

PROMISING PRACTICES
STANDARDS FOR
DOMESTIC VIOLENCE PROGRAMS
IN OHIO

Ohio Domestic Violence Network

A Note About This Document

For several years ODVN's Promising Practices Committee has been working to develop and to publish standards related to providing domestic violence advocacy and services. It is ODVN's commitment to provide standards to funders and programs which represents its members' consensus about promising practices toward the best services possible for person who are battered and their children.

It is the intent of this document to provide guidance for programs. While these standards will fit most agencies, other agencies, particularly multi-program agencies whose mission is broader than domestic violence, will find some standards impractical. In addition, smaller domestic violence programs may not have the monetary or staffing resources to comply with all of the standards given.

It would be a gross misuse of this document for any funder to decline, reduce, or eliminate funding for services because a program is unable to comply with every standard in this document. While ODVN and its member programs believe these standards should be strived for, we issue them with the hope that funders will recognize that some programs may need additional resources to meet them. However, we would hope that a program does not stray too far from the philosophical tenets put forward in this document.

ODVN is a domestic violence coalition representing 85 of Ohio's 88 counties.

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INTRODUCTION

DEFINITION AND SCOPE OF DOMESTIC VIOLENCE

Domestic violence is the systematic use of coercive behavior in order to achieve and sustain power over an intimate partner or family member. It can include verbal, emotional, physical, sexual, financial, or spiritual abuse. Estimates range **from 960,000** incidents of violence against a current or former spouse, boyfriend, or girlfriend per year (U.S. Department of Justice, March 1998) **to 3.9 million** women who are physically abused by their husbands or live-in partners per year (The Commonwealth Fund, July 1993). The vast majority of heterosexual domestic violence is committed by male partners against female partners; and it is thought that domestic violence occurs in gay & lesbian relationships in comparable rates to the heterosexual population.

At this point in history, the bulk of domestic violence is perpetrated against women and children. Nonetheless, it is crucial to recognize and respond to male victims of domestic violence. Although we realize that the typical victim being served by programs using these standards is a female being battered by a male, we will attempt to use pronouns that are gender-neutral and inclusive in terms of sexual orientation in this document. We do this in an effort to recognize and validate the reality that there are women and men who experience same-sex domestic violence as well as male victims of heterosexual violence. We are attempting to be more inclusive toward all victims of domestic violence; however, this in no way should obscure the reality that domestic violence is overwhelmingly directed at women by men. We acknowledge and affirm that the battered women's movement was started by women to assist and support other women who were experiencing domestic violence. Because this is the history and basis of our movement, some sections of this document will not follow this pronoun pattern exclusively.

ODVN PHILOSOPHY STATEMENT

The Ohio Domestic Violence Network (ODVN) recognizes that the domestic violence movement was initiated by women who were abused and remains grounded in this history. Women and children remain vulnerable to violence because of their unequal social, economic, and political status in society, therefore the work must continue.

Domestic Violence is an oppressive and dangerous use of power and control, experienced in both intimate and family relationships. This pervasive problem gives rise to violence in not only our families, but also our schools, communities and society. ODVN asserts that batterer's are responsible for their abusive behavior and that communities have an obligation to hold batterers accountable. Community safety is contingent upon a zero-tolerance standard against family violence.

ODVN believes that all people have a right to a violence-free life. ODVN is committed to advocating for those policies and practices that promote safety and self-determination for persons who are battered and/or abused. Recognizing the link between domestic violence and other forms of oppression, ODVN remains committed to collectively working toward equality and justice.

GUIDING PRINCIPLES

The Ohio Domestic Violence Network has adopted a set of guiding principles to direct our work with persons who are battered and their children. These principles are applied to all of the advocacy work that ODVN undertakes; and ODVN believes that the following principles should be followed by all programs who hope to provide services that are appropriate, respectful, and empowering to victim/survivors and their children.

1. We promote safety, well being, and justice for all battered persons while respecting the adult survivors' right to self-direction and control over their own lives.
2. We are accountable to those who are or were battered and are committed to listening to their voices and using their expertise to guide our work.
3. We declare that batterers, not victims, are accountable for their abusive behavior.
4. We are committed to facilitating changes necessary to end oppression and violence within ourselves, and within economic, social, and political systems.
5. We are committed to advancing the community's responsibility for stopping the violence.

PURPOSE OF THE STANDARDS

Since the early seventies, the domestic violence movement has been actively working in Ohio to develop greater awareness about violence towards women and children and to bring about social change. In response, concerned citizens have opened crisis shelters, safe homes and non-residential programs to meet the needs of women and children in crisis. As services and programs develop, however, minimum standards are needed to ensure that the services we provide are of the highest quality.

