw from the process at any time without being endangered. Any settlements must be mutually agreed on. Consequently, mediating between a survivor and a batterer successfully is a serious challenge.

Batterers may use the mediation process to contact, stalk, harass, and further intimidate their partner. They may also use it to imply that both parties are to blame for the abuse and both must change their behavior to end it. Because of these issues, the general consensus among practitioners is that mediation is not advisable in cases where one party is a batterer.

Nevertheless, battered women may choose to mediate for a variety of reasons (e.g. they think it is less likely to anger the batterer, they can't afford lengthy litigation, they have had bad experiences with the court process, they believe it will decrease prevent escalation by the batterer, or they simply don't know they can ask for mediation to be waived.)

**STANDARD 216:**

*Programs shall explore the safety of mediation with clients considering this as an option.*

STANDARD 217:

*In dissolution cases, in which parties are often mandated to mediation, programs will notify clients that a waiver exists for battered women and assist her in obtaining such a waiver if she so desires.*

STANDARD 218:

*Advocates shall be present and provide support during mediation sessions if their clients wish them to be present.*

BEST PRACTICE:

Advocates become knowledgeable about mediation, its drawbacks and benefits to best assist their clients in making informed decisions.

Programs work cooperatively with local mediators and mediation programs to provide information about domestic abuse to mediators and their clients. Advocates assist mediators in safety planning for their clients.

## COUNSELING

Counseling, whether on an individual basis or in group, has multiple purposes: to help women sort out their options; to end feelings of isolation; to gain personal empowerment; and to heal the traumatic effects of abuse. Counseling provides the opportunity to educate women about the dynamics of abuse, to strategize plans for safety and to build support systems. Much of this can be done by domestic abuse programs, however, battered women, like the population at large, sometimes need more intensive and/or long term counseling than is available through our programs.

Coping skills used by survivors, even those with long term detrimental effects, should be viewed as adaptive behaviors, not as individual psychopathology. The focus of counseling is not to 'fix' survivors but to help them overcome barriers to safety, meet their personal goals, and heal from trauma.

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STANDARD 220:

*Program staff have training in listening skills and crisis intervention and provide short-term crisis counseling and support groups. Safety planning is an integral part of counseling services. Further, counseling acknowledges the practical barriers to women's safety and assists women to attain safety.*

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STANDARD 221:

*Individual and group counseling is provided in a manner which demonstrates sensitivity and respect for diverse cultural traditions, values, and lifestyles.*

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STANDARD 222:

*Program staff maintain an awareness of both their skills and the needs of clients. Clients seeking intensive, long-term, or behavior-change based therapy such as treatment for addictions, compulsive behaviors, or inpatient incest treatment, shall be referred to available mental health services.*

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STANDARD 223:

*Programs providing counseling delivered by a psychologist, therapist, social worker must ensure that that individual is in compliance with state licensure rules and regulations as well as advocate certification through ICADV.*

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BEST PRACTICE:

Programs provide both individual and group counseling on an 'as needed' basis. It is often helpful to run children's support groups during the women's groups and/or to provide childcare during group.

Support groups may be non-directed, topic-oriented, informational, skill-building, or purely supportive in nature, depending on the need and preferences of the participants. Support group participants must be made aware of confidentiality issues, especially in

regard to disclosures regarding imminent danger to children. It is most empowering to have group members develop their own group rules and norms.

Domestic violence programs should maintain a referral list of mental health providers knowledgeable about domestic abuse and/or providing services on a sliding fee scale for women who need or want additional services.

Programs make clients aware that Crime Victim Assistance may provide reimbursement for counseling services related to criminal offenses, if the clients are seeking further counseling.

## MENTAL HEALTH CONCERNS, INCLUDING SUBSTANCE ABUSE

*“A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences.”*

(The Center for Mental Health Services, National Center for Trauma-Informed Care)

*Trauma-informed* advocacy is an emerging approach that recognizes how pervasive adverse life experiences are among people seeking services, and how pervasive the reactions to trauma are in terms of mental health, physical health, coping skills, help-seeking behaviors, and human relationships. The goal of domestic abuse programs is to create a trauma-informed environment. A trauma-informed agency assesses its organization, policies, and service delivery to ensure every step includes a basic understanding of how trauma affects the physical, mental, and emotional well-being of clients, and modifies the agency’s functioning to respect the vulnerabilities of survivors, support recovery, and avoid retraumatization.

Symptoms of numbing, depression, anxiety, paranoia and substance abuse are often the result of living through emotional, physical and sexual abuse. These problems are frequently the consequences of the abuse; they are never the cause of it. In addition, some victim/survivors experience Post Traumatic Stress Disorder (PTSD) -- a logical, predictable set of symptoms connected with serious trauma. Children who witness serious violence can also develop these symptoms. Programs are encouraged to become familiar

with PTSD and to watch for misdiagnosis of mental illness created by a failure to identify trauma reactions. (See the discussion in confidentiality standards, 700s, on documenting and labeling of clients in case files.) Because trauma is so common among persons seeking services from any public or private agency, a trauma-informed approach is an essential “universal precaution”. A trauma-informed approach shifts the focus of advocacy away from “what’s wrong with you?” to “what happened to you?”

### **Clients with formal diagnoses**

People who fall under a variety of mental health diagnoses can also be abused and may present themselves to a domestic violence program for services. Their needs for safety are no less significant and can be worsened if a mental health problem impacts their ability to perceive, understand, or act on signals of danger. Furthermore, due to inadequate information about domestic violence and related issues, service providers may misdiagnose individuals who access assistance through private or public mental health agencies. Professionals repeatedly describe victim/survivors as depressed, distrustful, paranoid, flat, and passive. While these problems, along with chemical abuse, may pose serious threats in and of themselves, they need to be understood and treated within the context of trauma.

Services for people with mental health issues, including addictions, are limited by lack of funding. Often battered women are unable to pay for, or lack the insurance necessary to receive the kind of services they need. This has led to a growing trend of people needing significant supports being discharged directly from hospital to shelter and people being denied mental health care. Programs must be realistic about the level of supportive services they can offer. Most programs cannot provide a structured, supervised environment. If a client’s mental health is compromised to the point that a woman is a danger to herself or others, the program has a duty to intervene and assist the client in receiving the appropriate supports, including applying for involuntary mental health committal if required.

Programs must assert the rights and dignity of battered women with mental health concerns. Indeed, one of the greatest challenges may be addressing the attitudes, myths, and fears of other clients and staff. As with other differences, staff should model respect for people with multiple needs, backgrounds, and barriers.

## Substance Abuse and Use

The misuse of legal and illegal drugs, including alcohol, can compromise a woman's safety, but "sobriety first" approaches to providing advocacy services may jeopardize her life. Advocates need to consider the many reasons why clients may use, and/or become addicted such as:

- may have been coerced by her batterer
- used drugs to enhance safety by cooperating
- used drugs to cope with trauma, pain
- used to get the batterer high so he'd be safer
- given prescriptions drugs by a medical system that hasn't recognized domestic abuse
- batterers actively sabotage sobriety
- involvement in treatment may escalate the violence
- attempts to self-medicate for other mental or physical complaints.

Historically, advocates have been reluctant to serve survivors who were actively using. This was largely due to fears of a medical crisis, fear that substance abuse would make a woman violent and/or disruptive to group living, afraid that children would get access to drugs, and general concerns about a lack of training in addictions. By excluding women who admit to substance abuse problems, we force women to lie for safety, compromise safety by not taking all her needs into account, victim blame, and give the batterer another tool to use against her.

Now advocates are encouraged to directly confront the stigma associated with substance use and addictions and view them in the same way they view other issues clients are dealing with. For example, a client who is diabetic may be at risk for a medical crisis, the issue is the medical crisis to be handled, not fears regarding the cause. A client under the influence who goes straight to her room and passes out is much less disruptive to group life than a sober one who stands in the kitchen calling other residents racist names. The issue is mediating resident conflict. While we strive to create a safe environment, children may access drugs at school, on the street, or at home, just like they may encounter weapons in the same places. The issue is giving children and women skills and strategies to deal with such situations. Room searches, curfews, and controlling rules have not proved to be effective. People with addictions will always be better at hiding their drugs than we will be at finding them. Safety is best achieved by creating an

environment where addiction can be discussed with the same level of dignity and respect as other concerns facing survivors.

Substance abuse does carry its own set of barriers: batterers use their victim's addiction as an excuse for abusive and controlling behavior; victims with addictions are more likely to be blamed by others and seen as not credible or reliable; there are few treatment programs or emergency services with child care; and compromised cognitive functioning impairs safety planning and crisis response.

Advocates have a duty to raise concerns and make clients aware of the legal risks they may face, including custody and child protection issues, and the services or resources available, so that they can make informed decisions; however, substance abuse shall be approached like other barriers in battered women's lives: the client shall determine when and how she would like to address the issue.

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STANDARD 230:

*Programs shall strive to create a trauma-informed environment in which survivors feel comfortable disclosing their needs and concerns around mental health and addiction.*

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STANDARD 231:

*Staff shall receive training on mental health issues, including substance abuse, as they are likely to impact battered women. Training shall include information on committal protocols.*

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STANDARD 232:

*Programs may not require clients to take medication in order to receive services as this is a violation of the ADA. However, the client has a responsibility to adhere to the program's safety guidelines or may be terminated from services on that basis. (See Standards 501-506 regarding nonconsensual termination of services.)*

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STANDARD 233:

*Programs coordinate with mental health and substance abuse services in their community to meet the needs of battered women and children.*

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**STANDARD 234:**

*Safety planning includes mental health and/or substance abuse concerns and referrals to community supports as required.*

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**BEST PRACTICE:**

Programs create a trauma-informed environment responsive to the needs of survivors, including those with addictions. This is achieved through training in trauma and its impacts, including dissociation, survival skills, and long-term individual and social legacies, for all staff; and the creation of an agency culture in which clients are regarded as injured people who have survived significant adversity rather than “sick” or “bad” people.

Programs make information on trauma and its association with mental illness symptoms and substance use readily available to clients and include such information as an ongoing component in programming. Programs actively strive to create a community of mutual support and compassion for each person’s struggles.

Local law enforcement and even emergency medical services may not be trained in traumatic impacts and subsequent behaviors. Involvement of law enforcement in a situation in which an individual is experiencing a mental health or emotional crisis poses a risk of initiating another traumatic experience or revictimization. Therefore, programs take a proactive approach to preventing crises by collaborating with clients to support and create healthy coping responses, such as: relaxation techniques, reading, comfort objects, meditation, prayer, exercise, talking with supportive people, or attending a support group; by creating individual crisis-plans that identify what has worked best in the past and safe individuals or agencies for the program to call on behalf of the client if he/she needs assistance; and any other strategies likely to de-escalate and support the individual.

If law enforcement or emergency medical services respond to a crisis situation, staff continues to be supportive and provide advocacy services such as accompanying the client to the emergency room, framing behaviors as trauma responses to first responders and medical staff, ensuring her legal rights are respected, and participating in case management or hearings at the client’s request.

## COURT ADVOCACY

Court advocacy consists of providing women with information about her legal rights and options concerning Orders of Protection, divorce, custody, prosecution of assaults, and other legal concerns; accompanying and providing support during any legal proceedings; and providing referrals for legal assistance. Court advocacy is considered a basic service that programs should provide.

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### STANDARD 240:

*Programs assure that staff have a working knowledge of current Iowa laws pertaining to domestic abuse, legal options available to victims, and victim rights, though some staff may specialize in court advocacy.*

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### STANDARD 241:

*Advocates must take care not to engage in the unauthorized practice of law. A clear distinction between legal advice and legal information must be established, furthermore, advocates may not represent their clients in any way. Advocates providing assistance in accordance with Iowa Supreme Court Rule 37.4 are not engaged in the unauthorized practice of law.*

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### STANDARD 242:

*Advocates affiliated with domestic abuse programs who are not members in good standing with ICADV may not provide assistance with restraining orders, as per Court Rule 37.4.*

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### BEST PRACTICE:

Programs work to develop collaborative relationships with local criminal justice agencies and court systems.

Contact information is kept updated, and made readily available to clients, that includes local criminal justice agencies; local courts; local, state, and national resources; and legal aid. Programs keep a referral list of attorneys in their community who are knowledgeable about domestic abuse and/or are willing to provide low cost or pro bono services to battered women, including Iowa Legal Aid.

Programs participate in all coordinated community response coalitions and domestic abuse response teams in their service area.

## HOSPITAL/MEDICAL ADVOCACY

Hospital/medical advocacy refers to in-person crisis intervention, advocacy, information and referral for victims of domestic violence, and non-offending accompanying individuals, provided in a medical facility and/or relating to the survivor's health needs. This includes such services as: accompaniment and support during examinations, information about victim rights in regard to reporting injuries to law enforcement, and assistance applying for crime victim compensation to reimburse medical expenses.

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### STANDARD 250:

*Programs must provide in-person medical advocacy 24 hours a day, 365 days a year to all hospital and medical facilities in their service area. A domestic violence program must have written procedures on how advocates will respond to victims who are non-English speaking or Deaf and hard of hearing.*

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### STANDARD 251:

*Programs provide non-judgmental, victim-identified interventions and actions only upon the victim's consent. A domestic violence program will provide support during the medical exam only upon the victim's consent.*

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### STANDARD 252:

*A domestic violence program may also provide crisis intervention, information and referral to non-offending accompanying individuals, or secondary victims, who are also present. If necessary, the domestic violence program should have procedures for calling a second advocate to provide additional support to secondary victims.*

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**BEST PRACTICE:**

Programs work with local hospitals to develop policies and procedures to provide hospital staff training, information on the program's services, screening information, and confidentiality.

Programs work with local hospitals to develop policies and procedures that include safety and security when a batterer is present.

## TRANSPORTATION AND COMMUNICATION

Interfering with transportation is one means by which batterers isolate their partners. Also, battered women may lack reliable transportation because of poverty or a lack of resources in her community. Social service providers are not readily available in many of Iowa's rural communities, necessitating traveling to other towns, often one or two counties away, to receive services. Furthermore, reliable transportation is a vital component to women's economic empowerment, ensuring access to jobs, schooling, and safe housing.

Similarly, cutting off communication is a primary tool of isolation. It may be through monitoring internet use, confiscating phones, or preventing access to learning English. Overcoming barriers to communication can be key to battered women's safety.

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**STANDARD 260:**

*If a client wishes to come to shelter, the program is responsible for ensuring she can reach the program closest to her location and will strategize with her on how to relocate further if she deems it necessary. Programs shall work with other service providers to transport clients to*

*other domestic abuse programs or places of refuge with family and friends. This may include transporting a client directly to another program or arranging to meet staff from another program halfway to exchange her, her children, and belongings.*

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**STANDARD 261:**

*Programs shall assist clients in meeting their transportation needs to attend legal proceedings, receive medical care, provide schooling to children, or meet with other social service providers.*

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**STANDARD 262:**

*On request, programs shall meet with clients in their own communities rather than requiring clients to travel out of town to meet with the program. Programs will strive to have multiple outreach offices and staff available in their service area.*

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**BEST PRACTICE:**

In communities with public transportation, programs have vouchers available to clients.

Programs have volunteer or donated mechanical repair work available to fix clients' cars at reduced or no cost.

Email, texting, and voice messaging services have become the standard for communication. Programs have resources and protocols in place to make these forms of technology available to clients, such as having an internet accessible computer in the shelter. Programs also assist with information about public internet locations such as libraries, and how to gain transportation to those locations.

Programs have cell phones that can call 911 in case emergency available for client use.

## STORAGE OF CLIENT BELONGINGS

Batterers frequently destroy their partners' belongings as part of the abuse. When families flee the abuse, they rarely have the opportunity to take their possessions. Battered women and their children are likely to appear at domestic abuse programs with little more than the clothes on their backs. As part of safety planning, women are encouraged to prepare and store clothes, copies of important papers, toys, photos, money, etc. in a safe location prior to leaving the relationship. Consequently, domestic abuse programs must make provision for storage of client possessions.

## STANDARD 280:

*Medications shall be stored in individual lockers or a locked box. Clients are provided with the code or lock and key. Staff may open the client lockers, if necessary, such as the client has lost their key, or moved out without taking their possessions, or under a court ordered search warrant. Programs shall have a written policy for the safe storage of medications needing refrigeration, allowing for the ease of client access upon request, such as making a dorm fridge available in their room, having a locked box in the communal refrigerator, providing access to staff refrigerator, etc. Program staff shall not function as medication managers. Programs shall have a written policy for the disposal of medications abandoned by clients, including documenting the name of the drug, name of the staff person responsible for its disposal, amount, time and date.*

## STANDARD 281:

*Clients shall be notified of how long the program is able to house their possessions. Clients' possessions shall be kept for a minimum of 30 days after they leave services prior to disposal. Arrangements for longer storage may be made on a case by case basis. Programs shall have a written policy for the disposal of client possessions.*

**STANDARD 282:**

*Programs shall regard hoarding behaviors, disorderly rooms or cars, appropriation of minor program goods such as towels or dishes, or attachment to seemingly insignificant personal possessions, as typical and anticipated symptoms of trauma and survival strategies when responding to and developing policies regarding these issues.*

**BEST PRACTICE:**

Clients belongings are stored a minimum of three months and programs attempt to hold on to personal items such as photos, legal documents, or birth certificates indefinitely. (See standards on confidentiality as well.)

**CLIENT RIGHTS**

Advocates are aligned with battered women as partners in ending abuse in our society. Survivors are not regarded as “others” that must be fixed but as people seeking safety and struggling with the impact of trauma, who have equal rights and deserve respect. To reinforce this stance, ICADV delineates the following client rights. These should be posted in a clearly visible location in the program office and/or shelter.

**As a client of a domestic abuse program in Iowa, you have the right to:**

- Be treated with respect and kindness as a unique person, not matter what your race, ethnic origin, age, sexual preference, gender, history, income, religion, abilities, or country of origin.
- Have things explained to you clearly and in your own language.
- Be safe from mental, emotional, and physical abuse and neglect.
- Not be blamed for what your partner did.
- Not tell us your name or other things about who you are.
- Have all information about you, where you are, and when you use our services be kept secret by us unless:
  - you tell us it is alright to talk with others about you.