As external monitoring of domestic violence shelter programs increases, service providers need to develop sophisticated levels of management and program excellence without compromising their ability to provide empowering services to victim/survivors. Furthermore, program standards need to take into account the unique characteristics of programs that work with victim/survivors and their children.

Standards for domestic violence programs:

- Mandate the highest level of ethical practice and accountability
- Establish the minimum level of responsibility, service and accountability expected from providers
- Provide a measure of program performance and efficiency
- Provide information regarding ideal intervention methods
- Articulate a philosophy that focuses on the physical and emotional safety of victim/survivors and their children
- Enhance public awareness of domestic violence and support a community that refuses to tolerate violence
- Provide uniform levels of performance, which increase both the safety of victim/survivors and their children as well as the credibility of the programs that serve them

These standards are meant to be used as a tool to enhance services and to make the operation and evaluation of domestic violence programs more effective. The goal is not so much to perfectly comply with these standards as to move positively in that direction.

The Ohio Domestic Violence Network is available to serve as technical advisors in the implementation of the standards.

GOALS AND NEEDS

The primary goal of service delivery, intervention and treatment in domestic violence programs is to ensure the safety of domestic violence victim/survivors and their children while increasing the accountability of batterer's for their abusive behavior.

Victim/survivors' needs may include but are not limited to:

- Immediate crisis assistance
- Protection and physical safety away from home
- Basic material provisions, such as housing, food, or clothing
- Referral to community resources providing medical and dental care, emergency care, financial aid, and childcare
- Emotional support and counseling for victim/survivors and their children
- Legal services and/or advocacy

CORE VALUES OF DOMESTIC VIOLENCE SERVICES

EMPOWERMENT: THE BASIS OF SERVICES

Services should be provided to victim/survivors within the context of empowering person who are battered and their children. Empowerment is the capacity to influence the forces which affect one's life for one's own benefit. Staff of programs needs to understand how domestic violence is rooted in the social system that reinforces the unequal status of women and children in our society and is not based on the individual psychopathology of victim/survivors or their batterers. They also need to understand the importance of victim/survivors right to self-determination and making choices for themselves.

In the domestic violence movement, empowerment involves educating without coercion and supporting the victim/survivor to determine a course of action free from psychological, physical, or emotional control. Empowerment in advocacy encompasses assisting victim/survivors in areas of decision-making, assertiveness, increasing supports, and safety planning.

Empowerment in Case Planning

In the spirit of empowerment, all programs should involve the victim/survivors as the primary planners of their own goals and objectives and provide information only to further their understanding of available options. Victim/survivors, therefore, should never be mandated to participate in or be excluded from services.

Empowerment in Program Development

Each program should develop decision-making structures, which ensure distribution of authority and responsibility and empower victim/survivors, staff, volunteers, and Board members.

To accomplish these goals:

Victim/survivors should be encouraged to take part in program development and decision-making either by serving as volunteers and committee members or by being elected to the policy-making body after they are no longer actively using program services.

Victim/survivors should have input in developing guidelines to be used when program participants fail to respect program rules or carry out specific responsibilities. This should not preclude staff's role in enforcing house rules/policies

in those situations in which a participant's actions may jeopardize their own safety or that of the other program participants or the program.

CONFIDENTIALITY

Confidentiality is of the utmost importance when working with victim/survivors of domestic violence. Confidentiality of information about victim/survivors and their children must be respected even beyond their primary involvement in the program. The strict observation of confidentiality of a victim's involvement in a domestic violence program is also key to safety. In addition, many funding agencies expect and require victim confidentiality as a condition of granting monies.

Programs should take significant steps to provide every measure of confidentiality for victim/survivors in their program. Written policies should be made available to victim/survivors that address the release of information. All policies should be based on a concern for safety and professional ethics.

POWER AND CONTROL

Domestic violence programs understand that domestic violence is behavior geared toward obtaining or maintaining power and control in an intimate or family relationship. Because relationships where domestic violence occurs often involve socially created and reinforced inequality of power along gender lines, as well as unequal power created by the abuse itself, programs need to address this issue.

INDISCRIMINATE NATURE OF DOMESTIC VIOLENCE

As domestic violence programs, we know that domestic violence occurs in all economic classes, ethnicities/races, sexual orientations, educational strata, religions and faiths – in all sectors of our society. We know that victim/survivors are not responsible for their abuse, but rather the victim of the abusive behavior of another person. Therefore, we frame our intervention toward safety and do not operate from a programmatic assumption that victims of domestic violence need to be treated or rehabilitated.