- there is a direct threat to a child's safety. (For example, if you show us cuts on your child's back and tell us he was beaten while visiting his father, we may call child abuse services.)
- there is an direct threat to your safety or another person. (For example, if you pass out on the office floor, we may call 911; if you show us a gun and tell us you are about to shoot your partner, we may call the police.)
- Have privacy for phone calls or talking about personal things with a staff person.
- Look at your case file whenever you ask for it. Take it with you when you are done using the program.
- Put papers in your own case file. Ask for things in it to be changed or taken out. There is a time limit on how long files can be kept. You can ask how long your file will be here until we get rid of it.
- Be with and talk to people you choose in private.
- Get help from us for free.
- Get the help you need so we can help you, such as a Deaf interpreter, or meeting in an office that is wheelchair accessible.
- Ask questions. Talk about your needs and feelings. Ask for help, information, or referrals to other agencies.
- Set your own goals and use your own ways to reach them.
- Decide what parts of the help we offer is most useful to you and take charge of writing and working on your own safety plan.
- Make choices about your children and how you will raise them. We will work with you to find ways that parents and children can get along and grow together, with other families, in our program.
- Decide you don't want some our services, such as going to a support group, and still be able to use another service, like having someone go with you to court.
- Avoid second hand smoke.
- Keep your own religious beliefs and go to worship services or other events.
- Talk with staff about how your beliefs help or don't help in your healing, safety, and dealing with the abuse. Staff will respect all beliefs and your right to have them.
- Have your history looked at fairly when you ask for help, even if you have been arrested, are on the child abuse registry, or were asked to leave the agency in the past. Sometimes abusers make people commit crimes, or they do

other bad things to try to be safe. The program makes its own decisions about abuse and keeps the right not to serve people who are abusers.

- Be told about other agencies if you are denied this program's services.
- Be told about grievance procedures and get copies of them when you ask.
- Be able to make complaints or give staff ideas about changes without fear of getting in trouble.
- Get a copy of these rights when you ask for them.

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STANDARD 290:

*The list of client rights shall be posted in a clearly visible location in the program office and/or shelter.*

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BEST PRACTICE

Programs remain cognizant of the fact that most clients have had past experience of negative consequences when expressing themselves. Programs take steps to rephrase and relay these rights several ways and many times as part of ongoing client empowerment.

CLIENT GRIEVANCE PROCEDURE

Clients have a right to provide feedback and express their grievances within and concerning our programs. Conflict and concerns can develop even when there is a good working relationship between an advocate and survivor. Anticipating and creating routine procedures to deal with conflicts makes it less likely that tensions will result in destroying the relationship between a battered woman and her advocate or the program.

Grievance procedures are particularly important when the people that are affected by policies (such as current clients) were not directly involved in their development. Grievance procedures not only function as a way to preserve relationships and correct errors or injustices, but also as a means of collecting feedback and improving services.

Effective grievance procedures typically are built on progressive levels at which complaints may be handled, beginning with rapid and informal means such as airing concerns at a staff or resident client meeting, then progressing to high-levels of authority and/or formality if lower level means prove ineffective. Another trait typical of many effective grievance procedures is the use of an alternative forum such as mediation or arbitration if the standard process fails to address the concerns.

Many grievances can be resolved quickly by a respectful response that includes actively listening to the concerns, being open to feedback, and correcting misunderstandings or misinformation between the parties directly involved. The challenge for programs is often balancing the perception of fairness with the fact that clients bring different needs that may in fact need differential treatment, compounded by the limits of confidentiality in explaining any particular decision or action to another person.

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STANDARD 291:

*Programs shall have a written internal grievance procedure for clients and shall notify clients of this procedure.*

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STANDARD 292:

*Clients receiving services from member programs shall be informed that there is an ICADV grievance procedure and a copy shall be made available to them upon request.*

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STANDARD 293:

*Services to an individual shall not be terminated based on the filing of a grievance. Services may be transferred to another advocate or program if the grievance interferes with the advocacy relationship in such a way as to prevent its effectiveness.*

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BEST PRACTICE:

Notification of grievance procedures is posted in an accessible place and is made in several ways so that clients have more than one opportunity to be aware of it.

Grievances are handled in a timely manner.

Grievance policies outline “whistleblower” policies and protection against retaliation.

## RESIDENTIAL SERVICES ISSUES

### RESIDENT RIGHTS

The overarching goal for programs providing shelter is to achieve the least restrictive and least intrusive environment for providing services. In addition to the client rights listed previously in section 280, battered women residing with a domestic abuse program have the following rights to be posted in a clearly visible location.

**While you stay here, you have the right to:**

- Use your own things and have a safe place to keep important things locked up.
- Take part in social, political, medical, and religious if you want to.
- Vote and exercise your other rights as a citizen.
- Say no to doing things for this program.
- Be told in ahead of time, if possible, of plans to change your room or roommate.
- Speak to someone in your own language every day.
- Visits with people helping you with health, legal, or other needs, and have privacy for those visits.
- Make decisions about your child and parenting.
- Live free from weapons, drugs, alcohol.
- Live in a space that meets safety codes for fire and other hazards.
- Eat healthy meals that meet your needs.
- Use the laundry and bath to keep clean.
- Get your mail unopened, unless you ask that someone open and your read mail.
- Get paper, pens, and stamps so you can send mail.

- Use the phone.
- Have quiet time to think or pray.
- Leave for short times, including overnight, without losing your room here.
- Move out and still use our other services, no matter who you may be moving in with.
- Let us know how your stay is going and if there is anything we could do better.
- The right to be a parent and continue routines and parenting.

NOTE: These rights are written at a 4<sup>th</sup> grade reading level, some clients may request assistance via interpreter or other means to understand this list.

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STANDARD 300:

*Residential programs (shelters and safe homes) shall post these residential client rights in addition to the general client rights described in section 280 in a clearly visible location and strive to assist clients in achieving these rights.*

## SAFE HOMES

Safe homes provide temporary shelter to survivors of domestic abuse within a trained volunteer's home or motel/hotel. They may be used when: shelter services are not available in the region; shelters are filled to capacity; the distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility; the individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement, including the gender of the individual seeking shelter, wheelchair or other accessibility needs; safety or other circumstances.

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 are located in a volunteer's home or a hotel or motel. Usually a safe home does not have the same staffing or access to resources and services as a shelter program. There may not be immediate face to face counseling or case management

available to assist residents in crisis. It is the common expectation that people utilizing safe homes will do so temporarily, until more permanent arrangements can be made. An individual or family's basic needs are provided for in a safe environment until a longer term alternative is found or the individual or family returns home.

Safe home stays are typically three or four nights and not in the same county the client lives in or where the abuse occurred. Children often do not go to school during this crisis time. These stays are coordinated through the crisis line and addresses of private homes or identity of local businesses used are kept confidential. If a client has her own car or other vehicle, it may be placed in a safe home's garage where the abuser may see it and identify her location, or she may be asked to leave it at a police station or hospital parking lot and an advocate will transport her to the safe home.

Clients staying in a private safe home may be asked to disclose any prescription drugs they have or may need, food allergies, and daily plans, especially when they need to be gone and what time they expect to return. Adult volunteers offering safe homes should be well-trained in the dynamics of domestic violence, safety issues, trauma informed services, and confidentiality. Clients should feel free to disclose, or not, any information to the private safe home provider regarding their situation since they are trained program volunteers, however, meeting regularly with a staff person for case management, safety planning, and other services is highly recommended.

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STANDARD 314:

*Hotels and motels used for safe home purposes must meet required fire safety and public accessibility codes. Clients must have access to a telephone. Such businesses may provide shelter for free or under a financial agreement with the domestic abuse program contracting their services. Clients shall not be held accountable for rental fees. Rooms are rented under the domestic abuse program name or a pseudonym designated by financial agreement with the business, and not under the name of any client. The financial agreement shall designate what typical customer incidentals the clients shall have access to (use of the pool, breakfast buffet, etc.)*

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STANDARD 310:

*A domestic abuse program that offers safe shelter through private homes must document the screening and training of an individual or family safe*

*home provider, which includes: an on-site review of the suitability of the private residence used as a safe home site for temporary safe shelter; child abuse registry background check; criminal background check; completion of required domestic violence training; signed agreements regarding issues of confidentiality and the rights of individuals or families provided with safe shelter in the residence; and proof of liability insurance held by the safe home provider. Private individuals offering their personal residence(s) as time-limited safe shelter shall not receive financial compensation.*

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STANDARD 311:

*Safe homes must have at least one telephone for incoming and local outgoing calls available for the clients' use. Emergency telephone numbers and local resources, including how to access the domestic abuse program staff, shall be available near the phone.*

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STANDARD 312:

*Private safe homes must meet the following safety standards:*

- *bedrooms must have two easy entry and exits (which can include a window) that is large enough for emergency escape or rescue;*
- *multilevel dwellings must have a means of escape from an upper floor; if a fire ladder is needed to escape from an upper story window, it must be stored in a location that is easily accessible to the clients who may need it;*
- *a smoke detector in good working condition must be placed on each level of the home;*
- *flammable, combustible, or poisonous material and medications must be safely stored and inaccessible to children;*
- *and external doors/windows must have functioning locks.*

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STANDARD 313:

*Safe home volunteers or domestic abuse program staff provide basic resources for clients including: food, clothing, diapers, linens for use while staying there, access to laundry facilities, and toiletries. Safe home providers may provide transportation to the safe home and/or to destinations after the safe home.*

## STANDARD 314:

*Private safe home providers may:*

- *Limit the number of days their residence is available for use.*
- *Reasonably restrict the client(s) coming and going from their residence and ask that staff provide transportation.*
- *Require that clients do not smoke, use alcohol, or other drugs while staying there.*
- *Chose to provide child care but are in no way obligated to.*
- *May ask for reasonable assistance with household tasks such as the client doing their own dishes or tidying up the bathroom after her children are done with it.*
- *Not permit spanking or physical discipline of children.*
- *Limit client use of the provider's personal phone(s) to crisis calls or local calls. Domestic abuse programs can provide long distance phone cards for client use.*
- *Require that clients turn off any GPS tracking on cell phones or other devices.*
- *Notify domestic abuse program staff of client illness, absence, parenting concerns, relational difficulties, or other concerns regarding a client staying with them.*
- *Ask to have a client moved.*

## BEST PRACTICE:

Safe home providers take care to provider culturally appropriate and accessible safety for individuals and families in need.

Clients staying in a private home have some room or area that is private and provides personal space. If there are children in the home, should be child safe/ child proof.

Staff and/or volunteers are given the opportunity to debrief after a family leaves the safe home. Debriefing provides needed support and ensures long-term involvement in the program.

Safe homes have collaborative relationships with local law enforcement as a safety measure. When notified of increased safety risks, law enforcement periodically drive past the location for security purposes.

## BASIC NEEDS

Clients differ in the resources and possessions they have available to them at shelter, and also in the supports they are eligible for from other programs such as food stamps and rental assistance. Programs are responsible to meet the basic needs of clients residing in shelter.

### **Food**

The food provided should not only be nutritious but meet reasonable expectations of cultural comfort in terms of kind and preparation. For example, if the shelter gets a donation of venison, it is not reasonable to expect all the clients to be comfortable preparing and eating it, and refuse to provide beef or chicken. Venison is not a staple food for most Americans, while beef and chicken are. Also, while it is reasonable to expect fruits and vegetables to be available, it is not reasonable to expect the program to provide fresh strawberries in December when they are out of season and the expenditure necessary could easily provide for three times the amount of another fruit.

Programs shall make culturally appropriate food available on an as needed basis, likewise to provide residents with the means to prepare kosher meals, or meet other specialized dietary requirements, e.g. if they are vegetarians.

Meals can be an important group bonding time for residents and/or also family time that provides a natural opportunity for parents and children to heal damage done to their relationships by the abuse. Programs will empower clients to decide for themselves whether participating in group meals or eating separately as an individual or family best meets their needs.

Programs may have a food pantry on site or cooperative relationships with other agencies to provide clients with food resources while in shelter and transitioning to other residential situations.

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**STANDARD 320:**

*While programs may ask that clients provide for some of their food requirements, given that clients may come to our services without any access to resources or possessions, programs shall make food available that meets the dietary needs and restrictions of survivors from diverse cultures. The program is able to accommodate specific dietary needs of a victim/survivor's religious faith.*

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**BEST PRACTICE:**

Programs have sufficient food budgets that they encourage clients to save their food and other resources for when they leave shelter.

**Clothing and personal hygiene**

Clients may arrive at the program with little more than the clothes they are wearing, or, in the case of a sexual assault survivor whose clothing is gathered for evidence in the emergency room, not even that. Programs must have a selection of clean clothing on hand for emergencies, in a variety of sizes and either a clothing room on site, or a relationship with another agency to provide for non-emergency clothing needs. Basic hygiene needs including soap, shampoo and other hair care products, tampons and sanitary napkins, toothpaste, toothbrushes, etc. must be made readily available as well. Cultural, religious, and weather conditions should be taken into account in determining what is necessary and reasonable to have on hand. For example, it is reasonable for a Muslim woman to ask for a dress, instead of pants, or a head-covering, as part of her basic attire. It may also be reasonable for someone with allergies or eczema to ask for a specific kind of skin care product.

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**STANDARD 321:**

*Clean, adequate clothing, personal hygiene items, and other items are available that meet the reasonable needs of victim/survivors from diverse cultures and backgrounds.*

*Shelter homes must provide at least one toilet, sink, and bathing facility for each ten clients or fraction of this number. The floors of all toilet and bathing facilities must be resistant to moisture. Shelters shall provide a sharps disposal bin.*

## **Linens and laundry facilities**

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### **STANDARD 322:**

*Programs must provide bed linen, towels, and washcloths that are clean and in good repair. Changes of linen shall be provided upon request. After use by a client, bed linen, towels and washcloths must be laundered prior to use by another client. Programs shall have laundry facilities and supplies available for clients' use free of charge.*

## **Communication**

Communication is as much a basic need as food and shelter. Isolation is a standard tactic of batterers, and breaking that isolation is key to victim safety and healing. Survivors must be able to reach employers, social services, schools, health care providers, and support systems, and to be reachable by those agents. Technology is rapidly changing the ways in which we connect with other people and institutions and domestic abuse services are hard pressed to keep up with it.

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### **STANDARD 323:**

*Shelters must have at least one telephone for incoming and local outgoing calls available for the clients' use. Emergency telephone numbers and local resources, shall be posted near the phone. Programs shall have access available for clients to make reasonable long distance phone calls to seek employment, support, legal services, relocate, etc. and also fax documents as needed.*

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**STANDARD 324:**

*There is a protocol in place for staff and/or clients answering the client phone and taking messages for residents. Clients are instructed on the protocol and safe practices for answering and using the client phone.*

**SHELTER RULES**

In keeping with the philosophy of empowerment and support, it is important that shelter programs review the rules they have established for shelter life to make sure that these rules are not oppressive and allow for self-determination for the victim survivor. Of course, it is important that there are some rules for shelter living to maintain safety for all program participants; however, shelters must maintain a trauma-informed approach and avoid recreating the power dynamics present in abusive relationships. For example, these dynamics are recreated when the shelter staff takes on the role of “rule setter” which leaves the victim/survivor in the familiar position of “rule follower”. Shelters should be on guard against setting rules that are solely geared toward facilitating the operation of the shelter versus providing for safety of residents.

Shelter/program rules should allow victim/survivors to regain control of their lives by allowing them to make decisions about their daily schedule, money, and contact with their support systems. In addition, victim/survivors should retain primary control over these decisions as well as their personal property.

The way we navigate the tensions between confidentiality, the necessities of group life, and safety with an empowerment philosophy is by erring on the side of fewer rules, greater flexibility, and one on one engagement with clients concerning their specific needs and the unique context of each woman’s barriers and opportunities.

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**STANDARD 330:**

*Shelter rules are established to provide for a safe living environment in the shelter/program. Rules of the shelter/program are reviewed annually by program staff, ideally with the input of victim/survivors who have used the program, to continue to evaluate for oppressive practices and unnecessary limitations. The rules are posted in a location clearly visible to residents. Within 24 hours of intake, clients are provided written information on rules, rights, services, confidentiality, and grievance procedures.*

## STANDARDS REGARDING SAFETY

### Weapons

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#### STANDARD 340:

*Weapons (such as firearms, hunting knives, throwing stars, etc.) shall not be permitted in shelter. Clients shall be asked to relinquish weapons to staff during intake, they will be held securely and made available on request if the client is leaving the shelter.*

### Background checks

Background checks on clients provide a false sense of security concerning being able to identify the “dangerous” clients. They also do not provide adequate context for any previous criminal behavior. ICADV acknowledges that much of battered women’s criminal behavior is coerced by the batterer or is in response to abuse, consequently we reframe many of those actions as survival strategies. Background checks also lay a foundation of mistrust between an advocate and her client in which safety barriers regarding involvement with the criminal justice system are unlikely to be adequately addressed. The same concerns apply to placement on the state child abuse registry. Concerns regarding criminal activity, including child abuse, are best raised within the counseling relationship as a safety issue that a battered woman may wish to address as part of her plan.

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**STANDARD 341:**

*Programs shall not perform routine criminal background or child abuse registry checks on clients, or their visitors, except at the client's request.*

**Visitors**

While there is an overall philosophy of maintaining confidentiality of clients and shelter location, residents may, for a number of reasons, need to have visitors. For example, a child protection worker may need to interview a child, a custody evaluator may want to witness the parent and children interact in a 'home' environment, a translator may be needed to help prepare a safety plan, a visiting nurse may be needed to provide medical care. Furthermore, a client may want to have other visitors. She may not have transportation and her attorney offers to drop off documents that require a signature or she may simply want to reunite with a parent that she has been estranged from due to her abuser's enforced isolation.

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**STANDARD 342:**

*Programs have a policy in place to allow for necessary visitors, such as other service providers, and make a room available for such visits away from other clients so as not to compromise the confidentiality or comfort of other residents. Visitors may be asked to sign a confidentiality agreement saying they will not disclose information about other clients or the location of the shelter facility.*

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**BEST PRACTICE:**

Programs have a policy in place to allow to visitors to meet the support needs of residents on site. Space is available for such visitors to meet with residents in private.

## **Criminal behavior**

Much of battered women's own criminal behavior stems from their abuse experience. They may be coerced into writing bad checks or prostitution, or they may steal in order to support a drug addiction that is a primary coping skill. It is from this framework of abuse and survival that programs shall address criminal behavior that occurs on site. Programs are discouraged from reporting criminal behavior that is minor and directed at the program itself, such as stealing bus passes or gift cards, when such crimes are committed by clients.

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### **STANDARD 343:**

*Programs will assist a victim in making a police report regarding a crime committed on site, if the victim/client wishes, through arranging for communication, transportation, and providing social support, as needed. Staff must comply with confidentiality requirements in the investigation of a crime, as set out elsewhere in these standards (700s).*

(See also Limitation/Termination of Services and Confidentiality for further discussion of standards regarding safety.)

## **STANDARDS REGARDING GROUP LIVING**

### **Smoking in shelter**

Smoking in shelter is limited by the Pro Children Act of 1994, (Public Law 103227, Part C Environmental Tobacco Smoke) that requires smoking not be permitted in any portion of a program's indoor facilities routinely used for the provision of services to children if the program receives any federal funding; and also the Iowa Smoke Free Air Act of 2008 prohibiting smoking in public places and enclosed areas within places of employment, as well as some outdoor areas.

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**STANDARD 350:**

*Programs shall provide, at a minimum, a secure outside location, away from common areas and children's play areas where women may smoke. For safety and confidentiality reasons, the location must be screened, fenced, or somehow sheltered such that other people passing the facility cannot see the clients.*

**Chores**

Keeping communal areas clean and free of clutter is a challenge to any home, including one shelters. Some clients may benefit from having daily tasks as a means of establishing order to their lives, distracting them from painful emotions, feeling they are giving back to the program or helping other women, or expending worry and negative energy. However, it is just as likely that--due to trauma, exhaustion, grief, confusion, and simply being overwhelmed--shelter chores, added to the personal struggles they are dealing with, will only present a source of shame, resentment, anxiety, and exhaustion to battered women. Furthermore, each individual resident and staff person has a different standard of how, when, and to what level chores should be performed. Therefore, while it is common practice to assign certain cleaning tasks to residents, programs should not depend on residents to keep the facility in a clean and orderly condition.

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**STANDARD 351:**

*Programs shall not require clients to provide services for the shelter, including housekeeping chores, in order to receive services, including housing. Programs may make a list of general duties available to residents and assist in the assignment and scheduling of such duties, such as facilitating a discussion of tasks at a house meeting. Staff shall mediate disputes among residents concerning household chores and maintenance and model respect for people's individual needs, values, challenges and abilities.*

## Quiet time

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### BEST PRACTICE

Programs facilitate an agreement between current residents on what time(s) of day shall be set aside as “quiet time” so that children—and adults!—who might be disturbed are able to sleep. This could look like: “Children will be in their rooms and that there will be no loud stereos or television after 9:00 p.m.” or any other arrangement that best meets resident needs. The program can suggest such an agreement with the information that residents have the power to renegotiate it as they see fit.

## Curfews

By their very nature, domestic abuse programs have reason to be concerned about the well being of their clients. Monitoring when clients are due to return to the facility, and making note if there is an unexplained change in plans is one way of identifying if a victim is in immediate danger. Clients also come into and out of services on a fluid basis and sometimes it can be difficult to determine if someone is planning on returning to shelter or has moved out. With the limited number of beds available and in high demand, it is important for programs to know whether they have space to take in new clients. This has led to the use of a client curfew as a means of making sure everyone is back safely for the night, how many beds are available, and sometimes as an attempt to curb what is feared to be high-risk behavior such as using substances. While well-intentioned, the imposition of a curfew is fraught with difficulties.

Clients may work in the evenings or overnight; they may need to pacify the batterer by meeting and staying with him temporarily; they may have family emergencies, or may simply want respite from the communal shelter environment and spend a night with a friend or family member. The ability to spend one night with a friend or family member does not preclude the need for long term shelter services.

Clients have the right to spend the night away from the program occasionally and to do so without the approval of staff, since they are competent adults. This is the difference between a client notifying the staff that she will be gone temporarily versus asking for permission to be gone. It also empowers the client to direct her own life and make her own decisions without fear of reprisal.

Battered women are not dependent adults, and are not children. Imposing curfews on women meets program needs, not the needs of battered women.

Programs with curfews have found that they still have to deal with clients returning to the shelter in the middle of the night, and/or under the influence of substances. The behavior of a small number of clients was not stopped by the rule, but the rule did succeed in treating all the clients in a paternalistic fashion. Furthermore, having such a rule means having to determine what should be done to enforce it if it's violated. Our clients' safety risks preclude not allowing them in or terminating them if they return too late. No program would risk having a woman killed in their parking lot because she missed curfew.

Problems can be dealt with ahead of time by having a sign out sheet for clients with a time they predict they will return to the shelter, and creating a plan with each person for what should happen if she has not returned by the time indicated. Should staff contact her family to see if she has talked with them? Should they do nothing? Should they call the police and ask them to do a welfare check? Clients should know that they may call at any time and let staff know they will be later than anticipated.

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**STANDARD 352:**

*Programs may have a suggested time they would like all residential guests to be home in the evening, but may not enforce it by refusing entry, citing late return in her case file, refusing services, or penalizing a client in any way. Programs shall never refuse entrance to a client returning to shelter because she has broken a curfew.*

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**STANDARD 353:**

*Programs shall have a sign out sheet for clients to note when they shall be returning and shall make arrangements with each client for a course of action should the client not return.*

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**BEST PRACTICE:**

If the program has concerns about a client's safety, her substance use, her involvement in other risky behavior, or feels that she does not need the bed at this time

while other battered women are being turned away, that issue is addressed on an individual basis with the focus being on that client's safety needs.

### **House meetings**

House meetings are a time when all of the current guests, with one or more staff people acting as facilitator, can meet to deal with deal with group living concerns, mediate conflict, split up chores, and develop supportive relationships among residents. They are helpful for the orderly functioning of a residential program and a great opportunity to provide information about resources, cultural matters, trauma, parenting, or other issues.

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#### **STANDARD 354:**

*Programs may strongly recommend that residents attend, however they may not penalize a resident for nonattendance.*

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#### **BEST PRACTICE:**

If someone is routinely missing house meetings, staff meets with her privately to ascertain what, if any, barriers prevent her participation and work with her to address those barriers. Barriers might include lack of English language skills, work schedule, fear of racism, animosity between clients, or use of a psychoactive medication that puts her to sleep at the meeting time.

### **Privacy**

Privacy allows survivors to make decisions about what they are willing to share with other residents and staff, and gives space for healing to occur. Abusers violate personal privacy on a regular basis; respecting privacy is one way domestic abuse programs can help to restore dignity. Programs should provide as much privacy as possible within the physical constraints of their facility, but some programs cannot guarantee that a client will have a private bedroom.

Not all programs have rooms with locks available, however, doing so will allow for privacy, client control, and an increased sense of security. Clients should be allowed to lock their rooms if possible. Staff should also have keys and may enter as necessary. Under most circumstances, staff should notify clients in advance of the need to enter their room prior to doing so. Reasonable reasons for entering a guest's room include things like: spraying for bugs or other general maintenance; assisting a second client in moving into the same room; health concerns such as an unresponsive client or offensive odor outside the room indicative of decomposition or methamphetamine production; fire or other emergencies. Random room searches, room searches for drugs, other prohibited materials, or stolen property, and checks for tidiness place staff in the position of law enforcement and are destructive to the advocacy relationship as well as demeaning to clients. Attempts to prevent clients from possessing drugs and alcohol in the facility through room searches fosters an atmosphere of distrust and power over. People with addictions are generally better at hiding drugs than we are at finding them.

In the long run, the best way to be able to address safety concerns around addictions or illegal activities is to foster an atmosphere of trust and openness where staff and clients can directly discuss these issues. While we hold up the right of our clients to live in a safe environment, we cannot guarantee they will not be exposed to unsafe situations in our facilities, in the same way that schools strive for the safety of students but provide no guarantee that they will never be offered drugs in the bathroom or sexually harassed on the playground.

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STANDARD 360:

*Programs will strive to respect the privacy of their clients, including all personal belongings. Programs shall not have a policy of performing routine checks of client rooms to assess cleanliness of the room or look for contraband or stolen property. Staff may perform a check of a client's room and program property for reasonable health and safety or maintenance concerns, such as an odor indicating a possible fire or a broken window.*

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STANDARD 361:

*Unless it is an emergency situation, staff will notify clients of the need to enter their rooms prior to doing so whenever possible.*

**Medications and other personal property (see storage of client belongings, Standard 280)**

**Sexual Relationships**

**BEST PRACTICE**

Consensual adult sexual activity is a matter of personal privacy provided such activity does not disturb other residents. If other residents have conflicted feelings about a relationship that exists between clients, staff allows them to discuss their feelings while affirming the program's nondiscrimination stance and maintaining confidentiality of the parties involved.

**TRANSITIONAL HOUSING STANDARDS**

The goal of transitional housing (TH) is to help residents achieve self-sufficiency. Best practice aims to move a resident as quickly as possible into market/permanent housing.

In Transitional housing programs, the residents do not have a lease. For more information on Lease programs, see Rapid Rehousing.

**STANDARD 370**

*Transitional housing provides up to 24 months of housing for homeless individuals and families. Transitional housing residents may be asked to pay up to 30% of their income into an escrow account or to help support the program.*

**STANDARD 371**

*Transitional housing programs must have an established intake and decision-making process, with clearly delineated admission criteria, to identify eligible residents. Applicants shall not be denied admission based*

*solely on a client's (1) sobriety, (2) criminal history, (3) poor credit and/or eviction histories, (4) or same-sex relationship unless there are specific restrictions due to financing or on the grounds of safety.*

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STANDARD 372

*Transitional housing resident's rights and responsibilities are governed via a program resident contract not a lease. The resident contract must include a description of the rights and responsibilities of the resident.*

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BEST PRACTICE

The decision-making process for client intake into transitional housing identifies survivors who face multiple barriers to stable housing. Transitional housing contracts with residents suggest, but do not mandate, any provisions, such as meeting with a case manager or requiring employment, as conditions of housing.

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STANDARD 373

*Transitional housing programs must provide applicants and residents with written notification of the reasons for denial/termination and provide applicants and residents a process to appeal decisions, orally or in person, regarding denial of admission, termination, and disciplinary actions; as well as written notification of this process prior to application and in the resident contract.*

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STANDARD 374

*All residents shall have an individualized safety plan/case plan. Safety plans should be developed and signed by both program staff and the resident (on a voluntary basis) and may include the following: (1) service, income and housing goals and specific steps to achieve each goal; (2) resident and staff or community agency role or responsibility for each step; (3) timeframes for completion of each step; (4) services and supports to be provided and by whom; and (5) desired outcomes.*

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STANDARD 375

*All residents are encouraged to complete exit surveys. At a minimum the exit survey shall contain questions regarding the following topics: access to employment assistance; courteous treatment –with dignity and respect; access to any other personal development activities; and major obstacles to obtaining housing/goals.*

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STANDARD 376

*The transitional housing program has a performance and quality improvement plan that includes program performance targets and quality objectives including positive client outcomes, client satisfaction and program quality.*

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BEST PRACTICE

Monitoring and evaluation results in confirmation that services meet the needs of clients and/or be used to inform changes to better meet client needs

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STANDARD 377

*If the program holds monthly resident payments in an account, there must be written policy describing how and when the funds shall be returned to the resident. Programs must also provide all residents an explanation of what happens to the payments if they are not returned to the resident.*

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STANDARD 378

*Transitional housing programs provide reasonable written notice to residents before entering their apartments -- except in cases of emergency.*

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BEST PRACTICE

Programs provide 24 hours notice before entering a resident's apartment.

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STANDARD 379

*Residents in apartment based TH programs are allowed to form and participate in residents' councils.*

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STANDARD 380

*Transitional housing staff will maintain up to date housing and employment information and referral resources to assist residents in meeting income and housing goals.*

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STANDARD 381

*If rent is to be collected as part of a Transition housing program the resident's portion of rent and utilities shall not exceed 30% of the monthly adjusted gross income or 10% of the annual gross income, whichever is greater. The income of each resident must be recorded and verified at the time of admission into housing. Income verification should be conducted at least annually for each resident and proper income documentation obtained.*

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STANDARD 382

*Residents shall, if they so desire, use their TH address as a legal residence for the purposes of voter registration.*

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BEST PRACTICE

TH staff encourages residents to become active members and agents of change in their communities through participation in residents' councils and registering to vote. Information is available to residents regarding their voting rights and how to register.

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STANDARD 383

*The program's exits, steps and walkways will be clear of debris, ice, snow and other hazards. There is a process in place and utilized to maintain*

*clear walkways. All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.*

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STANDARD 384

*The program has a fire and disaster safety plan. There are records of an annual fire inspection, a post evacuation plan in symbols' capable of being understood regardless of the language of all residents, an adequate fire detection system (all residents will have smoke detectors in their residences) regular fire drills and adequate fire extinguishers.*

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STANDARD 385

*The program's buildings are secured, providing locks and security cameras to witness who is requesting access to the building.*

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STANDARD 386

*Participant contracts balance the need for safety with client dignity and autonomy. The program shall maintain locks, smoke detectors, windows, plumbing and major appliances. Clients shall be expected to notify the program immediately if these items are not in working order. The program shall insure all clients have access to 911 services. Programs shall not require notification in advance if the resident is to be absent for more than one night or pre-approval of guests. Contracts will clearly state how long a client may be absent before being considered to have left services. Contracts will also identify steps to take if the program reasonably believes the client is missing or in danger, such as calling emergency contact people or asking law enforcement to do a welfare check at their previous/perpetrator's residence.*

## RAPID REHOUSING STANDARDS

Rapid Rehousing provides rental assistance to homeless individuals, families with up to 24 months of rental assistance. The assistance can be short-term (up to 3 months or medium term (up to 24 months) and there is broad discretion on type length and depth of assistance. As with all our programs, rental assistance programs should be a voluntary option not a required program. In order to qualify as rapid rehousing, the homeless individual or family must have a lease with the landlord.

Tenant's rights and responsibilities in a rental assistance program are governed via the lease and Fair Housing laws and requirements. For more information on Fair Housing please visit: <http://www.state.ia.us/government/crc/Areas/FairHousingPublications.html>

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STANDARD 390

*Rapid rehousing programs must provide participants with an individualized safety plan/case plan. Safety plans should be developed and signed by both program staff and the participant (on a voluntary basis) and may include the following: (1) service, income and housing goals and specific steps to achieve each goal; (2) resident and staff or community agency role or responsibility for each step; (3) timeframes for completion of each step; (4) services and supports to be provided and by whom; and (5) desired outcomes. Program staff shall meet with participants on a regular basis to work on safety plan goals including maintaining housing after the rental assistance ends.*

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STANDARD 391

*Rapid Rehousing programs continue the advocate/tenant relationship and supportive services with the tenant beyond the term of rental assistance.*

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STANDARD 392

*Rapid rehousing programs must have an established intake and decision-making process to identify eligible residents with clearly delineated admission criteria and a process to identify risk of future housing instability.*

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BEST PRACTICE

Programs prioritize admission for tenants with the greatest risk of housing instability. Program staff meets with tenants on a monthly basis, at a minimum, to provide assistance working toward housing and safety goals. After rental assistance is terminated, staff continues to provide ongoing advocacy and support services for at least six months.

## CHILD ADVOCACY

ICADV believes that children, like adults, have the right to live free from fear and abuse. They deserve to be treated with respect and kindness as a unique person, regardless of race, ethnic origin, age, sexual preference, gender, history, income, religion, abilities, or country of origin. Children should not be blamed or take self-blame for the actions of adults. They have the right to age-appropriate clear information and to give us feedback about our services.

Exposure to a batterer creates multiple trauma and safety issues for children. In addition to watching or personally surviving assaults, children experience battering through behavior such as: isolating the family from outside support, enforced secrecy, constant undermining of their primary care provider's authority, emotional abuse, threats, restrictive and/or neglectful parenting, manipulation, blaming of the children, unreasonable demands, sexual abuse, being used as tools to abuse and coerce other family members, and the prioritization of the batterer's wants over the children's emotional or physical needs.

The impact on battering on children and the level of trauma they experience depends on many factors such as: length of time of exposure, nature of the abuse, ongoing safety issues, accessibility of resources, relationship to their primary care provider, age, other co-occurring stressors, personality, and coping strategies. Children living with abuse show amazing resilience and resourcefulness. Alike adult victims, children have specialized knowledge about their risk factors and what has kept them safe in the past. Advocacy aims to add to their "tool kit" for safety while acknowledging the strengths they already have developed.

Research shows that the primary factors for children to successfully heal from trauma is the strength and nature of the bond with their primary care provider--most often their mother who is likely to be the adult victim in the family--and having a safe place to openly and honestly discuss their feelings and experiences. Consequently, domestic abuse program must keep these factors prioritized when engaged in services, interventions, and advocacy for children and their families.

## **Trauma informed care for children**

Children need to talk about their experiences and emotions. This is likely to include conflicted feelings about their family. Children will often feel strongly bonded to even the most dangerous caretakers and need a safe space to talk about ambivalence, fears, love, and their strategies for coping. Advocates should respect the relationship between children and the abuser. Children usually still love the person and since they most likely will continue to have a relationship with that person they need skills for navigating that relationship as safely as possible.

Besides conflicted feelings, children often display other symptoms of trauma such as: regressing developmentally, acting out aggressively, sleep disturbances, eating disturbances, depression, difficulty in school, anxiety, non-specific ailments, withdrawal, engaging in risky behavior, disrespect toward the battered parent, lying, substance use, and acting out. One of our roles as helpers is to reframe these behaviors as what they are, symptoms of trauma, consequences of batterer behavior, rather than personal character defects in the children or a lack of parenting ability in the battered mother. This reframing must be ongoing not only with the children and their parent, but with other clients, especially co-residents in shelter facilities, other agencies, such as schools or child protective services, and among ourselves as service providers. Knowledge about trauma, healing, parenting strategies, and human development are crucial for all adults involved in order to create a compassionate environment for children to thrive.

Children's needs are not always the same as their parents' and sometimes may be in direct opposition. Consequently, children need advocacy on their own behalf. However, the best needs of the child may not be the same as the child's expressed wishes. For example, if you asked, "what do you want for dinner?" many children might say, "ice cream!" which probably is not the healthiest meal day after day. If asked which parent they want to live with, battered children are as likely to say the abuser as they are the safe parent. Thus child advocacy is a careful balance between being a voice for an individual child, providing support, and best interest concerns.

This can become especially complex when the minor in question is teenage, as in the case when the child is in direct opposition to his/her mother in regards to returning or not returning to living with the batterer. In that situation, it is the child advocate's role to facilitate the conversation between parent and child, for example: directly mediating a meeting or discussion; helping either party to identify their concerns and relate them to

the other party; and practicing with either party on how to relay their position. Working one on one with the child, the advocate would also listen to concerns and emotions regarding the decision and conflict with the mother; provide information about other services, options, or consequences—for example, “here is what happens when someone is picked up as a runaway in this county”; and assist the teen in safety planning.

Important messages to build rapport and support children exposed to batterers are:

- “It isn’t your fault.”
- “It isn’t right to hurt other people.”
- “No one deserves abuse.”
- “You did a good job talking with me.”
- “It was hard to talk about. I’m proud of you for being brave.”