COORDINATED COMMUNITY RESPONSE

As advocates for victim/survivors, we know that our victim/survivors need to call on many systems to get safe and heal from abuse. Law enforcement, health care, child welfare, batterer intervention programs, shelters, places of worship and many other community systems play a key role in reducing domestic violence. Our focused goal of victim safety and batterer accountability can only be accomplished when these many systems operate from a coordinated strategy informed by coordinated knowledge, assumptions, perspectives, and protocols. As we watch model cities across our country reduce domestic violence and related homicide, we find that cities which best coordinate their efforts have the greatest

success. A final and core value is our commitment to helping build a coordinated community response to domestic violence in our own communities, often across great differences between the many systems involved. We do this because it is the only way to help victim/survivors and their children achieve real safety.

DEFINITIONS

RESIDENTIAL SHELTER

A residential shelter is a facility that provides victim/survivors and their children with a safe, secure temporary residence while also providing such basic necessities as food and clothing. Shelters are open twenty-four hours a day, seven days a week. Staffed by program personnel, shelters maintain a crisis phone line that is available to provide crisis intervention to victim/survivors.

SAFE HOME

A “safe home” is a facility or network of facilities housing domestic violence victim/survivors, which is operated by or has a written working agreement with a domestic violence program. Such written agreements contain an agreed-upon rate for cost reimbursement for the shelter/program. Safe home facilities may include private residences, apartments, hotels, or other safe facilities and are not staffed by program personnel on site twenty-four hours per day.

NON-RESIDENTIAL VICTIM/SURVIVOR SERVICES

A non-residential program is a program, which may be part of a domestic violence shelter or a freestanding program that primarily serves domestic violence victim/survivors and their children.

Services may include:

- Crisis hotline/crisis intervention
- Support/therapeutic groups
- Case management/individual advocacy
- Systems advocacy
- Legal services/court advocacy services
- Children’s programming
- Community based services for victim/survivors in transition
- Individual counseling/support
- Community consultation and training

CHILDREN’S PROGRAMMING

Children's Programming includes those activities, which meet the social, developmental, and material needs of children receiving services from a domestic violence program.

BATTERERS' INTERVENTION PROGRAMS

Batterers' Intervention Programs seek to eliminate violence in relationships by providing educational and/or therapeutic interventions for those who inflict violence on intimate partners. Separate program standards for Batterers' Intervention Programs have been developed and can be obtained from ODVN.

HOTLINE

The core service that domestic violence programs provide is a twenty-four hour hot-line. Trained staff and/or volunteers offer crisis intervention, information and referral, and shelter intake. The hot-line serves as the link to other agency services.

INDIVIDUAL AND GROUP SUPPORT

Individual and group support is the planned systematic approach to easing or resolving issues identified by the victim/survivor with an individual advocate and/or with a group of other victim/survivors of domestic violence.

INDIVIDUAL CASE ADVOCACY

Individual case advocacy is advocating on behalf of an individual domestic violence victim/survivor within the legal, medical, social services, or other systems.

SYSTEMS ADVOCACY

Systems advocacy involves advocating for victim/survivors as a group or class of people rather than for an individual victim/survivor. Systems advocacy may include promoting standard policies and procedures for domestic violence cases within the legal, medical, social service, or other systems. It may also include the education or training of personnel to ensure appropriate implementation of policies and procedures. Systems advocacy may include protocol development, training other system personnel about the dynamics of domestic violence, and/or assisting with the implementation of such protocols which affect many victim/survivors and their children.

CULTURAL COMPETENCY

Cultural competency is the development of knowledge, attitudes, and skills, which enable the helper to provide services to a diverse group of victim/survivors with an understanding of and respect for their cultural identity. Cultural competency also requires that advocates have an understanding of the multiple levels of oppression victim/survivors may experience.

The following standards were developed in an effort to help programs perform a self-evaluation of where they are at the present time in relation to the administration of their program. There are boxes beside every standard to provide a convenient check-off system to give programs a quick visualization of the areas they may want to improve to make sure that they are engaging in “promising practices” when working with victim/survivors of domestic violence.

ADMINISTRATIVE STANDARDS

The following section relates to the administration or management of a domestic violence program. The role of the governing body, fiscal and data management, and personnel management, as well as staff and personnel training are addressed.

GOVERNING BODY

The governing body of an organization is responsible for the administration of that particular agency. The governing body deals with issues of policy and planning for programs and is responsible for oversight of the agency as a whole.