### **Definitions:**

*Children exposed to a batterer* is the preferred term because it encompasses more of children’s experiences than terms such as “child witnesses of domestic abuse”, “secondary victims”, “children living with an abuser”, etc. Children experience abuse and repercussions of batterer behavior in multiple complex ways that usually continue after the adult victim’s separation from living with the abuser.

*Child advocate* is a paid or volunteer domestic abuse professional whose job duties include but are not limited to:

- providing crisis intervention and crisis counseling to children,
- keeping current with research on impacts on children,
- engaging in safety planning with children,
- providing information about parenting techniques, children’s trauma issues and recovery from trauma,
- engaging in secondary and primary prevention efforts
- developing and implementing programming for children,
- facilitating access to schooling,
- advocating for children within the juvenile, civil, and criminal court systems,
- assisting in the reporting of child abuse,
- advocating for families engaged with the child welfare system,
- and strengthening the relationship between mothers and children.

*A children's program* is a program specifically designed for children who have been victimized and traumatized by abuse they have sustained or by exposure to a batterer. Activities might include mother/child interactive playtime, peer support groups, or art therapy. A children's program can provide information to children about domestic abuse, dealing with conflict, trauma, and devising safety plans. It may have a prevention education component or include day care.

## CHILD ADVOCACY

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### STANDARD 400:

*Services shall not be denied to a woman or her children based on a child's age, gender, or ethnicity.*

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### STANDARD 401:

*Each domestic abuse program must have a designated child advocate.*

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### STANDARD 402:

*Shelter facilities must have a safe, comfortable children's space for play and counseling.*

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### STANDARD 403:

*When assisting individual families or designing policies, programs shall focus on the goal of supporting a strong healthy relationship between children and their primary care provider.*

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### STANDARD 404:

*Programs will maintain a trauma informed staff and agency environment in relation to children's responses, behaviors, and developmental stages.*

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### STANDARD 405:

*Services shall not be denied to a minor requesting services on their own behalf based on gender or age of the minor.*

**BEST PRACTICE:**

Information is provided to the parents about domestic violence and its complex effect on children, parents, parenting, and their relationship.

Access to child care options is provided, especially in situations where children are likely to overhear a parent discussing domestic abuse, or the child's behavior may be disruptive, such as intakes, support groups, counseling sessions, court proceedings, health care appointments, or meetings with attorneys.

Domestic violence programs provide developmentally appropriate activities for children, including recreational and educational activities and opportunities for children and their mothers.

**EMERGENCY SERVICES TO MINORS**

While it is preferable that guardians have knowledge or are supportive of minors receiving services, the Iowa Code expressly authorizes minors to have the legal authority to give consent on their own behalf to certain services or under certain conditions, as follows:

- Minors may seek contraceptive services on their own behalf. (Iowa Code § 141A.7(3))
- Health care providers may provide emergency medical, surgical, hospital, or health services to a minor without a guardian's consent if the guardian isn't reasonably available. (§ 147A.10(2)).
- Minors may seek abortion services without parental consent (§ 135L) however, parents must be notified 48 hours prior to the procedure. Exceptions to this requirement are:
  - The minor submits a written reason to the physician for not notifying a parent and notifies a grandparent instead.
  - The minor declares that she is the victim of child abuse at the hands of the parent and the abuse has been reported or the parent is named in a founded child abuse report,

- The minor declared that she is the victim of sexual abuse which has been reported to law enforcement.
- She has a waiver from a judge.
- It's a medical emergency.
- Minors may receive services, screening, testing, and treatment for HIV/AIDS without a guardian's knowledge or consent. However, clinics are required to notify guardians of a positive HIV-related test result. (§ 141A.7(3) Minors can consent to the prevention, diagnosis, or treatment of sexually transmitted infections such as chlamydia or hepatitis. (§ 139A.35)
- Certain public health services provided to minors that don't constitute medical treatment such as the WIC program, can be provided without a guardian's consent.
- Minors can seek treatment for substance abuse without disclosure to or consent from a guardian. Treatment facilities are also not allowed to disclose information to law enforcement or to be used in any court hearing without the client's permission. (§ 125.33(1)
- A minor who is the victim of sexual abuse as set out in § 709 (sexual abuse) and § 726 (incest and child abuse/endangerment) or any felony that involves the threat or use of violence may receive immediate short-term mental health services by a licensed or state-certified professional without the prior knowledge or consent of the victim's guardian. § 915.35(1),(2) & (3).

Domestic abuse programs may assist minors in receiving any of these services without notifying or obtaining approval of a guardian, including providing their own emergency services.

It is not always necessary to know a client's age in order to provide them with information, referrals, and support. In some situations, programs may chose to follow a 'don't ask, don't tell' approach to avoid damaging the rapport between an advocate and client, assure safety, and keep the channel to future intervention and contact open.

For example, a young woman tells her advocate that someone has been touching her inappropriately. The advocate is unsure of the client's age and who the perpetrator might be. If she is a minor, and/or if the abuser is a caretaker, this act is likely to constitute child abuse. In order to build trust and maintain confidentiality, the advocate may chose to say something like, "Before you let me know more about your situation, I'd like to give you some information that may help you make a decision about what to do. If something like this is happening to someone who is under 18, and the person doing it is a family member or other person that takes care of you, that is considered to be child abuse is Iowa. A doctor, a teacher, or even me (if applicable) would be required to report it if

they found out about it. Then this is what would happen...If this is happening to someone who is 18 or over, it might be a crime of sexual abuse and this is what is likely to happen if you decided you wanted to tell the police about it....”

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**STANDARD 410:**

*Programs shall not deny crisis services (such as hotline services, crisis counseling, safety planning, information and referrals, temporary sheltering, and medical advocacy) to a client based on age or lack of prior parental permission.*

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**STANDARD 411:**

*Domestic abuse advocates shall notify clients of the limits of confidentiality prior to engaging in a counseling relationship, so that the decision to disclose information that may lead to a mandatory report of abuse is left to the client.*

## **Safety planning**

Safety planning is a key tool for survivors of abuse regardless of age. All advocates should be able to engage in age-appropriate, individualized safety planning with clients based on the specific risks and resources available to that person. Safety planning with children builds on the child’s ability to recognize danger signs and add to the strategies they have already developed to stay safer. It may include things like: learning how to dial different kinds of phone to call 911; making a list of safe adults to talk to; identifying safe places in the home to hide; memorizing their address and phone number; deciding on safer routes to and from school; and practicing escaping from the home in an emergency, not unlike fire drills.

It is important that safety planning with children emphasizes that it is their job to stay safe, not to protect their parents. Children are likely to be injured if they attempt to stop an assault by physically engaging with the perpetrator or shielding the victim.

It’s equally important that parents be engaged in safety planning for their children. Advocates should explore what the survivor has done in the past that has been successful and what further options may prove helpful. Naming non-formal actions such as, “I sent the kids over to Grandma’s when I knew he was winding up,” or “I spanked the kids so that my abuser wouldn’t” as protective gives a new framework for clients and

other system personnel to re-evaluate the parent's actions in a more positive, proactive light. Reframing can restore dignity and hope to exhausted and scared parents who usually are already bearing a heavy load of guilt and self-recrimination.

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STANDARD 412:

*All domestic abuse program staff are knowledgeable and capable of engaging in age appropriate safety planning clients.*

## PARENTING IN SHELTER

Batterers damage the relationship between a woman and her children, deliberately undermining her authority and self-confidence as a parent. Children often blame the victim for the violence and align themselves with the batterer. Advocacy for battered mothers and fathers is not only about safety but also aims to address how domestic abuse has affected the victim/survivor as a parent. Programs and advocates maintain an overarching goal of supporting the relationship between the children and parent by avoiding the assumption of a parental role wherever possible; for example, encouraging the continuation of family routines, referring requests back to the mother for permission, or deferring to parental decisions on meals or bedtime.

### **Cultural sensitivity**

Culture and personal background are primary determinates of beliefs about the proper ways to parent, such as: appropriate bedtimes; what/when children should eat; definitions of politeness and respect; whether children should sleep with their mothers; noisiness; permissiveness; discipline methods; physical touch; first aid; appropriate clothing; developmental expectations; education and schooling; abuse; importance of grandparents and extended family; and sibling rivalry. Advocates must first examine their own cultural beliefs and biases about what constitutes “good” and “bad” parenting and avoid confusing personal preferences and familiarity with serious dangers to well-being. Discomfort with a particular belief or practice is as likely to be an opportunity to explore different world-views as an issue requiring intervention. Most situations can be

negotiated through an open and frank discussion about concerns, expectations, and needs rather than an assumption of ill-intent and/or sanctions.

**Leaving child unattended**

It is the program's responsibility to make it clear under what conditions, if any, it provides childcare as a service. Programs shall not assume that clients understand that the program staff will not supervise their children. In particular, there may be cultural assumptions that if a mother leaves her children at the shelter while she works or runs errands, since there are other adults present, they will take care of her children.

**Leaving child with other clients**

Unless the agency provides childcare services, mothers living in shelter must rely on other means to provide for their children, including asking other clients for assistance, leaving younger children in the care of an older sibling, or hiring another resident's teenage child, similar to the way she might ask a neighbor to babysit if she was not currently living in shelter. This in no way constitutes abandonment. Concerns about the advisability of a particular person, adult or minor, being left in charge of children shall be addressed on an individual basis with the mother, but such decisions shall be left to her discretion. Mothers shall be informed that leaving younger children in the care of someone under the age of 12 may be considered neglect by child protective services depending on the circumstances, responsibility, and maturity of the child in question.

**STANDARD 420:**

*Domestic abuse programs avoid assuming parental authority and decision-making to the fullest extent possible when developing programs and policies. Programs seek to be culturally competent in assisting clients with parenting concerns.*

**STANDARD 421:**

*Parents who make arrangements for other family members, staff, or clients to provide child care to young children in shelter shall not be considered to have neglected or abandoned the child unless they fail to return within a reasonable amount of time after they have indicated they would be back. At such time, programs may chose to file a child abuse report.*

**BEST PRACTICE:**

Advocates use mothers as a resource to learn about other parenting styles, asking nonjudgmental questions about beliefs and practices.

Knowing that safe, accessible childcare is one of the greatest barriers for parents who are battered, programs proactively work with other community providers and clients to create workable solutions for survivors. Domestic abuse programs are active participants in community assessment, planning, and advocacy to build more opportunities for parents such as low cost daycare centers, Head Start, sick child care, respite care, and child care assistance programs.

In terms of parents leaving their children in the care of others, including program staff, with or without notifying staff of that intent, programs determine in each particular circumstance what constitutes *reasonable*. A fifteen year old returning to shelter after school and finding a parent absent until dinner time is a very different circumstance from a parent leaving a baby with staff with the intent of giving parental rights over to the state. A parent not returning within a set amount of time previously agreed on could be indicative of a major safety issue. She may have been kidnapped or injured. Ascertaining the health and well-being of the parent in that case becomes the primary concern. Furthermore, from the perspective of Child Protective Services, if a parent has made sure that the children are in a safe environment such as a domestic abuse program, they will be reluctant to consider parental absence alone as meeting the criteria for neglect or abandonment that requires action. Programs navigate such situations with a primary focus on safety.

**Non-violent discipline**

Spanking, striking a child, or other forms of corporal punishment used to prevent the child from engaging in undesirable behaviors has been shown by research to be ineffective, and teaches the child to use violence to control other people. Children are likely to test limits, especially when there has been significant disruption to routines, familiar surroundings, and when their parent institutes new techniques of behavior management.

**STANDARD 422:**

*Paid and volunteer staff use only non-violent discipline and provide information and supportive services to enable parents to employ non-violent discipline methods.*

**BEST PRACTICE:**

While domestic abuse providers do not assume that battered women have less parenting skills than non-battered women, mothers are likely to need support and encouragement while their families are clients of domestic abuse programs. This may be the most challenging time in her parenting experience. This support includes information about various parenting and discipline strategies, the impact of trauma on children, information on the effect of corporal punishment, and referrals to other services that specialize in family functioning.

**CHILD ABUSE REPORTING**

Iowa Code 232.69 defines who is a mandatory reporter. Most crime victim advocates do not qualify unless their primary function is working with children (child advocates), or they are social workers or mental health counselors. Though many domestic abuse programs have a policy that staff will act as if they are mandatory reporters, it is ICADV's interpretation of the Iowa Code that they are not by law and will be treated as permissive reporters by the Department of Human Services and the Courts. Furthermore, it is ICADV's position that the confidentiality requirements set out at greater length in these standards, in section 700, do not clearly make an exception for the reporting of child abuse and therefore, it is a violation of those provisions to do so.

Given a reasonable belief that a child has suffered abuse, mandatory reporters must make an oral report to the state child abuse hotline within 24 hours of learning of the abuse. They must follow up with a written report within 48 hours of the oral report. There are no specific requirements of permissive reporters.

Despite concerns about parenting, including reporting parent clients for child abuse, programs continue to offer services to provide safety from domestic abuse. Those services may need to be adapted, such as providing emergency shelter to someone that poses a risk to children in a separate location from the program's group facility or visiting someone in jail to do safety planning or other case management. This is why it is helpful to provide a separate child advocate from the staff person working primarily with the parent client: sometimes the needs of parent and child are not only different, but may be at odds. Both parties benefit from having their own advocate. Both have safety needs. Moreover, the child's safety cannot be assured unless the domestic abuse is also addressed.

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STANDARD 430:

*Domestic abuse advocates who are mandatory child abuse reporters will comply with the requirements of the Iowa Code.*

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STANDARD 431:

*Domestic abuse programs have written policies and procedures regarding the reporting of child abuse, and such policies are explained to clients upon intake.*

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STANDARD 432:

*Domestic abuse programs will provide training to staff regarding Iowa's child abuse statutes, policies, and procedures, including but not limited to: the legal definition of child abuse, child protective services protocols for assessment and response, impact of abuse on children, confidentiality and removal and its consequences.*

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STANDARD 433:

*If an advocate has a reasonable belief that a child is in immediate danger of serious harm, they may contact law enforcement, even if such contact results in a violation of confidentiality.*

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STANDARD 434:

*Advocates making child abuse reports must report the following information:*

- *Name and home address of child, parents, caretakers*
- *Child's present whereabouts*
- *Name, age, condition of the child and other children in same household*
- *The identity of suspected abuser*
- *Your name and work address*
- *Other information relevant to that incident of child abuse*

*Advocates shall not report the following without a signed release by the client parent:*

- *Her safety plan*
- *abuse she has experienced*
- *impacts of trauma on mother*
- *assessments of her parenting skills*

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STANDARD 435:

*Advocates shall, when possible, notify the mother that they will be making a child abuse report. They shall offer her the opportunity to do so as well.*

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STANDARD 436:

*Advocates shall consider the impact of making a child abuse report on the safety of all family members, how such a report may impact safety plans, and the consequences to the advocacy relationship with all family members prior to making such a report. Advocates shall work to mitigate negative consequences where possible. Advocates must discuss the decision to make a child abuse report to child protective services or law enforcement with at least one other staff person prior to making such a report.*

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STANDARD 437:

*Advocacy services shall not be terminated solely on the basis of reporting a client for child abuse.*

**BEST PRACTICE:**

Reporting child abuse is a momentous decision that should not take place without consultation, especially if the report is being made against a client. Making a report has the possibility of impacting people's lives long term and therefore is carefully and thoroughly staffed prior to doing it.

Before making a permissive report of child abuse, the following issues are considered:

- Safety of all family members
- Impact on the child's relationship with the mother
- Impact on the child's relationship with other family members
- Current safety plan
- Impact on the advocacy relationship with the mother
- Impact on the advocacy relationship with the child
- The desired outcome and the likelihood of achieving that outcome based on making a report
- Whether the specific incident being reported meets the criteria for assessment:
  - The abuse meets the definition of one of these categories:
    - Physical abuse
    - Mental injury
    - Sexual abuse
    - Child prostitution
    - Presence of illegal drugs
    - Denial of critical care
    - Manufacturing or possession of a dangerous substance (defined in Iowa Code § 232.2)
    - Bestiality in the presence of a child
  - The abuser is someone legally defined as a caretaker (Iowa Code § 232.68)
  - The abused person is a minor or dependent adult
- Whether there is enough evidence to substantiate the report
- Whether the report is based on a concrete incident in the past rather than an attempt to prevent future abuse

- The legal consequences of violating confidentiality on the client and the program
- Consequences with other clients or potential clients who will find out about the report

Social pressure based on traditional stereotypes about women and mothering, make it extremely difficult for women to admit that they do not want to be parenting or do not know how. When a parent is clearly unwilling or incapable of caring for her children, an advocate engages in an honest discussion about the options of getting parenting training, placing the children in foster care, and/or opening a Child In Need of Assistance case.

## EDUCATIONAL NEEDS OF CHILDREN

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### STANDARD 440:

*Domestic abuse programs ensure that children aged six to fifteen years residing in their facilities are enrolled in local schools or alternative education in compliance with Iowa Code 299. Programs connect families to appropriate services within the community to support access to education.*

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### STANDARD 441:

*Domestic abuse programs provide or assist in arranging transportation for children living in shelter to attend school.*

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### BEST PRACTICE

Domestic abuse programs collaborate with local schools and client parents to ensure children have transportation, books, schools supplies, appropriate clothing, and other resources to access educational programs.

Domestic abuse programs build relationships with their school systems to smooth the transition between schools for families temporarily or permanently relocating.

Child advocates assist families in negotiating safety plans within the school environment, such as planning who can pick children up, where children wait after school, notifying schools of security risks, transportation, and placing a copy of restraining order in the children's files.

Domestic abuse program staff advocates on behalf of children when there are conflicts with schools in regard to trauma-induced behavior concerns.

When possible, domestic abuse programs provide or arrange transportation for children living in shelter to continue to participate in previous extracurricular activities.

## ADVOCATING WITHIN SYSTEMS

### **Child Protective Services**

Child welfare agencies and domestic abuse programs are often engaged with the same families. Survivors may seek services at any point in their child welfare case. Domestic abuse advocates have a role far beyond initiating or assisting a client to initiate a child abuse report, such as:

- Providing a safe environment for child abuse assessments.
- Reframing the actions of survivors who maintain contact or continue living with batterers as protective when their intent is to prevent harm to their children.
- Providing information about the child welfare system to clients.
- Advocating for survivors' needs and assisting in ensuring their voices are heard in any case management, hearings, or action plans.
- Providing support and advocacy in the Family Team Meeting Process.
- Educating child welfare workers about domestic abuse and survivor strategies.
- Assisting clients with filing appeals.
- Being a resource for child protective services workers for assessment, case management, and safety planning.

### **Family Team Meetings**

Family team meetings (FTM) are intended to be a strength-based, family-centered approach that involves engaging family members, friends, community service providers, and other interested parties in a joint effort to help families protect their children. This model is used in many child protection cases in Iowa, including those that involve domestic abuse. Advocates may be asked to participate as a means of linking families to resources, engaging support networks, and increasing safety both at the time of the meeting and afterwards.

Perpetrators may or may not be involved with the family team meeting. There are many reasons why a survivor might want their partner to participate. Some women see involving the abuser in an FTM as a safe way to negotiate agreements with him regarding visitation with the children and other issues of importance to the family. They may also see the meeting as a way of bringing community pressure to bear on him to stop his violence. However, batterer presence at a meeting may increase both immediate and long-term safety risks and prevent victims from fully participating in case planning.

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**STANDARD 451:**

*Domestic abuse program staff are knowledgeable about the child welfare system and seek to ensure fair and equitable treatment for survivors while maintaining a priority of long term safety for all family members.*

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**BEST PRACTICE:**

Domestic abuse advocate role in the FTM process is to:

- Support the goal of safety.
- Support the survivor.
- Provide information about the situation (with a signed release).
- Provide accurate information about domestic abuse, survival strategies, impact on parenting, and trauma recovery.
- Help prepare the survivor for the meeting.
- If the abuser is present, watch for warning signs of intimidation or escalation.
- Provide follow-up support with survivor.

Numerous strategies are used to adapt the FTM process for domestic abuse cases:

- Separate meetings with each parent may be held.
- Care is taken to plan for safety in the parking lot, waiting rooms, etc.
- The meeting may be held at a more secure location, such as a court house with metal detectors.
- Batterers may have their interests represented by another trusted party such as a relative or attorney.
- Batterers may provide a written statement with their concerns and suggestions instead of participating in person.
- Batterers may participate by phone or Skype.
- The consequences of excluding the batterer from the meetings is discussed with the survivor as well as strategizing how to respond to any subsequent escalation.

Confidentiality creates the need for thoughtful and cautious action. The boundaries set out in the confidentiality standards are be referred to often. In many cases, it's in the client's best interest to allow the advocate to communicate openly with the child protective worker about safety planning, services received, and parenting. However, when survivors are asked to waive their confidentiality, they are provided with a full understanding of what that means and potential consequences so they can make an informed choice.

## COURT SYSTEMS ADVOCACY

Children may be involved in court systems in many ways:

- As the subject of a Child In Need of Assistance petition
- As the subjects of a dissolution/custody case
- As defendants in juvenile court cases
- As witnesses in civil or criminal hearings

Given the impact of domestic abuse on children, violence in children's lives should be a major consideration in all such legal proceedings. We know that violence, resources, safety, and adverse early childhood experiences are key factors influencing children's future capacity, success, health, and positive engagement with their communities, however, as a society, we are far from integrating that knowledge with our legal processes, codes, and precedence. Domestic abuse programs can play a vital role in bringing that knowledge to bear in individual cases and in system change, promoting non-violent outcomes.

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STANDARD 460:

*Child advocates have a working knowledge of the juvenile court system and Iowa Code § 598 as it pertains to dissolution of marriage, custody, and visitation arrangements.*

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STANDARD 461:

*Domestic abuse programs shall work to ensure that child victims' rights are preserved as set out in Iowa Code § 915, particularly: § 915.20, ensuring the right to the presence of a victim counselor; § 915.35, ensuring a right to emergency physical or mental health services without prior knowledge or consent of a guardian; § 915.36, protecting minor victim privacy in public records; and § 915.38, regarding televised, videotaped, and recorded evidence of a minor victim/witness in a criminal hearing.*

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STANDARD 462:

*Child advocates assist minor clients with retaining or being assigned a Court Appointed Special Advocate, Guardian Ad Litem, or other attorney as needed.*

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STANDARD 463:

*Domestic abuse programs do not deny a minor person access to services based solely on their involvement in the juvenile court system.*

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**BEST PRACTICE:**

Domestic abuse advocates promote positive working relationships with juvenile court officers, court appointed special advocates, group homes, and other local placement facilities for system-involved minors. Programs collaborate with facilities for minors to provide information, education, or counseling groups on healthy relationships, dating violence, and recovery.

Domestic abuse programs support efforts to create gender equality within the juvenile justice system.

## LIMITATION/NON-VOLUNTARY TERMINATION/REFUSAL OF SERVICES

### **Limitation/Termination/Refusal of Services**

A question that sometimes faces domestic abuse programs is: when, if ever, is it legitimate to refuse to provide services to an individual presenting for assistance? and, when, if ever, is it legitimate to limit or terminate services to a current client? In a worst case scenario, the denial of any or all services to someone could contribute to their serious injury or death. Programs do have a primary responsibility of safety; however, the safety needs of one person may be in direct conflict with the safety needs of others. The standards should act as guideposts in making critical decisions about balancing these opposing needs.

### **Confidentiality concerns**

Historically, some domestic abuse programs have tried to ensure safety by making clients sign confidentiality contracts that prohibited revealing the location of the program to anyone; prohibiting any contact with the abusive partner; or terminating or transferring services if the batterer was found to have knowledge of the location.

It is just as revealing of shelter location for a staff person to go to court--where everyone knows who she is and where she works, including the batterer glaring at her from the other council table--drive back to the shelter, park right there, and go in the building, as it is for a client to have a friend drop her off at the program's door. Any advocate could be followed. Any advocate's car can be recognized. The risk of an advocate being followed to locate the shelter is at least as great as anything else. Yet programs have routinely asked clients to be dropped off several blocks away and walk.

Confidentiality belongs to battered women. When the confidentiality of the agency sets up barriers, or even creates safety risks for women, we prioritize our own needs over that of our clients, subverting confidentiality's very purpose. It is intended to aid battered women, not to be another barrier. Confidentiality is an onus placed on programs by legislation, policy, and funding mandates, not on the clients we serve.

Battered women often have contact with their batterer while they are using program/shelter services. They may choose to do so for a variety of practical, safety, and emotional reasons, or because of coercion and threats. ICADV also recognizes that survivors of abuse are in the best position—because they have the most comprehensive and intimate knowledge of how their batterer thinks and reacts—to determine what level of contact they need to strive to maintain.

ICADV recommends revisiting past approaches, moving away from sanctioning battered women to engaging them in discussions about their safety. In doing so, the concern moves away from the fact that she broke a confidentiality contract with the program to: does she still feel safe given that the batterer has information about her location? Are there changes that should be made to her safety plan?

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**STANDARD 500:**

*Program services shall not be restricted because a client met with, contacted, or returned to the batterer. Victims shall not be sanctioned for telling their batterer the location of the shelter.*

**Safety concerns**

Similar to confidentiality policies, curfews have often been used as a means of maintaining the security of a facility, knowing when a bed is or is not available, and keeping track of client's whereabouts in case they are kidnapped, sequestered, or otherwise disappear. While these strategies have been somewhat successful in their goals, it is at the cost of once again exerting control over survivors, using staff time to monitor compliance, creating an environment in which clients feel they must lie to us, and creating new problems of instituting and enforcing consequences for violations. It is ICADV's position that maintaining a nonjudgmental environment where clients can be open and honest about their whereabouts, including visiting with the batterer, spending a night away from the shelter with a friend, or at a party using substances, allows the greatest opportunity to address the full spectrum and reality of battered women's lives, relationships, and safety concerns.

Having a sign out sheet where clients can log when they are expected to be back, and asking them to notify the program when they won't be able to return within the time frame stated so that the staff knows when to set in motion steps predetermined by the

client (such as calling the police to do a welfare check, arranging for her mother to come get her children, doing nothing, etc.).

If a client makes a direct threat, stalks, harasses, and/or physically assaults another client or staff person, the program may need to take action to ensure the safety of all concerned, including terminating the abusive client from services.

### **Functional group living concerns**

Programs may ask clients to participate in activities necessary to communal living, such as vacuuming communal areas, doing dishes, or keeping their personal space tidy. However, refusal to participate, either by passive resistance (forgetting, doing a poor job, not doing it in a timely manner) or direct refusal is not grounds for terminating or limiting service. Programs must convey that such service is voluntary. Nor shall lack of participation be construed as resistance, neglectful, or difficult behavior given that persons who have been traumatized have limited physical and emotional resources. Lack of participation is as, if not more, likely to result from trauma effects as any other source. Programs assume a philosophy that it is far better in the long run that clients exert what limited personal resources they have toward creating and enacting their safety plan than seeing to agency needs.

*“The Americans with Disabilities Act allows for the limitation of services who poses a direct threat to the health and safety of others. It does not however authorize the exclusion from services of persons who are a danger only to themselves. You could not, for example, refuse to shelter someone because they cut themselves or are suicidal and you are afraid they might make an attempt to kill themselves on your property.*

*“A public accommodation may exclude an individual with a disability from participation in an activity, if that individual’s participation would result in a direct threat to the health or safety of others. The public accommodation must determine that there is a significant risk to others that cannot be eliminated or reduced to an acceptable level by reasonable modifications to the public accommodation’s policies, practices, or procedures or by the provision of appropriate auxiliary aids or services. The determination that a person poses a direct threat to the health or safety of others may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an individual assessment that considers the particular activity and the actual abilities and disabilities of the individual.*

*“The individual assessment must be based on reasonable judgment that relies on current medical evidence, or on the best available objective evidence, to determine –*

- *The nature, duration, and severity of the risk;*
- *The probability that the potential injury will actually occur; and*
- *Whether reasonable modifications of policies, practices, or procedures will mitigate or eliminate the risk.*

*“Such an inquiry is essential to protect individuals with disabilities from discrimination based on prejudice, stereotypes, or unfounded fear, while giving appropriate weight to legitimate concerns, such as the need to avoid exposing others to significant health and safety risks.”*

(U.S. Department of Justice, Americans with Disabilities Act, ADA Title III Technical Assistance Manual, 1993.)

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STANDARD 501:

*The decision to deny services, including evicting a woman from shelter, shall only be based on behavior as it affects staff or residents' physical safety. Programs may not ask clients to leave shelter for the following reasons:*

- *Violating curfew*
- *Refusal to do chores or perform other services for the program*
- *Refusal to make their beds or clean their assigned rooms.*

*Programs may ask clients to leave shelter when:*

- *She has physically harmed or threatened staff*
- *She has physically harmed or threatened other clients*
- *Her mental or physical state is such that she cannot care for herself (for example, her mental health is so compromised that she is a danger to herself) and she cannot be successfully accommodated in the shelter environment. Programs must connect such clients to services that will meet their needs (mental health committal, nursing home care, etc.)*
- *She, or one of her children, has a founded child sexual abuse charge and her or their presence presents an imminent risk to children in*

*shelter, (again there is an obligation to make alternative arrangements for shelter where possible.)*

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STANDARD 502:

*Programs may exit a client from shelter if there are no current safety concerns and other clients with more immediate safety concerns are in need of shelter and safety resources. In making a decision to limit services, programs shall take into consideration the client's current safety plan, particularly where limiting services destabilizes the client sufficiently to cause an imminent threat to safety, and shall collaborate with clients on an exit strategy with specific dates. Clients asked to exit shelter based on the lack of immediate safety concerns, shall be encouraged to use other program services as needed or desired.*

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STANDARD 503:

*When clients are asked to leave shelter, programs shall make appropriate referrals, including other shelter accommodations, and make every attempt to provide all other non-shelter based services.*

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STANDARD 504:

*The provision of some services shall not be based on the requirement that individuals participate in other services. (e.g. must attend support group in order to stay in shelter. Programs/shelters shall never mandate involvement by the justice systems (e.g., police or protection orders) as a requirement of admittance or continuance of services. Neither shall advocacy services be based on the requirement that an individual stay in shelter. However, shelters may ask that residents voluntarily attend house meetings to address communal living issues, unless such attendance interferes with work, school, job-seeking, or other independence activities.*

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STANDARD 505:

*Written agreements outlining the responsibilities of the program and the expectations of clients may be appropriate to address unsafe actions or behaviors which compromise the well-being of the resident, other residents, or staff, but shall not be used as a form of punishment for minor infractions of program guidelines. Staff should engage the client in a*

*discussion about safety concerns and work with the client to develop mutually acceptable solutions.*

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STANDARD 506:

*Behavior modification programs, such as token systems, are not appropriate for use with battered women.*

PARENTING CONCERNS (SEE CHILD ADVOCACY SECTION ALSO)

Parenting in shelter is a challenge for all concerned. Not only are the children displaced from familiar surroundings and routines, they are often coping with the effects of trauma. Discipline, expectations, and attitudes may be completely different than their previous experience, leaving them unsure of the boundaries and likely to test limits, make numerous mistakes, act out, experience anxiety, and feel confused. Parents are similarly challenged by a new environment and limited emotional and physical resources compromised by the experience of abuse. Add cultural misunderstandings, substance abuse, and mental health symptoms to this scenario and programs must pause to express admiration that parents are able to rise above and perform as admirably as they usually do.

The primary consideration of shelter staff is to assist parents and children in navigating this change of circumstance through providing information and support, facilitating family conversations and conversations between families, strategizing with parents and providing referrals and options. However, there are situations related to safety when staff may intervene in a more directive manner. Sometimes a mother leaves her children in the care of another client and does not return as agreed. Or she may leave her children unattended for a lengthy period of time. Staff may be concerned about child abuse by the victim parent or other guest or abuse perpetrated by one child on another.

While staff intervention in the form of mediation, counseling, information, child abuse reports, etc. may be necessary, terminating or limiting services based on parenting concerns must be done with extreme caution. Asking a parent to leave shelter based on that parent abusing her child rarely leads to safer conditions for the child. Staff should work with the family, parenting services, child protective services, or other appropriate agencies to create a safety plan for the child before terminating or limiting services.

While asking a parent and her children to leave shelter based on her child's actions is also rarely acceptable, though sometimes removal of the family from the shelter environment may be in a child's best interest when the child has become a target of hostility, suspicion and rumor, such as when a teenager is accused by another resident of abusing her child.

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STANDARD 510:

*Programs shall not limit or refuse services based solely on the gender or age of minor children.*

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STANDARD 511:

*When faced with concerns about a client's parenting or the actions of minor clients, programs must take steps to work with the family to address the issue, including seeking assistance from other agencies if necessary, before considering terminating or limiting services.*

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BEST PRACTICE:

The program has information and referrals available for parents and other residents to assist with parenting concerns.

## RE-ENTRY INTO SERVICES AFTER LIMITATION

Some battered women who have been asked to leave shelter or other services seek to return. This leaves staff in the position of deciding whether or not services are currently appropriate and, if so, if there will be any limitations on them. For example, a battered woman who was asked to move out after assaulting another client may call several months later and ask if she can return to shelter. Staff must consider the client's safety risk, the nature of the previous assault, the safety of the current residents, etc., before considering what services should be available. She may return to shelter, be housed temporarily in a motel, or provided with non-shelter services only.

In addition, there are some clients, often referred to as “shelter hoppers” who move from one program to the next on a long-term basis. These are typically people with limited resources who have a survival strategy of using shelters as a means of procuring a safe bed and food. They may not be in immediate danger from an intimate partner therefore they may not qualify for shelter, though the majority do have abuse histories and show the effects of trauma. Their capacity to maintain long term self-sufficiency may be extremely compromised. As such, they are vulnerable to recurrent homelessness and victimization while lacking credibility as to their needs and frequently exhausting the resources of providers.

It is only by taking the time to assess the real needs and risks of any person seeking help each time they present themselves for services, regardless of their previous interactions with the program, that safety needs can be addressed properly.

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STANDARD 520:

*If a woman is asked to leave shelter or other services, that alone shall not bar her from receiving shelter or services in the future. Each request shall be carefully considered by program staff on its own merits. Shelters shall not maintain a "blacklist" of persons barred from services. Victim/survivors who have been denied services or have had services discontinued should be re-assessed each time they ask to re-enter. This might mean that an agreement with them, regarding expectations and plan, needs to be in place as part of the re-admittance process.*

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STANDARD 521:

*In situations where individuals have been inappropriately referred to the program, staff shall make referrals to more appropriate services.*

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BEST PRACTICE:

Programs seek ways to accommodate the diverse needs of victims, including using a broad definition of abuse. Programs seek to find ways to screen people in to services rather than out.

## PROTOCOL WHEN SHELTER IS AT CAPACITY

Calling a domestic abuse program is a momentous decision. Rarely do women call seeking shelter unless the situation has reached a crisis. Programs must make their best efforts to provide emergency services.

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### STANDARD 530:

*A domestic abuse program that is full is still responsible for offering alternative shelter either with another program or by safe home or motel when contacted by a survivor seeking help, and to assist with transportation to get the client to such an alternative if she chooses.*

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### STANDARD 531:

*If a shelter is already at capacity, the program may provide emergency shelter on cots, sofa, sleeping bags, etc. until such time as arrangements can be made to transfer the client to one of the options listed above.*

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### BEST PRACTICE:

The program has cooperative agreements in place with neighboring programs and/or local hotels for sheltering clients in case all beds are full. Program staff have pre-arranged meeting places agreed upon for transporting clients from one program to the other.

## BATTERER ISSUES

### **Predominant/primary physical aggressor**

ICADV recognizes that people may use force for many reasons: self-defense, reactively, pre-emptively, and as an abusive tactic to gain power over another. Programs reserve the right to make predominate physical aggressor determinations and to refuse services to those deemed to be the predominate aggressor. Physical injuries may be caused when a woman hits, bites or scratches in an attempt to escape the abusive situation or to defend herself. This situation is sometimes (although not always) characterized by minimal physical injury to the partner and multiple injuries to the self-defending victim.

Batterer tactics include coercion and threats. Survivors may engage in criminal behaviors in an effort to appease their abuser, to prevent harm to themselves, to prevent harm to others, or even as a coping strategy. Relationships are a primary doorway to criminal justice involvement for women.

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#### STANDARD 600:

*Programs shall make their own predominate aggressor determinations and not rely solely on designation by law enforcement, the courts, self-report, or other third party sources to decide who qualifies for services.*

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#### STANDARD 601:

*If a batterer requests services, appropriate referrals will be made to the department of corrections or other community mental health agencies.*

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#### STANDARD 602:

*Programs shall extend services to victims of domestic abuse regardless of criminal charges or convictions for crimes related to the abuse.*

**BEST PRACTICE:**

Programs provide advocacy to survivors involved as defendants in the criminal justice system, including counseling, testifying on their behalf, assisting with needs while in jail or prison, and pursuing clemency, expungement of charges, or other remedies.