- 1. The governing body develops, adopts and maintains copies of the following:
 - a. Program Mission Statement;
 - b. Program Philosophy or Vision Statement (if developed);
 - c. Incorporation Documents and Statement of Continuing Existence filed with the Secretary of State of Ohio;
 - d. Current registration with the Attorney General's Office regarding charitable trust;
 - e. Written by-laws/code of regulations;
 - f. All financial and program audits, including A-133 audits required by law for programs which receive \$300,000 or more of federal funding.
 - g. Documentation of compliance with additional standards as required by the Department of Mental Health and other funders;
 - h. Personnel Policies and Procedures.
- 2. The Governing Body takes responsibility for the following activities, including but not be limited to:
 - a. Reviewing written by-laws at least every five years;
 - b. Maintaining written minutes of each meeting;
 - c. Meeting a minimum of four times annually to conduct business of the

agency/organization;

- d. Approving an annual independent financial audit or compliance report;
 - e. Selecting an Executive Director and delegating to that person the responsibility for the administration of the domestic violence program and the authority to employ and discharge staff;
 - f. Providing an annual performance review of the Executive Director which includes a signed verification that the Executive Director has received and reviewed the evaluation;
 - g. Approving contracts entered into by the organization;
 - h. Ensuring 501 C3 IRS determination and compliance;
 - i. Adopting and maintaining current written personnel policies.
- 3. The domestic violence program has an annual operating budget, which is approved and reviewed by the governing body. This budget includes a breakdown of income and expenses by line item.
 - 4. The agency/organization has in writing an affirmative action plan and EEO policy that is clearly posted for all staff members and which conforms to EEO guidelines.
 - 5. Governing bodies are provided with orientation to the dynamics of domestic violence as well as their roles and responsibilities as a member of the governing body. This orientation must be documented in writing.
 - 6. Financial reports are provided to the governing body on at least a quarterly basis.
 - 7. The composition of the governing body:
 - a. Represents the diversity of the community being served;
 - b. Includes at least one victim/survivor of domestic violence;
 - c. Includes representation from each county that the agency claims is in their service area.
 - 8. The Board ensures that the legally required executive officer positions are filled.
 - 9. There is a written policy for the terms of office for board members, rules that

govern procedures, and removal of inactive Board members.

- 10. There is a written policy defining conflict of interest for members of the governing body.

FISCAL AND DATA MANAGEMENT OF THE PROGRAM

To remain viable, domestic violence programs must responsibly manage both fiscal information and data pertaining to victim/survivors who utilize program services. There are several steps that programs can take to effectively manage these systems listed below.

Fiscal Management

Sound fiscal management begins with appropriate regulation of the financial operations of an agency. Appropriate fiscal management allows the agency to provide assurance that funds are being used for the purpose for which they were awarded, allows the governing body of the agency to make financial decisions, and facilitates annual audits of the agency. The following are some standards that should be followed for optimal fiscal management.

- 1. The organization practices standards of internal control to ensure adequate financial checks and balances.
 - a. In the case of income that is received by the agency, there should be at least two persons (staff or board members) that are separately responsible for attending to the process of receiving income. One person should be responsible for recording the money received as it enters the agency, and a separate person should be responsible for depositing the money into program accounts.
 - b. In the case of monies that are disbursed by the agency, there should also be at least two persons (staff or board members) that are separately responsible for attending to the process of cash disbursement. One person should be responsible for writing the checks of payment, and a separate person should be responsible for signing those checks.
 - c. In addition, the person (staff or board member) who is responsible for writing the checks should not be the same person who is responsible for reconciling the bank statement.
- 2. The organization maintains a financial accounting system, which includes a current budget reflecting anticipated expenses and revenues. The system includes but is not limited to:

- a. Cash disbursements ledger;
- b. Cash receipts ledger.

Fiscal Records

The keeping of accurate fiscal records helps to maintain appropriate fiscal management of an agency and provide tangible evidence of an organizations' responsibility to its funders, donors, and the community in which it functions. The following should be maintained in fiscal records.

- 1. Fiscal records maintained on site include:
 - a. All financial records from the current and two previous calendar or fiscal years, including required payroll taxes pursuant to IRS standards and practices;
 - b. Most recent audit or compilation report by an independent auditor and A-133 audits as appropriate. Audits are completed every 1-2 years as required by funding agencies;
 - c. Copies of written contracts and grants;
 - d. Current 990 Federal Income Tax Return.
 - e. Proof of insurance coverage including:
 - 1. Bonding;
 - 2. Professional Liability;
 - 3. Property Liability, including Fire Coverage;
 - 4. Directors' and Officers' Liability.