**INTERACTIONS WITH PERPETRATORS****STANDARD 610:**

*Programs shall not provide services to perpetrators of domestic abuse, including counseling, batterer intervention, or parenting classes.*

**STANDARD 611:**

*Programs may file harassment or other charges against batterers unless such charges unduly jeopardize the safety of a battered woman or her children.*

**INTERACTION WITH PERPETRATOR SERVICES**

Individuals convicted of domestic abuse assault in Iowa are required to attend the Batterers Education Program (BEP), a 16-24 week intervention program. The Iowa Department of Corrections has authority over court-ordered batterer treatment, sets program standards, and provides training and certification to providers. Embedded within a community coalition model, standards for Batterer Education Programs (BEPs) require collaboration with domestic abuse programs:

*“Standard 3.4.4 Local Domestic Violence Project Involvement. Services for batterers shall not exist in isolation. Batterers programs shall maintain cooperative working relationships with local domestic violence projects. The following guidelines are minimum accountability requirements:*

*3.4.4a Area domestic violence projects should be invited to attend facilitator meetings.*

*3.4.4b Domestic violence projects' input and direction shall be considered on any program decisions that may affect battered women.*

*3.4.4c Domestic Violence projects are to be encouraged to monitor batterers groups by sitting in on groups or by listening and/or viewing recordings of them. It is recommended that each program be reviewed quarterly. The service provider shall work with the local domestic violence project to establish the parameters and purpose for monitoring and to develop a process for utilization of feedback.*

*3.4.4d Periodic meetings shall be held with domestic violence projects to discuss monitoring, safety issues, and programmatic changes.”*

*“Standard 4.6 [hiring of facilitators]: A selection process shall be developed by each service provider to ensure that individuals with a basic understanding of domestic violence issues are selected and to eliminate persons who are likely to get involved in collusion or other behaviors that may ultimately impact victim safety. Representatives from the local coalition and domestic violence project shall be involved in the judicial district selection process.”*

*“Standard 6.2 [policy] In order to ensure accountability to the victims, any written policies governing batterers programs which are established in addition to these standards shall be developed with the assistance of local domestic violence projects and input from local coalitions. In order to ensure accountability to the victims, any written policies governing batterers programs which are established in addition to these standards shall be developed with the assistance of local domestic violence projects and input from local coalitions.”*

*“Standard 6.3 [victim contact]: Program staff shall attempt to contact all partners of batterers in the program. Safety issues should be explored as well as options available to the partner, such as orders for protection and referral to domestic violence project for shelter and legal advocacy. Partners will be informed when batterers begin group and their status when they leave group (e.g. “completed group”, “asked to leave group”, “failed to return,” etc.). They shall also be informed that they are able to call and learn if partners are attending group. Each BEP shall work with their local domestic violence project to develop procedures for this Standard.”*

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**BEST PRACTICE:**

The domestic abuse program provides monitoring and consultative services to the local batterer education program. The domestic abuse program participates in a community coalition with BEP, prosecution, law enforcement, and other service providers as part of a coordinated community response.

## CONFIDENTIALITY

### FEDERAL LAWS AND REGULATIONS

Federal and state laws and administrative rules govern confidentiality of service provision to survivors of domestic abuse.

Family Violence Prevention and Services Act (42 USC 10402(a)(2)(E)):

Grant recipients must assure the confidentiality of all client records and the location of the shelter.

Victims Of Crime Act (42 USC 10601-10604):

VOCA prohibits revealing any identifying information about a client that could be identified as a specific person, including in all legal proceedings.

Housing Assistance, Emergency Shelter Grants (42 USC 11375(c)(5)):

Grant recipients must implement procedures to ensure confidentiality of records pertaining to anyone receiving family violence prevention or treatment services. The shelter location shall not be made public without permission.

Confidentiality violations of any of the above can result in a loss of federal grant funds. Programs that receive federal money are covered by federal regulations that implement the above statutes. The following section discusses how confidentiality is addressed and who is covered by it within federal regulations.

Confidentiality of Identifiable Research and Statistical Information (28 CFR 1 et seq)

22.1(f) The purpose is to ensure the confidentiality of information provided by crime victims to crisis intervention counselors working for victim services

programs receiving funds provided under the Crime Control Act, the Juvenile Justice Act, and the Victims of Crime Act.

22.(c) This section defines research or statistical project as any project, program, or component thereof which is supported in whole or in part with funds from the act and whose purpose is to develop, measure, evaluate, or otherwise advance the state of knowledge in a particular field. Programs that receive federal funding do develop, measure, evaluate, and advance knowledge in the field of violence against women. Therefore, they should be covered by this definition.

(d) Research or statistical information means any information collected...including information collected directly from the individual or obtained from any agency or individual having possession, knowledge, or control thereof. The statistical information, or research information gathered, is protected under this provision.

And it includes (e)(2) information that can, by virtue of sample size or other factors, be reasonably interpreted as referring to a particular private person. Shelters in small, rural communities where identification information could easily be traced to a particular person are protected.

(f) Recipient of assistance includes any grant recipient, contract, interagency agreement, subgrant, or subcontract, or any person employed by any of the above. If the program receives a grant, the program is covered, as is any person working for the program.

(h) The laws covered are the Omnibus Crime Control and Safe Streets Acts of 1968, the Juvenile Justice and Delinquency Prevention Act of 1974, the Victims of Crime Act of 1984. If the program receives money under any of these programs, the program is covered.

22.20 (c) The regulations do not apply to future criminal conduct. Similar to the “duty to warn” state requirements, if the client reveals future criminal conduct, the confidentiality requirements are not applicable.

22.21 Such information identifiable to a private person may be used only for research or statistical purposes, unless there is prior consent (22.22 (b)). Information that could identify a person, especially in a small, rural community, can only be used for research and statistical purposes with permission of the client.

22.23 Requires that any applicant for support from BJA, OJJDP, BJS, NIJ, or OJP support directly or under a State plan must submit a Privacy Certificate, along with its procedures, that it will comply with the confidentiality laws. A program receiving monies under any of these programs must sign a Privacy Certificate and submit its confidentiality policies.

Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have policies and procedures that maintain compliance with the confidentiality requirements of 42 U.S.C. §13925(b)(2). These include the following specific provisions that require those programs receiving grant funds to:

- a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. No individual client information can be revealed without the informed, written, reasonably time-limited consent of the person about whom information is sought;
- b. Have policies specific to maintaining the confidentiality of information that can be released to the parent or guardian of an unemancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with disabilities; and
- c. Have policies which detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.

## STATE LAW

### **Iowa Code 915.20A Victim counselor privilege.**

This statute defines what information is considered confidential:

1. (a) "Confidential communication" means information shared between a crime victim and a victim counselor within the counseling relationship, and includes all information received by the counselor and any advice, report, or working paper given to or prepared by the counselor in the course of the counseling relationship with the victim. "Confidential information" is confidential information which, so far as the victim is aware, is not disclosed to a third party with the exception of a person present in the consultation for the purpose of furthering the interest of the victim, a person to whom disclosure is reasonably necessary for the transmission of the information, or a person with whom disclosure is necessary for accomplishment of the purpose for which the counselor is consulted by the victim.

It defines who is eligible to have privilege:

1. (d) "Victim counselor" means a person who is engaged in a crime victim center, is certified as a counselor by the crime victim center, and is under the control of a direct services supervisor of a crime victim center, whose primary purpose is the rendering of advice, counseling, and assistance to the victims of crime. To qualify as a "victim counselor" under this section, the person must also have completed at least twenty hours of training provided by the center in which the person is engaged, by the Iowa organization of victim assistance, by the Iowa coalition against sexual assault, or by the Iowa coalition against domestic violence, which shall include but not be limited to, the dynamics of victimization, substantive laws relating to violent crime, sexual assault, and domestic violence, crisis intervention techniques, communication skills, working with diverse populations, an overview of the state criminal justice system, information regarding pertinent hospital procedures, and information regarding state and community resources for victims of crime.

It prohibits victim advocate disclosure of confidential communication, the location of the program, and the advocate's identity in legal proceedings:

2. A victim counselor shall not be examined or required to give evidence in any civil or criminal proceeding as to any confidential communication made by a victim to the counselor, nor shall a clerk, secretary,

stenographer, or any other employee who types or otherwise prepares or manages the confidential reports or working papers of a victim counselor be required to produce evidence of any such confidential communication, unless the victim waives this privilege in writing or disclosure of the information is compelled by a court pursuant to subsection 7. Under no circumstances shall the location of a crime victim center or the identity of the victim counselor be disclosed in any civil or criminal proceeding.

Confidentiality can be waived in the following circumstances:

- The victim has signed a written release.
- The victim is deceased or has been declared incompetent and confidentiality is waived by a representative of their estate. (915.20A (3))
- A minor has been ruled by the court as incapable of making the decision, in which case a parent or guardian can waive privilege provided they are not a defendant or have another prejudicial interest in the proceeding. (915.20A (4))
- The information is specific to matters of proof concerning the chain of custody of evidence, the physical appearance of the victim at the time of the injury or when the advocate first met her. (915.20A (5)) For example, if an advocate is called by emergency room staff to meet with a victim, they could be compelled to testify about bruises they witnessed, or if the photos presented as evidence were taken at that time.
- The advocate has reason to believe a victim has given perjured testimony and the defendant or state has made an offer of proof of it. (915.20A (5))

Iowa law does set out a procedure for compelling advocate testimony when: the information is material evidence to a criminal proceeding; the probative value of the information outweighs the harmful effect of disclosure; and the information cannot be obtained by reasonable means from any other source. (915.20A (7)) This does not include information relative to a victim's past sexual behavior. Iowa Rule 5.412 substantially limits testimony about specific instances of past sexual behavior or reputation.

The procedure is as follows (915.20A (8)):

- The state or defense files a written motion with an offer of proof.
- The judge requires the victim counselor to disclose the information in chambers out of the presence of all persons except the victim and any person the victim chooses to have present.
- The court makes a determination if the information *may* be disclosed or not.
- If the court has determined it may be subject to disclosure, a hearing, outside the presence of the jury, is held to allow the parties to examine the advocate
- The court then makes a determination of what information may be disclosed and what lines of questioning will be allowed.

ICADV prioritizes the needs of survivors and works to eliminate institutional barriers to safety and participation in services. This philosophy further informs the ways in which we regard confidentiality and implement it within the boundaries set out by legislative order. Being victimized, especially in a physical and/or sexual way, strikes at a person's deepest sense of identity and self-determination. From a therapeutic perspective, confidentiality can help reduce the trauma of such exposure. In the case of domestic violence, confidentiality is also essential for safety. Many clients in shelters or safe homes are literally hiding in fear for their lives. Confidentiality protects battered women from disclosure of information without her consent, empowering her to make decisions, as such it provides both personal and emotional safety. Advocates must abide by strict ethics of confidentiality. The client may waive this privilege in verbally or in writing.

Our standards prohibit disclosure of shelter facilities' locations by program staff in court proceedings, phonebooks, advertising or other public forums. It is common practice to ask clients, other professionals, maintenance staff, contractors, visitors, and funders to maintain this discrete attitude toward disclosure of program locations, however, survivors are not bound by any legislative policy. At the very least, in any community, the police, other first responders, medical personnel, the city clerk's office, utility services, any and all maintenance and repair services that have ever been engaged, the partners of all previous and current staff, volunteers, all previous and current board members, anyone involved in the original zoning approval, and neighbors or other businesses within the building already know the location of programs.

In practical terms, the risk of an advocate being followed by a batterer in order to locate the program is at least as great as any other risk. An advocate could go to court--where everyone knows who they are and where they work--drive back to a shelter, park right there, and go in the building, leading a batterer directly to their partner. Yet it would be inconvenient to not park near our workplace and so it is frequent practice to shift awareness of the risk and responsibility to maintain location confidentiality onto our clients by asking them to be dropped off several blocks away, not allowing them to be picked up at our locations, or sanctioning them for revealing the location to their perpetrator.

The chances are that a survivor is unhappier about her perpetrator knowing her location than we, as service providers are, and yet there may be times when she discloses the location or even asks the batterer to pick her up or drop her off. The batterer may threaten her until she feels it's safer to disclose the information, she may be exhausted from being harangued, she may have no other form of transportation, or it seems like a minor bone to toss him to de-escalate the situation. It is better than she feels comfortable discussing the batterer's knowledge of the location and/or the disclosure with her advocate than feeling like she must keep what transpired a secret for fear of being chastised, losing services, or feeling like a naughty child.

Confidentiality belongs to battered women. It is crucial. Yet when confidentiality creates safety risks for women, or when confidentiality is prioritized over the needs of our clients, it subverts confidentiality's very purpose. It is intended to aid battered women, not to be another barrier. Maintaining the balance between benefit and barrier is a constant challenge.

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STANDARD 700:

*Iowa Domestic Abuse Programs shall comply with federal and state laws and regulations regarding the safeguarding of victim information. For the purposes of these standards, volunteers are considered to be bound by the same confidentiality requirements as paid staff.*

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STANDARD 701:

*Programs shall not withdraw services based on the disclosure of information, including shelter location, by a client. Based on a reasonable assessment of danger precipitated by disclosure, they may limit or adapt services for safety reasons.*

**STANDARD 702:**

*Clients residing in shelter are given reasonable notice of visitors coming into the shelter, such as funders, legislators, board members, vendors, and maintenance workers. Residents are given opportunity to retreat to another location during the visit, and their choosing to leave has no impact on their shelter status. Shelters permitting visitors secure their written commitment to protect the confidentiality of all shelter residents.*

**BEST PRACTICE:**

A copy of 915.20A shall be readily available to center staff/volunteers when confronted with confidentiality issues, for immediate reference, especially when attorneys, law enforcement or process servers are attempting to locate a victim of domestic violence.

**ADMINISTRATIVE ISSUES****Client Files/Case Files**

Information about clients and services is gathered and recorded for a variety of reasons, first and foremost to assist in meeting the safety needs of women served. Client records can:

- Aid in counseling and advocacy (e.g. to refresh counselor(s) recollection of the particular woman's situation)
- Offer a continuum of service delivery from prevention to intervention
- Develop statistical profiles of battered women and their children and help determine trends in the community.
- Protect the program from potential liability
- Meet the requirements of funding sources

Domestic abuse programs often record information about the abuser in a client's file. Information collected is likely to include:

- Abuser's name
- Physical description of the abuser
- The abuser's address
- The abuser's place of employment
- Identifying information about the abuser's vehicle
- Client's relationship with abuser
- Police response to any incidents involving victim/abuser
- No contact order, dissolution, or other court orders
- Visitation schedule and other information relative to custody
- Information about access to weapons

Similarly, programs record personal information about the survivor seeking services in case files and client and statistical databases. In addition to information similar to that collected about the abuser, programs may record information about:

- Previous use of services
- Emergency contact information
- Services provided
- Letters written on behalf of clients
- Signed releases of information
- Medications and prescriptions
- Health diagnoses
- Safety plans
- Personal goals
- Photos
- Legal documents and notices
- Case notes
- Injury maps
- Police reports
- Medical records
- Letters
- Referral
- Internal incident reports and grievances

Furthermore, clients may ask that the program store personal items in a file for them. This property is typically documentation needed to for legal purposes, proving eligibility

for services, employment, and securing safe and secure housing. These items are the clients' personal property, not agency records or property, and may include:

- Legal documents
- Health records
- Inventories of possessions
- Insurance records
- Income tax returns
- Paycheck stubs
- Employee benefits
- Immunization records
- Child support and custody orders
- Birth and death certificates
- Property-related documents
- Expense records
- Credit card statements
- Bills
- Social security cards
- Passports
- Photos
- Memberships
- Identity records
- Letters
- Applications
- Personal documents

Advocates must take care that the details recorded about a client in program records are concise and factual to reduce the potential for misinterpretation. The way an entry in a case file is worded can give an entirely different meaning if subpoenaed later. For example, “client did not want a restraining order”, while brief and factual, paints a different picture than “discussed client’s fears about getting a restraining order, she shared concerns that it would make him more dangerous.” The first sentence sounds like she’s not really afraid; the second indicates her considered evaluation of the situation.

There is no way of knowing how your record of a woman’s words or actions can be twisted in a custody hearing, a criminal action against the abuser, or an action against the woman herself. While keeping a written record is important in doing good advocacy work, the focus of the records should be names, dates, decisions, and actions taken by shelter staff. Client case files should focus on tracking services provided but not provide

details of the content of services, for example: “safety planning”, not “made arrangements through her church to transport her to Colorado.”

Advocates, even experienced ones, should refrain from making a diagnosis beyond their field of expertise. If an advocate does not have the appropriate degree or license, a diagnosis of depression, PTSD, or other disorder is merely considered an unqualified opinion and does not belong in a client file. If a client appears to need medical or psychological treatment, a notation in the file of a referral may be documented.

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STANDARD 710:

*Programs must have a written policy on confidentiality; access to, release of and storage of records; and interagency communication, including the maintenance of anonymous data collected on persons receiving services, and participation in research.*

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STANDARD 711:

*Women shall be made aware of how any information about her or her situation will be used and that she is not obligated to provide any identifying information about herself or her abuser in order to receive services. A client has the right to refuse all or part of services to protect her/his anonymity.*

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STANDARD 712:

*Files shall be kept in a locked area, preferably in a file or other cabinet that can also be locked. Computers or other storage devices containing confidential information shall not be permanently connected to the internet. Programs shall take steps to prevent unauthorized access to their electronic records through using password protection of their computer and maintaining storage of back-up files in a secure place.*

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STANDARD 713:

*Clients have the right to view or request a copy of their file or any other personal information gathered about them at any time, and to request the removal of inaccurate, irrelevant, outdated, or incomplete information*

*from her file. A client shall be permitted to add to her file. For example, a client may ask that copies of birth certificates, photos, bank records, or other items, the kept in her file as part of her safety plan.*

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STANDARD 714:

*Incident reports and internal grievances shall be maintained in administrative files, not client files, after cessation of service provision.*

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STANDARD 715:

*Client files shall be kept for a minimum of four years, although they may be kept indefinitely. Clients have the right to take their files with them ask for the destruction of any and all indentifying information.*

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STANDARD 716:

*Programs shall consider that email from and to clients establishes a counseling relationship in the same manner as other contacts with battered women. If email is saved or printed out, it must be treated as other client documentation. Alternatively, programs may establish a policy in which all email from battered women is deleted after being read.*

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BEST PRACTICE:

Shelters keep an alphabetical list of clients, length of stay, and other basic information for at least ten years. Files containing personal property such as photos are also kept for at least ten years.

Programs keep all information except minimal records of name, dates, and type of services provided in a separate secure place considered to be client property instead of shelter property. If only client files are subpoenaed this may prevent the release of these items.

Clients are made aware of the program's policy regarding the destruction of personal information and files. When possible, programs ask clients if they want their file flagged to be maintained for a longer period of time.

## Homeless Management Information Systems

Homeless Management Information Systems (HMISs) are databases maintained to gather information about homelessness, resource use, and effectiveness of response. This can be helpful in developing public policy and resource allocation at both the community and national level. As such, HUD funding may be tied to participation in HMIS. This presents an ethical and safety conflict of interest for service providers working with victims of abuse for whom confidentiality and anonymity are key. Currently, federal regulations allow programs to choose not to participate in order to protect the confidentiality of clients.

Additionally, individual clients must be given clear information about how their personal data will be used and the option not to participate in HMIS or any other data gathering a program participates in. Women in immediate crisis should not be expected to make a decision about participation in the program. In that circumstance, their decision is as likely to be made out of simple expediency or fear of how it may impact services than out of consideration of their own needs.

Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 must have policies and procedures that maintain compliance with confidentiality provisions in federal law 42 U.S.C. §§11383 and 13925(b)(2) that prohibits the disclosure of personally identifying victim information to any third party shared data system, including “HMIS,” or the Homeless Management Information System. Personally identifying information is defined in 42 U.S.C. §11383 to include: a first and last name, a home or other physical address, contact information, a Social Security number, and any other information including date of birth, racial or ethnic background, or religious affiliation, which, in combination with any other non-personally identifying information would serve to identify any individual.

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### STANDARD 717:

*Programs collecting data for HMIS or similar databases shall take all measures possible to ensure the anonymity of individual clients. Clients will be given specific information about how personal data may be used and can opt out without impact on the services they receive.*

## **Domestic Abuse Death Review**

Iowa Code section 135.111 and the Iowa Administrative Code 641-91.10 authorizes the release of records to the Domestic Abuse Death Review Team of all persons who died in circumstances involving domestic abuse:

135.111 Confidentiality of domestic abuse death records.

1. A person in possession or control of medical, investigative, or other information pertaining to a domestic abuse death and related incidents and events preceding the domestic abuse death, shall allow for the inspection and review of written or photographic information related to the death, whether the information is confidential or public in nature, by the department upon the request of the department and the team, to be used only in the administration and for the official duties of the team. Information and records produced under this section that are confidential under the law of this state or under federal law, or because of any legally recognized privilege, and information or records received from the confidential records, remain confidential under this section.

2. A person does not incur legal liability by reason of releasing information to the department as required under and in compliance with this section.

641—91.10 Confidentiality and disclosure of information.

The team and liaisons shall maintain the confidentiality of all information and records used in the review and analysis of domestic abuse deaths, including disclosure of information which is confidential under Iowa Code chapter 22 or any other provisions of state law.

91.10(1)

No information on individual deaths contained in the records described in this rule shall be disclosed except for the purposes of the team, committee or subcommittee meeting, and no confidential information received in preparation for or during the course of such meeting shall be removed from the meeting room except for further as authorized by the team chairperson.

91.10(3)

A person in possession or control of medical, investigative or other information pertaining to a domestic abuse death and related incidents and events preceding the domestic abuse death shall allow the inspection and reproduction of the information by the department upon the request of the department to be used only in the administration and for the duties of the Iowa domestic abuse death review team.

91.10(4)

Information and records which are confidential under Iowa Code section 22.7 and Iowa Code chapter 235A, and information or records received from the confidential records, remain confidential under this rule.

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STANDARD 718:

*Programs shall disclose any information pertinent to a domestic abuse related death to the Iowa Domestic Abuse Death Review Team on request. Such disclosure shall remain confidential and does not constitute a waiver of confidentiality under any other circumstance.*

**Client Initiated Disclosure**

Confidentiality is owned by the survivor. A survivor is in the best position to decide when and where it is safest for her confidentiality to be maintained, and when it would be helpful to have others, including advocates, share information about her situation. Victims seeking to utilize the family violence option when receiving welfare benefits, secure transitional housing, or other services, are often asked to verify that they are victims of domestic violence. A letter stating that they have been receiving services from a domestic abuse program is a common form of corroboration.

Similarly, she may be involved in a child protective case and need to have the assessment worker interview the children “in their home environment”, i.e. the shelter. She may want her advocate to help her frame actions that she may or may not have taken as protective rather than neglect. She may want her advocate and mental health counselor to be able to communicate about her needs; be applying for assistance and need the shelter to substantiate that she is receiving services; want her advocate to testify as a witness to a restraining order violation; need the services of a visiting nurse; or need her

brother to help her move her belongings into a new apartment. Clients may initiate lifting confidentiality in whole or in part for many reasons.

### **Waiver of confidentiality/release of information**

When 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. She should be clear on her ability to refuse disclosure if she desires.

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 disclosure, the duration for which the release is valid and the ramifications of disclosure. Advocates should understand why the person or agency needs the requested information and what the immediate and long-term impact on the survivor may be. In the case of court testimony, a frank discussion with the client's attorney, with the client present, should be part of the decision about using advocate testimony. The decision to do so ultimately rests with the client. Information should be framed in the best interest of safety. Using form letters where possible is a strategy that can ensure that very little confidential information is released.

Minors are covered under 915.20A and has confidentiality. Minors may waive the privilege if they are capable of knowingly and intelligently doing so. There is no specific age for this.

If a minor has been ruled by the court as incapable of making the decision, a parent or guardian can waive privilege, unless they are the defendant or have another prejudicial interest in a proceeding (915.20A (4)).

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#### STANDARD 720:

*The client's consent must be in writing. A release must include:*

- *the specific information to be released*
- *the date the release is signed*
- *the purpose for which the information is released*

- *name of person/agency/organization to whom disclosure is made*
- *dated signature(s) of witness(es)*
- *expiration date of the consent which may reflect time, date, event, or condition, depending on the nature of the information disclosed, generally not to exceed 30 days*
- *a provision that the victim/survivor may rescind the release at any time in writing*

*The release of information should only be valid for the time that the victim/survivor is using services. All releases should end upon termination from the program. Blank release forms must never be signed.*

*Releases from other agencies shall not be considered a substitute for the program securing its own release.*

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**STANDARD 721:**

*Advocates shall not refuse to testify in court or at any hearing when requested to do so by a client who has signed a release of confidential information.*

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**BEST PRACTICE:**

Unless specifically requested by the client, programs use a form letter verifying the provision of services that discloses minimal information to corroborate that a client is a survivor of domestic abuse.

Programs secure a written commitment to protect the confidentiality and anonymity of all residents and other clients from visitors or professionals meeting with clients within the program's physical plant.

**PROGRAM INITIATED DISCLOSURE OF CONFIDENTIAL INFORMATION**

There are certain limited circumstances in which domestic abuse programs initiate the release of confidential information without prior written consent by a client. These circumstances are related to immediate safety concerns. Advocates are responsible for

making it clear to their clients that they will report child or dependent adult abuse as set out in these standards in section 430.

## **Safety concerns**

Victims may contact hotlines in the middle of unsafe circumstances: their batterer may assault them while they are on the phone; the caller may relay an immediate plan and intention to kill themselves, their batterer, or others; they may be drugged or experience a medical emergency in which they become unconscious or unresponsive while on the phone. Balancing conflicting values of self-determination, safety, and confidentiality, programs must make a determination of when and how they will intervene in each of these situations.

Another not uncommon circumstance in shelter, and sometimes in terms of other appointments, is a client who has not returned or arrived at a pre-scheduled time. For example, a woman who usually returns to shelter from work at 5:30 p.m., and who has not arrived by 7:30, meanwhile another resident has taken it upon herself to prepare dinner for and take care of the first client's children. Another example would be a client asking for an advocate to meet her at the courthouse to help file a restraining order petition, but not showing up. The level of risk in either of these situations could be lethal or non-existent, depending on the individual client's circumstance.

The ideal solution would be to discuss this ahead of time with each client and fashion a back-up response based on her wishes should the situation arise. Some women may want you to contact their family. Some may want you to immediately contact the police. Some may want no response whatsoever. A standard procedure that can be adapted as needed is a helpful place to start this conversation:

“We have a sign out sheet here by the door. We're not trying to monitor where you are going or how you spend your time; we just want to know when we should be worried. You can always call and let us know you'll be gone longer or if your plans have changed. If someone is gone longer than three hours after they said they'd be back, we typically call the emergency contact person on their intake just to make sure they are okay. What would you like us to do if we are worried about your safety? When do you think we should be worried?”

In most cases in which a client fails to appear where and when expected, advocates must protect confidentiality and develop skills for dealing with their own natural fears and concerns for a client. Program policy guidance and a back-up system for consultation and debate will help advocates navigate the extreme circumstances when they violate confidentiality in order to file an abuse report, call an ambulance, make a missing person's report, or contact law enforcement to do a welfare check.

A different kind of safety concern is when a client poses a danger to herself because she is suicidal or her mental illness symptoms are so great she cannot provide basic care for herself. Domestic abuse programs cannot provide twenty-four hour individual support or supervision to keep someone safe from herself. If a client's mental health is compromised to the point that a woman is a danger to herself or others, or if she is actively suicidal, the program has a duty to assist the client in receiving the appropriate supports, such as alternative programs or hospital settings. In extreme circumstances, this includes applying for involuntary mental health commitment.

### **Crime reports**

If a survivor discloses she has been or is currently involved in criminal activity, that information is confidential unless it poses an immediate threat of serious bodily harm such as would trigger the duty to warn.

Crimes that occur against the staff or shelter are at the projects' discretion to report. Confidentiality the impact on a client's safety should be priority considerations. It may be possible to report a batterer slashing staff tires in the parking lot without revealing information that the batterer's partner is a client, furthermore, the client may be very willing to have the agency pursue such charges. The safety risks and confidentiality violation of filing theft charges against a client who may have taken all of the program's bus tokens is likely to outweigh any possible benefit however.

A trauma centered approach, with full awareness of the interplay of negative coping skills, hoarding, responding to external threats, and other issues experienced by victims can aid in creating a helpful response. Programs may have a policy of reporting serious, violent crime but do not report nonviolent or minor violent crimes such as simple misdemeanor assaults.

If a client reports a crime to the police directly, for example, that another client stole from them, law enforcement still cannot enter the program's property without a search warrant to look for evidence or to make an arrest. When possible, programs should take a restorative justice approach to non-serious criminal acts and use processes such as mediation to achieve reconciliation.

## Transfers to other programs

There are two other circumstances that may lead to a program disclosing confidential information without prior written consent: during the process of transferring a client to another program for services and after a homicide.

Because it may not be safe to remain in the same community, clients may choose to relocate and utilize the services of more than one domestic abuse program in the process. While not necessary, it may facilitate the transition from one program to another if the staff can communicate regarding the client. However, particularly if a client is relocating to another program because of a poor experience with the current one, the client may not be willing to give consent to disclosure. The client's wishes regarding confidentiality and the client's right to confidentiality must be maintained even with other domestic abuse programs and/or advocates. The only exception is, once again, in case of an immediate threat to the personal safety of themselves or others, such as: she is being asked to leave after using a knife to threaten one of the staff or she is a convicted sex offender and had inappropriate contact with another resident's children. Being a "shelter hopper", stealing from the program, mental illness symptoms, or other issues not related to physical safety and well-being are not reasonable grounds for violating a client's confidentiality.

## Homicide

When a program's client has died under circumstances suggesting homicide, there are many people who may want access to information about them: law enforcement, family members, or the media, in particular. The program must use caution in disclosing information, even if it is for compelling reasons, to maintain the deceased client's privacy and dignity. The only individual who can legally authorize the release of a deceased client's information is, in the case of a child client, their legal guardian or, in the case of an adult client, the officially appointed administrator or executor of their estate. Programs may seek advice from their program's or an ICADV attorney regarding such disclosures.

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### STANDARD 730:

*The client will be informed that confidentiality may not be maintained in the following situations:*

- *when a dependent adult or child has been abused, exploited or neglected,*
- *when the client's life is endangered and she/he cannot give consent,*
- *missing person/welfare checks,*
- *matters of proof concerning chain of custody of evidence: photos, clothing, etc.,*
- *matters of proof concerning physical appearance of the victim at the time of the injury or the counselor's first contact with the victim after the injury,*
- *when the client makes a probable threat or is violent against another person,*
- *when she threatens to or deliberately causes harm to herself,*
- *in the event that the court issues an order for specific information, pursuant to the process set out in Iowa Code §915.20A.*

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**STANDARD 731:**

*Hotlines shall have written policies and procedures delineating when and how they will contact law enforcement or medical intervention in situations when callers indicate an immediate intent to commit suicide or homicide, or where a reasonable person would believe that there is an assault currently occurring that is heard over the phone, or when a caller becomes unconscious or unresponsive during a call. Licensed individuals shall follow their licensing requirements.*

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**BEST PRACTICE:**

Domestic abuse programs consider themselves as having a “duty to warn” either law enforcement or the intended victim when notified of a credible, immediate threat of homicide.

During a law enforcement investigation or prosecution, programs may choose to disclose that the deceased client was served by the program and any other information that is specifically relevant to the homicide. The disclosure is made with the permission of a family member and/or executor of the deceased if at all possible and directed to the county attorney. An investigatory subpoena is requested beforehand.

If it is determined that information in a program's possession could be critical to the safety and well-being of family members of deceased clients, programs may make limited disclosure of that information after consulting with an attorney.

When answering media questions about a homicide, programs make it clear that they are responding about domestic abuse issues in general and not about a particular client or homicide, maintaining confidentiality of the deceased client.

## LEGAL SYSTEM DISCLOSURES

Various legal system processes meet the complexities of confidentiality head-on. The penalties for noncompliance with a subpoena typically include fines, arrest, imprisonment, contempt of court charges, etc. whereas the penalties for compliance with a subpoena that breaches confidentiality include loss of federal funding and civil action by a client for the violation of confidentiality, invasion of privacy, or worse if a client is injured or killed by perpetrator.

### **Subpoenas**

Staff are in no way legally obligated to accept service for survivors. The acceptance of service itself is a violation of confidentiality, as it is a tacit admission that an individual is receiving services from the program. Advocates should notify clients that a subpoena was offered for service; relay any other information received pertinent to the issue; offer assistance with receiving service, for example providing transportation to pick a subpoena up at the courthouse; and discuss the ramifications of avoiding service. Child custody orders, as a service of process, function essentially in the same way as subpoenas and should be responded to accordingly.

If the domestic abuse program itself, or a staff member, is subpoenaed the program must not only determine their legal status in regards to it, but also how far the program would be willing to go to challenge it. Is the program willing to risk a contempt citation and possible imprisonment? Or any of the following: appear at a hearing and there assert privilege; request an in camera hearing with the judge to disclose information but release nothing to the party requesting it; appeal confinement, if jailed, by writ of habeas corpus; publicize incarceration to garner community support; comply and file appeals; etc.

## **Arrest Warrants**

An arrest warrant does not give authorities the right to search a domestic abuse programs' facility. They will need a separate search warrant for that purpose. Law enforcement can, however, surround and secure the premises to wait until a client leaves. Without permission to waive confidentiality, the program's response must be to inform law enforcement that they have no information they can disclose at that time.

When staff has been made aware that an arrest warrant exists, they should notify the client; discuss its ramifications, including what further services will be offered; and help arrange for voluntary surrender if the client chooses. Being charged with a crime is a common occurrence for battered women and does not make them ineligible for services.

Civil commitment orders function essentially like arrest warrants and are responded to in like fashion. Law enforcement will again need a search warrant if they want to enter the domestic abuse program's property to find the person.

## **Search Warrants**

In the event of a program being presented with a search warrant, multiple clients' privacy is at stake. While searching for a particular person, records, or other items, law enforcement are likely to gain information about other clients. Provide information, opportunity and support for the voluntary surrender of the client or items in question.

If advance notice is given, programs should let clients know that a warrant is going to be executed so that they can choose to leave, avoid being seen, or take other action to protect themselves or their privacy. Staff should accompany officers during the search, however they should not obstruct an officer from a search or they may be charged with interference with official acts. Document exactly what the officers do during the search, taking pictures or recording it on video, if possible. Make sure the areas to be searched are specifically listed on the warrant and that the list is followed. Officers may search any place that may contain item, so if warrant is to find a person, they could look in a closet but may not search a drawer in which a person would not fit. Officers are allowed to secure persons present in handcuffs and frisk them for weapons and can seize any evidence, contraband, or weapons in plain view even if those things are not specifically listed on the warrant. Iowa law is unresolved regarding whether an advocate could be charged with failure to assist if she refuses to identify the subject of a search warrant.

**STANDARD 740:**

*The program has a written policy to respond to subpoena, court orders, and other legal processes which includes provisions for the automatic filing of motions to quash any request for victim/survivor information not authorized in writing by the victim/survivor and allowing the release of material not authorized by the victim/survivor only upon the order of a judge.*

**STANDARD 741:**

*Domestic abuse program staff does not accept subpoenas, warrants, commitment papers, or child custody orders on behalf of other parties named on the documents without the prior written consent of that party. They also do not reveal information to anyone serving the legal documents, answer questions of the process server, or immediately release information in response to a subpoena without first consulting an attorney familiar with the confidentiality restrictions shielding victims.*

**STANDARD 742:**

*When presented with an arrest warrant for a client, programs maintain that individual's confidentiality. Law enforcement is informed that they must get a search warrant if they desire to enter agency property for the purpose of locating the subject of an arrest warrant or civil commitment order.*

**BEST PRACTICE:**

Programs designate one staff person as a Custodian of Records who shall: maintain control over the records, respond to court orders with the help of a lawyer, bring records to court if necessary, ensure conformity to procedures, and respond in accordance with program policy to requests for records and/or client information. The custodian insures that standard program records do not contain damaging materials.

When a program or staff member is subpoenaed, against the expressed written permission of a client, the program does the following:

- Learns why the records are sought and what use is intended
- Presents testimony on the critical importance of confidentiality to battered women
- Files a Motion to Quash the subpoena
- Object to procedural defects within the documents—incomplete, over broad, unclear, improperly served
- Argues for partial protection of the records or limited scope of questions
- Asks for *in camera* review
- Appeals, with other organizations joining by amicus curiae

When presented with a search warrant, programs:

- Provide the officers with a copy of federal legislation, regulations, and state law regarding confidentiality and explain that the program cannot allow access to clients or client records without an appropriate court order.
- Ask to contact the prosecutor/commanding officer to repeat the above and stress that any records seized illegally would be inadmissible in court.
- Request an attorney be present during search.
- If given advance notice of the search, inform clients that a search warrant is going to be executed so they can chose to stay away from a particular room or office designated for the search.