Victim/Survivor Data Management

In dealing with victim/survivors, how records are kept is crucial. To protect victim/survivors, programs need to carefully document the abuse reported, appropriately diagnose (if required by funding agencies), and document efforts made by victim/survivors to find help. Similarly, advocates are cautioned regarding recording their own subjective opinions about a victim/survivor's behavior and are encouraged to record only factual information related to the victim/survivor.

- 1. A victim/survivor data collection and record-keeping system is developed which

includes, but is not limited to:

- a. Name and date of birth of the victim/survivor;
 - b. The history of violence in the current relationship;
 - c. Victim/survivor's county of residence, per their most recent address;
 - d. Names and birth dates of any children that accompany the victim/survivor to services;
 - e. Primary language of the victim/survivor;
 - f. Referrals given to the victim/survivor;
 - g. Any service plan or goals that have been developed with the victim/survivor;
 - i. A copy of any release of information or other consent forms that the victim/survivor may have signed while participating in services;
 - j. Units of service provided by the program.
2. All records are kept at least ten years for adults and 10 years past the eighteenth birthday for children and, if maintained off-site by computer, are kept on a secured computer system not accessible via modem.
3. Written policies are developed which include but are not be limited to:
- a. Confidentiality of domestic violence victim/survivors' identity and records, security and release of records, and record maintenance;
 - b. Staff access to victim/survivors' records.

PERSONNEL MANAGEMENT

Management of personnel in domestic violence agencies often encompasses supervision of paid and unpaid staff, or volunteers. It is the job of the Executive Director of the agency as well as any management staff to appropriately recruit, train, and supervise staff and volunteers of the program. The following is a list of standards as they pertain to personnel management.

Personnel Policies

The personnel policies of an agency provide general guidelines to be followed with respect to general operation of the agency. The policies should also address the terms and conditions of employment at the agency as well as equitable treatment of employees.

- 1. The agency has written personnel policies, which include but are not limited to:
 - a. Recruitment, selection, and compensation of staff;
 - b. Promotion and supervision, as well as the resignation and/or termination of staff;
 - c. Employee benefits, including but not limited to a list of benefits provided and eligibility requirements;
 - d. Location, security, and employee access to personnel files;
 - e. Confidentiality surrounding program location, activities, and victim/survivors served;
 - f. Non-Discrimination statement;
 - g. Affirmative Action Plan/Equal Employment Opportunity statement;
 - h. Sexual harassment policies;
 - i. Americans with Disabilities Act (ADA) compliance;
 - j. Workplace Violence policy, which addresses domestic violence;
 - k. Compliance with state regulations for maintaining a drug-free workplace.
- 2. The program has written policies regarding work performance evaluation procedures including, but not limited to, the following:

- a. The terms and conditions of a probationary period of employment, if applicable to the agency;
 - b. A provision for at least annual evaluations of staff which includes a signed verification that the employee has received and reviewed the evaluation;
 - c. Disciplinary action, dispute resolution, and employee grievance procedures.
3. Organization has a policy, which prohibits disciplinary action and/or termination of an employee solely because he/she is currently a victim of domestic violence.
4. Organization has a detailed policy which outlines workplace response to employees who are victims or perpetrators of family violence. Such a policy may include details related to support offered to domestic violence victims and consequences of violent behavior for domestic violence perpetrators who are employed by the agency.

Personnel Records

Personnel records are maintained for the purpose of keeping information related to a staff member's employment at the agency. Personnel records contain confidential information and should be kept in a location that disallows access by other staff members who are not in supervisory positions. The personnel file is the property of the employing agency; however, policies should be in place related to staff having access to their own files.

1. Personnel records are maintained on all employees and include but are not limited to:
- a. The employee's application/resume and references;
 - b. Job description;
 - c. Date of hire;
 - d. Work performance evaluations, conducted at least annually;
 - e. Salary and documentation of the basis for salary calculation;
 - f. Promotion;
 - g. Any disciplinary actions taken;
 - h. Signed statement protecting the confidentiality of victim/survivors who participate in the program and the program's location as appropriate.

General Personnel Standards

- 1. The Program has written job descriptions for all staff, as well as documentation of salary ranges which include qualifications, responsibilities, and lines of authority/accountability.
- 2. Personnel records are kept in a secure, locked location.
- 3. The Program has a table of organization that defines responsibility, lines of accountability and which includes Board, staff and volunteer positions.
- 4. If the Program has staff who provides professional or therapeutic counseling and/or other professional programming, it has policies that ensure that individuals have appropriate credentials and, when applicable, licensure.
- 5. Agencies with licensed staff have taken steps to ensure that licenses are valid, disclosure statements are posted or otherwise made available to victim/survivors in the program, and that licensed staff practice within their declared scope of practice.
- 6. Staff meetings are held on a regular, but no less than monthly, basis.