## SOCIAL CHANGE ACTIVITIES

### PREVENTION

Prevention programming “seeks to bring about change in individuals, relationships, communities, and society through strategies that: 1) Promote the factors associated with healthy relationships and healthy sexuality, and 2) Counteract the factors associated with the initial perpetration of sexual violence and intimate partner violence. This work values and builds on the strengths of diverse cultures to eliminate the root causes of sexual and intimate partner violence, and create healthier social environments.” (Virginia Sexual & Domestic Violence Action Alliance, 2009) This is done through a variety of strategies including but not limited to: class room and community presentations, social marketing campaigns, editorials and press releases, creation of brochures and fliers, and much more.

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#### STANDARD 800:

*The program shall provide domestic violence primary prevention efforts to the communities in its service area. Such efforts shall be consistent with the philosophy and intervention approaches delineated in these standards.*

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#### STANDARD 801:

*Agency staff has specific training on prevention. This should include being able to define: primary, secondary and tertiary prevention; root cause; risk and protective factors; and the socio-ecological model.*

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#### STANDARD 802:

*The agency uses information about their agency’s capacity, available resources, and their target audience in developing their prevention strategies.*

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STANDARD 803:

*The agency is intentional by including prevention in their planning (such as their strategic plan or a prevention specific plan).*

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STANDARD 804:

*The agency regularly seeks out and engages with prevention partners in the community to support or enhance prevention efforts.*

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STANDARD 805:

*Agencies and advocates engage in a systematic process for identifying a target audience and strategies to prevent first time perpetration and victimization of violence. A systematic process would include (1) problem detection/assessment, (2) identification of risk and protective factors, (3) development of interventions and (4) evaluation of the effectiveness of interventions.*

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STANDARD 806:

*The agency monitors or evaluates the impact of the efforts and uses this information for continual growth and improvement. Strives to infuse prevention within the entire agency and broaden the reach of prevention efforts within the community.*

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**BEST PRACTICE**

Prevention efforts are rooted in a theory of change.

Prevention efforts are intentional and have a planning component. In planning and implementation of the efforts agencies concentrate on the following:

- Prevention effort(s) addresses a root cause of domestic violence, a risk, or protective factor.
- Prevention programming has a “primary prevention” component as well as secondary and tertiary.

- Prevention programming reaches all levels of the socio-ecological model in appropriate ways.
- Prevention effort(s) utilizes the 9 principles of effective prevention.
- Prevention programming is based on local data and knowledge. Evaluation is used for improvement of prevention efforts, but does not limit trying new things.
- Domestic and sexual violence prevention is different than, but related to, but distinct from the agency's awareness activities.

Prevention programming should impact internal organizational practices as well as external efforts. Agencies will strive for the following organizational attributes:

- Prevention efforts are appropriate to the agency, staff, and community's capacity or readiness for the work. This may include awareness work as a building step into comprehensive prevention programming.
- Prevention efforts are not silo-ed into one program, but infused into the agency as a whole.
- Prevention is included in staff and volunteer training.
- Prevention programming is supported with agency resources such as: fundraisers, volunteers, community partnerships, and grants.

## COMMUNITY ORGANIZING STANDARDS

"Learn from the people  
Plan with the people  
Begin with what they have  
Build on what they know  
Of the best leaders  
When the task is accomplished  
The people all remark  
We have done it ourselves."  
– Lao-Tzu Tao Te Ching

Community organizing is a broad term used to encompass a variety of methods aimed at bringing together the talents, resources and skills of people in the community in order to increase their collective power and create social change. Community organizing must bring together diverse group of stakeholders, as domestic violence advocates and programs we cannot succeed in social change work alone.

In the beginning, especially, we must identify nontraditional allies, folks who share our values but haven't become engaged in the movement yet. Examples of this could include: students, minority groups/communities, League of Women Voters, anti-poverty organizations, traumatic brain injury associations, men, and many others. Building relationships, defining the issues, and creating solutions is a long process in which the journey is as important as the destination. The success of any plan developed often depends of the strength of relationships and understanding built during the creation of the plan.

Community organizing requires action, it isn't enough to bring people together to talk, tactics must be put into play, resources expended and change measured. This is truly the most challenging and exciting part of community organizing. The best actions are those that dominate something –concentrate a tactic over a small period of days/hours to increase its potency. Do a few things well, rather than many things poorly, and finally: making the strategy personal.

Community organizing is the fertile field in which to discover and grow future leaders. Building leaders and leadership is essential for all social change movements. Potential leaders may not always be the people who are the quickest to submit to the organization's vision but they possess the critical skills of: commitment, honesty, confidence, positive outlook, listening and goal setting.

Celebrate success! This is essential to community organizing: taking the time to celebrate victories large and small and to revel in the accomplishments of a job well done. Accomplishments come in all types: dramatic, as in the passage of a new law, or a change in policy; or they can be simple, such as a larger than expected turnout at an event or fundraiser. Successes drive a movement they keep its members committed and striving for more. Celebrations must be meaningful. ICADV encourages having a party, enjoying delicious food and drink, singing, dancing, being merry and having fun.

ICADV recommends the following best practices to engage in effective community organizing.

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#### BEST PRACTICE

Programs avoid defining the problem (or the solution) too early. They work with their partners to define their purpose(s) and determine how to work together. They define the problem and create the solution/preferred vision of the future. The implementation of a clear decision making process early on empowers future community organizing efforts. However, once the process is in place, programs and their allies act!

Community organizing includes a plan, a roadmap from problem to solution. Every community organizing plan has four core elements:

- 1) the solution/vision--what is it that the community is try to achieve;
- 2) strategies/tactics to achieve that vision, including: petition drives, letter writing, public awareness events, social marketing, forums/debates, social media, events, bird-dogging, op-eds, civil disobedience and visits with public officials--whatever works best in that community;
- 3) measureable outcomes to identify success and help guide future steps; and
- 4) identified resources necessary to make the campaign a success. (Resources don't always have to be financial, though they often are; there are very few effective tactics that don't require investments of time and money.)

Programs are active participants in agitating for change and putting community plans into action. They celebrate success in meaningful ways and give thanks and recognition to those who contributed. Successful change agents know that community organizing, in all of its forms, is a people-powered enterprise, and people, regardless of if they are public officials, employees or volunteers, like and are deserving of thanks.

Programs ensure that their community organizing efforts have a winning message. A winning message requires four key elements:

- 5) the message is simple, short and clear. Winning messages are those that can easily be understood by the public and communicate to them the problem and that solution;
- 6) the message articulates the community's core values and connects with its audience;
- 7) the message frames the issues, knows what the opponents are saying, anticipates arguments, and provides a response; and
- 8) the message is disciplined. (A message is a tool, use it and repeated it make sure that all the stakeholders understand the message and its importance. People generally have to hear a message seven or eight times before it begins to sink in.)

Through their community organizing efforts, programs help to develop leaders. From the first meeting, they look for individuals with leadership potential and to mentor and support in the development of their strengths. Programs also listen and are willing to be challenged, receive feedback, and learn.

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Special thanks to the Kansas Coalition Against Sexual and Domestic Violence, The Midwest Academy, and Wellstone Action for their invaluable community organizing resources.

## APPENDICES

### PREVENTION MODELS

#### KEY DEFINITIONS

**Prevention-** An approach, activity, or strategy that reduces intimate partner violence (IPV) or sexual violence (SV).

**Theories of Change-**“offer explanations as to how someone would choose a non-violent or healthy outcome instead of perpetrating IPV/SV. These theories can be divided into theories describing personal change (processes within individuals that explain their behavior change) and theories that describe social/community/group change (processes in an individual’s social environment that explain their behavior change).” (Virginia Sexual & Domestic Violence Action Alliance, 2009)

**Healthy Relationships-** A connection between people that increases well-being, is mutually enjoyable, and enhances or maintains each individual’s positive sense of self through equality, trust, respect, open communication, independence, and cooperation.

**Healthy Sexuality-** The capacity to understand, enjoy, and control one’s own sexual and reproductive behavior while expressing one’s sexual identity in a voluntary and responsible way that enriches individuals and their social lives. Sexuality is an integral part of the human experience with physical, emotional, spiritual, intellectual, and social dimensions.

**Healthy Community-** A healthy community is a safe place for all its members. It is responsive to the needs of all its members and the community as a whole. It enables people to mutually support each other in meeting their basic needs as well as reaching their full potential. There is diversity in thought and background and respect for that diversity.

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## ANTI OPPRESSION APPROACH

**Oppression** – is an “unjust or cruel exercise of authority or power.” (Merriam-Webster Inc, 2011) Racism, sexism, heterosexism, classism, ableism, and ageism are all examples of forms of oppression.

**Root Cause**-The underlying reason why a condition exists or is maintained. When thinking about the root cause of violence ask yourself if the condition you identified were removed would there be domestic violence or sexual assault? If these problems would still exist then you haven’t found the root. A root cause goes deeper the complicating factors such as childhood exposure, poverty, and alcoholism.

**Anti-oppression framework:** This framework can be defined by four key elements:

- Actively working to acknowledge and shift power towards inclusiveness, accessibility, equity and social justice.
- Ensuring that anti-oppression is embedded in everything that you do by examining attitudes and actions through the lens of access, equity and social justice.
- Being conscious and active in the process of learning and recognizing that the process as well as the product is important.
- Creating a space where people are safe, but can also be challenged.” (Virginia Sexual & Domestic Violence Action Alliance, 2009)

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## THE PUBLIC HEALTH APPROACH

**Prevention Continuum**-This model frames all of the work of domestic violence and sexual assault agencies as prevention work. While the definitions provided below all focus on individuals they can also be expanded to the relationship, community and society levels of the social ecological model (defined later).

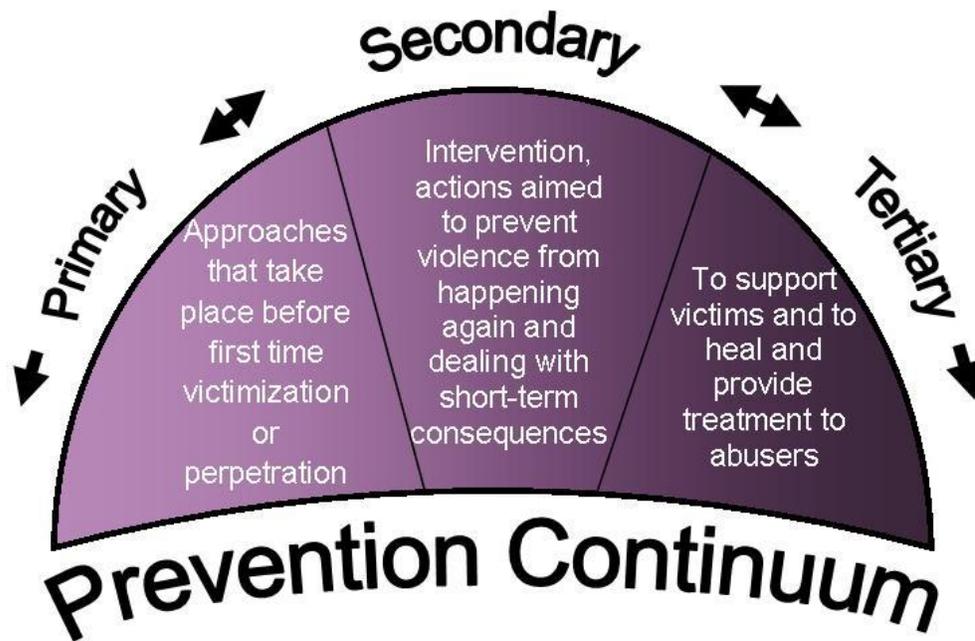
**Primary Prevention**-“Approaches that take place before the injury and/or violent event and that prevent the injury, such as modifications to roadways that prevent crashes.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

**Secondary Prevention**-“ Approaches that take place during or immediately after the injury and/or violent event and reduce the severity of the impact.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

**Tertiary Prevention-** “Approaches which deal with the lasting consequences of injury and/or violence, such as emergency care, victim’s assistance programs or rehabilitation.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

**Protective Factor-** “Factors that make it less likely that individuals will develop an injury, disease or disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

**Risk Factor-** “Characteristics of individuals (genetic, behavioral, environmental exposures, and sociocultural living conditions) that increase the probability that they will experience an injury or disease.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

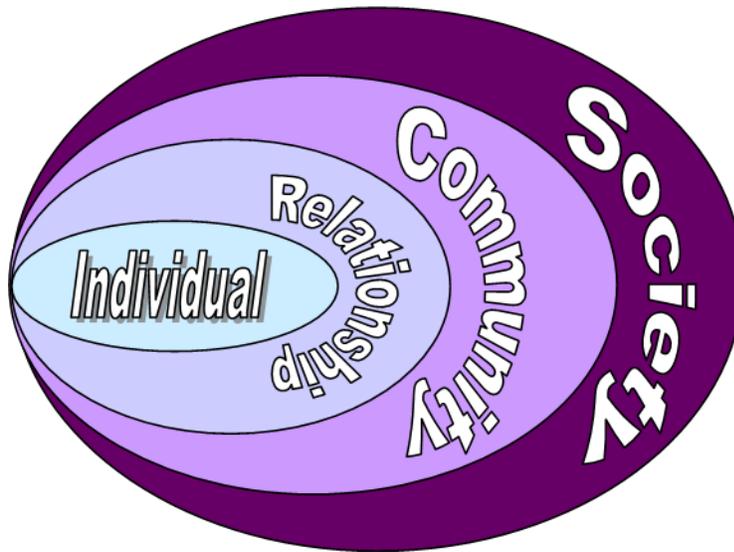


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**SOCIAL ECOLOGICAL MODEL**

**Social Ecological Model-** “A conceptual model that describes the multiple levels of intervention, beginning with individual level change and culminating with policy/societal/system change.” (SAVIR-Safe States Alliance Joint Committee on Infrastructure Development)

# Social Ecological Model



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DISABILITY-RELATED INTAKE AND ADVOCACY QUESTIONS

Do you need assistance hearing me?

Do you have a medical or health concern you would like help with right now?

How do you best communicate with others?

Do you need a sign language interpreter?

Is there anything like glasses, a walker, white cane, medications, hearing aid, respirator, or other device that you regularly use but don't have right now? Would you like help getting it?

Do you have a caregiver, personal assistant, nurse, or service animal that usually helps you? Would you like to continue to have that help?

Are there any medications or medical supplies that you usually use that you don't have right now? Do you want help to get them?

Are you on a special diet that we need to know about?

What other ways could make it more comfortable for you here?

TRAUMA INFORMED SAMPLE INTAKE QUESTIONS/ADVOCACY PLANNING

What are situations that are particularly difficult for you or make you feel unsafe or upset?

What signs do you notice when you are beginning to feel stressed and out of control?

If you are anxious or angry and those feelings are getting so intense they may be impacting your safety or another person's safety, how would you prefer staff members assist you?

What has been particularly helpful to you in the past when you have had a difficult time?

Is there a person who has been helpful to you when you were overwhelmed or distressed? Would you like to call that person if you get distressed here? Do you have that phone number? Would you give us written consent to call this person if you are in great distress and we cannot seem to help?

Have you noticed any triggers that you associate with being anxious or angry? If so, what are those triggers?

If you were ever hospitalized for mental illness or been in treatment for substance addiction, are there any situations that might trigger difficult memories from that experience? Do you have coping strategies to deal with any of those difficult memories?

Do you take medications? Do you think that the medication(s) is working effectively for you? Are there any side effects from the medication(s) that we should know about? Do you need or have reminders to keep your medication schedule?

(From Beyond Labels: Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues by Dianne King Akers, Michelle Schwartz, and Wendie Abramson. 2007, SafePlace)

SAMPLE APPLICATION FOR WAIVER FROM MEDIATION

IN THE IOWA DISTRICT COURT IN \_\_\_\_\_ COUNTY

\_\_\_\_\_  
Petitioner

\_\_\_\_ CDDM \_\_\_\_\_  
\_\_\_\_ DRCV \_\_\_\_\_

APPLICATION FOR WAIVER OF  
MEDIATION

\_\_\_\_\_  
Respondent

The parties in this case have been ordered to participate in mediation by court order dated \_\_\_\_\_, 200\_\_\_\_, and the \_\_\_\_\_ seeks a waiver of that requirement for the following reason(s). (Check all that apply.)

\_\_\_\_\_ 1. The \_\_\_\_\_ is a protected party in a currently valid domestic abuse protective order issued in a civil or criminal case. A copy of the order is attached to this application. (If no order is attached, provide an affidavit from the protected party as to the name of the case, jurisdiction issuing the order, date of issuance and other pertinent information concerning the scope of the order.)

\_\_\_\_\_ 2. The parties were ordered to participate in mediation, but the mediator has written a letter indicating the mediator’s opinion that mediation is not appropriate in this case, based on the guidelines of the Family Mediation Program. (Attach a copy of the letter.)

\_\_\_\_\_ 3. There is a history of domestic abuse, as defined in Section 598.41(3)(j), and because of that history, the \_\_\_\_\_ believes that he/she is in danger of physical or emotional abuse in connection with any mediation session. (An affidavit from the person seeking the waiver of mediation, which sets forth the history of domestic abuse, is attached.)

\_\_\_\_\_ 4. The movant seeks a waiver of mediation for the reasons set forth in the attached affidavit.

Dated: \_\_\_\_\_.

\_\_\_\_\_  
ATTORNEY FOR \_\_\_\_\_.

SAMPLE CLIENT GRIEVANCE POLICY

**It is the policy of (name of project), that all clients, at the time of intake, be made aware of the client grievance policy should there be a complaint about the availability or quality of the agency's services. A copy of the grievance procedure will be provided to any client upon request.**

If any client of the agency believes she has been unfairly denied service or if she believes the service received was not satisfactory, a request for review of the case can be made to the person directly providing the service or to the supervisor of the program the client is receiving service from. It is hoped a verbal clarification usually should resolve any problems. If the client is not satisfied with the verbal response from the supervisor, the client may then file a written grievance with the Director of (name of project). The Director has ten working days to file a written response to the grievance. If the client is still not satisfied, the client may then file an appeal with the next level of administration. This process may be utilized all the way to the Executive Committee of the Board of Directors.

In addition to the agency's internal process, any client may file a grievance with the Iowa Coalition Against Domestic Violence which can be accessed at the following address.

Membership Committee  
Iowa Coalition Against Domestic Violence  
515 28<sup>th</sup> St.  
Des Moines, IA 50321  
515-244-8028 (phone)

TEMPLATE FOR LIMITED RELEASE

AGENCY LETTERHEAD

**READ FIRST:** Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize [Program/Agency Name] to share the following specific information with:

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
------------------------------------	--

The information may be shared:

in person  by phone  by fax  by mail  by e-mail

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents).
Why I want my info shared: (purpose)	(List as specifically as possible, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

*Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.*

This release expires on \_\_\_\_\_  
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until

\_\_\_\_\_  
New Date New Time

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

(Created by the National Network to End Domestic Violence)