STAFF AND VOLUNTEER TRAINING / ORIENTATION AND DEVELOPMENT

It is important that staff and volunteers be adequately trained to provide advocacy with and for victim/survivors and their children. Although it is not necessary to have a specific degree or professional licensure to do effective advocacy work, it is important that program staff and volunteers are provided with adequate training related to issues that victim/survivors and their children face related to domestic violence.

New Staff Training & Development

- 1. At the onset of employment, new full or part-time staff members who provide direct services to victim/survivors receive a minimum of forty hours of training/orientation. Training can involve both didactic and experiential learning opportunities and includes the following, in compliance with the minimum standards set by the Ohio Advocate Network for Training and Registration:
 - a. The history, philosophy and structure of the domestic violence program;
 - b. The history and philosophy of the Domestic Violence Movement;
 - c. Policies and procedures of the program/organization;
 - d. The psychosocial dynamics of domestic violence;
 - e. Basic skills in empowerment of victim/survivors and advocacy;
 - f. Communication skills and crisis intervention techniques;
 - g. Safety Planning and barriers faced by victim/survivors trying to gain safety;
 - h. Trauma responses victim/survivors may experience, including Stockholm Syndrome, Post Traumatic Stress Disorder, and Battered Woman Syndrome;
 - i. Suicide lethality assessments;
 - j. Awareness/sensitization to cultural diversity;
 - k. Abuse of persons with disabilities, including mental retardation or developmental disabilities;
 - l. Battering in the lesbian/gay/bisexual/transsexual communities;

- m. General ethical standards, including confidentiality and appropriate boundary setting with victim/survivors;
 - n. Information on community resources;
 - o. Legal remedies to domestic violence, civil and criminal;
 - p. Ohio Domestic Violence Law;
 - q. Effects of domestic violence on children;
 - r. Child abuse and neglect law and reporting requirements;
 - s. Elder abuse law and reporting requirements;
 - t. Crime Victims Compensation Program;
 - u. Victim Identification and Notification Everyday (VINE) Program.
2. Service providers to children receive separate training on:
- a. The specific effects of witnessing domestic violence on children;
 - b. The developmental stages of childhood;
 - c. Indicators of sexual and physical abuse and neglect;
 - d. Child abuse/neglect/dependency reporting mandates;
 - e. Parenting support that addresses how abusive partners undermine the relationship between children and their non-offending parent;
 - f. Non-violent discipline methods;
 - g. Disclosure and recanting dynamics.

On-Going Staff Training & Development

- 1. Each full time staff person receives a documented minimum of fifteen hours continuing education annually provided by the agency or an external source.
- 2. Each staff member receives cultural competency training of a minimum of three hours at least once annually.

- 3. Each staff member is encouraged and permitted to attend ODVN caucuses and will be given work time to do so, within reasonable parameters based upon agency resources.

Volunteer Program

- 1. The program shall have written policies and procedures concerning the selection process for volunteers.
- 2. Written job descriptions for each type of volunteer position, including responsibility and accountability are provided to all volunteers.
- 3. Files for volunteers are maintained, including signed confidentiality statements and records of completed training.
- 4. The program has written policies and procedures for supervision and termination of volunteers.
- 5. Training is provided for all volunteers, which includes but is not limited to:
 - a. The history, mission, philosophy and structure of the domestic violence program;
 - b. The history and philosophy of the Domestic Violence Movement;
 - c. Roles and responsibilities of volunteers;
 - d. Policies and procedures of the domestic violence agency;
 - e. Confidentiality;
 - f. The psychosocial dynamics of domestic violence;
 - g. Effects of domestic violence on children;
 - h. Abuse reporting mandates;
 - i. Legal remedies to domestic violence, criminal and civil;
 - j. Empowerment of victim/survivors.
- 6. Direct service volunteers who interact directly with victim/survivors and/or their children in any supportive capacity receive a minimum of 16 hours of training in the areas listed above for new staff members (#1).

- ❑ 7. Volunteers providing childcare receive criminal background checks in compliance with Ohio Revised Code 2151.86 (A)(1).

HEALTH, SAFETY AND SECURITY OF THE PHYSICAL PLANT

Many domestic violence programs run a shelter as part of the services they provide; however, even if the program is not providing shelter, there are a number of standards that may be applied to the operation and maintenance of the physical space that the program occupies.

- 1. Each organization/program shall have a written procedures manual, which includes but is not limited to the following:
 - a. Safety and adverse or unusual incident reporting procedures;
 - b. Written procedures for responding to intruders and/or trespassers;
 - c. Universal health protection policies;
 - d. Written house rules, a copy of which shall be posted in a location visible to victim/survivors (please see the Rules of Shelter section later in these standards);
 - e. Written policy regarding prohibition of weapons, alcoholic beverages and illicit substances on premises.
 - f. Responding to suspicious packages, threats.
 - g. Responding to subpoenas, court orders, and/or other types of justice system involvement;
 - h. Separate written policies for bomb, fire and tornado evacuations.
- 2. The program has posted fire, disaster and other emergency procedures in a conspicuous place.
- 3. Routine fire, tornado, bomb threat and intruder drills are to be conducted at least quarterly.
- 4. Facilities meet applicable federal, state and local health, building and fire codes or regulations. In addition:
 - a. The local Fire Official inspects the facility annually and the program has a certificate of such on the premises;

- b. Appropriate number of smoke alarms, fire extinguishers, detectors, and exit signs as determined by a local fire department inspection are adequately installed and are operable.
- c. Any permits are kept on the premise and are visible upon entry into the facility;
- 5. A basic first aid kit and other emergency medical supplies are available on site.
- 6. Victim/survivors' records are secured within locked storage containers and/or a locked storage room with access to these files clearly defined.
- 7. Victim/survivor medications are kept in a locked location, which is accessible via staff.
- 8. Secure, comfortable living space is available to victim/survivors, including but not limited to:
 - a. Proper heat, ventilation, and cleanliness throughout the facility;
 - b. Physical provisions to ensure building security, such as secured external doors and windows;
 - c. Provision of nutritional meals which meet USDA standards and the needs of victim/survivors of diverse ethnicities, adequate food storage and cooking facilities;
 - d. Clean, well-ventilated and adequate dining areas;
 - e. Bathing, lavatory and toilet facilities that must be maintained in good operating condition and cleaned on a regular basis;
 - f. Separate rooms for living purposes and for sleeping;
 - g. Beds and bedding which have been washed or cleaned and stored in a sanitary manner;
 - h. An administrative office and/or private counseling area distinct from the living area;
 - i. Access to adequate clothing which has been washed or cleaned and stored in a sanitary manner;
 - j. Supplies for personal hygiene which meet the needs of victim/survivors of

diverse ethnicities;

- k. Safe and adequate internal play space for children, including outlet protectors and gated stairwells;
- l. Safe and adequate external play space for children, including, when funding allows, fenced in play areas;
- m. Structures and grounds which are maintained in good repair and are kept reasonably free from danger to health and safety;
- n. As funding allows, program has well lit outside parking and electronic security systems.
- o. If garbage and rubbish is stored outside, non-combustible covered containers are used and garbage is removed at least weekly;
- p. Access to telephone communications including an on-site TTY machine available to deaf and hard of hearing victim/survivors;
- q. Access to translators for non-English speaking victim/survivors;
- r. The facility is accessible to victim/survivors in wheelchairs or with limited mobility. If this standard is not met, the program has documented provisions for victim/survivors unable to access the facility and documented plans to make the facility accessible.

RIGHTS OF VICTIM/SURVIVORS PARTICIPATING IN THE PROGRAM

While providing services, it is important to remember that program staff advocate *for* and *with* victim/survivors. Victim/survivors are not to be viewed as “others” that we help through our advocacy efforts, but rather as participants in a joint struggle to end the battering of women and children in our society. Therefore, as equals and partners in our efforts, victim/survivors also have rights while participating in our programs.

- 1. The program has written policies on domestic violence victim/survivor rights that include, but are not limited to, non-discrimination in the provision of services on the basis of age, race, creed, sex, ethnicity, national origin, marital status, socio-economic status, HIV status, employment status in a sex industry, immigration status, physical or cognitive ability, religion, and/or sexual orientation.
- 2. A copy of the written statement of Victim/Survivor Rights is posted in clear view in all facilities.
- 3. The program has clearly posted written policies on victim/survivor grievance procedures and criteria for limitation of or refusal of services. Such policies include a statement that every victim of domestic violence seeking protective shelter:
 - a. Will be screened over the phone without a requirement of face-to-face screening;
 - b. Will not be denied admittance before separate screening at each request for shelter; and will not be denied shelter solely on the basis of a prior arrest.
 - c. Such policies should also state what steps programs will take to link any victim who is denied services to other community resources.
- 4. Within twenty-four hours of intake, a victim/survivor is provided with written information including, but not limited to:
 - a. Shelter rules and orientation (orientation will also be provided for children);
 - b. A list of the rights and responsibilities of victim/survivors participating in the program;
 - c. Available services;
 - d. Confidentiality, the limits of confidentiality, and release of information

- procedures;
- e. Policies for termination of services;
 - f. Child abuse reporting policy and policy regarding mandated reporting of elder abuse, and abuse of individuals who have MR/DD issues;
 - g. Grievance procedures;
 - h. Policies regarding violence, weapons, drugs/alcohol, and medications.
- 5. Victim/survivors who do not speak English are provided with language translators for all services and their children are not used as translators for intakes, counseling sessions, group sessions, or during other contacts in which adult issues are discussed.
 - 6. Interpreters are screened within the agency's means for their ability to maintain confidential and accurate translation services and have signed a confidentiality agreement and are trained on the dynamics of domestic violence.
 - 7. Referrals are made for safe placement of minor male children when they cannot be sheltered with their mothers in the shelter or safe house. (Ideally, minor male children should be allowed to remain in the shelter or safe home with their mother or guardian if that is the desire of the mother/guardian and/or the child. A service is not really accessible to a woman if it means choosing between the service and her child.)
 - 8. The program has a written policy, which allows victim/survivors to inspect their own records. The policy includes, but is not limited to:
 - a. Written provisions for request by a victim/survivor for the correction of or removal of a segment of her case file. If such a request is denied, the victim/survivor may follow standard grievance procedures.
 - b. Written provisions for the victim/survivor to submit rebuttal data or memoranda to her case record.
 - c. A copy of the above information is maintained in the victim/survivor's case record.
 - 9. The program has a written policy outlining the process for obtaining written informed voluntary consent for disclosing information contained in the victim/survivor's record. The consent includes but is not limited to:
 - a. Name of person/agency/organization to whom disclosure is made;

- b. Specific information to be released;
 - c. Purpose of disclosure;
 - d. Dated signature of victim/survivor or guardian;
 - e. Dated signature(s) of witness(es);
 - f. Expiration date of the consent which may reflect time, date, event, or condition, depending on the nature of the information disclosed;
 - f. A provision that the victim/survivor may rescind the release at any time in writing;
 - g. There should be a separate release of information form completed and signed for each person or agency to receive information;
 - h. 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.
10. 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.
11. The program makes information available to victim/survivors participating in the program, including but not limited to:
- a. The dynamics of violence;
 - b. The effects of domestic violence on children;
 - c. Community resources;
 - d. Safety planning;
 - e. Victims of Crime Compensation.

- 12. Victim/survivors participating in the program are provided written information as to their rights in communicating concerns via established channels to volunteers, employees and Board Members of the program.
- 13. 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.
- 14. If the program charges a fee to domestic violence victim/survivors, it has written policies regarding these fees, which include the following:
 - a. The amount victim/survivors are expected to contribute toward the support of themselves and their children while staying at the shelter or receiving non-residential services;
 - b. The system by which that amount is figured, based on income and ability to pay;
 - c. A policy statement, which says that no victim/survivor shall be denied services based on an inability to pay.
- 15. Victim/survivors participating in the program are entitled to withhold their last name from other victim/survivors participating in the program. This may be particularly important to the safety and trust of survivors from marginalized communities.
- 16. Any victim/survivor seeking shelter or other services is entitled to a primary aggressor assessment prior to any decision regarding access to services, even if there has been an arrest or conviction for an act of violence. Primary aggressor determination is described in the Ohio Revised Code 2935.03(B)(3)(d). An example of a primary aggressor assessment tool is included in the appendix of this document.
- 17. If a victim/survivors participating in the program must be required to exit a shelter because of safety issues, the shelter assists them in developing a safety plan and provides adequate assistance to place them in an alternative safe shelter.

RULES OF SHELTER

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 should 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.

- ❑1. Shelter/program rules are stated in positive, empowering ways to help victim/survivors understand their roles and responsibilities while in the shelter not only to set limits on victim/survivor behavior. (For example, curfews may be stated as “safe hours” and responsibilities may be listed as “shelter contributions”).
- ❑2. 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.
- ❑3. Rules are established to provide for a safe living environment in the shelter/program.
- ❑4. Programs/shelters should never mandate involvement by the justice systems (i.e., police or protection orders) as a requirement of admittance or continuance of services.
- ❑5. Shelters/programs avoid mandatory participation in programming, such as support groups.
- ❑6. 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.

ACCEPTANCE/READMITTANCE CRITERIA

Decisions about discontinuing service should not be based on victim/survivors’ personalities or their decision to return to the abuser. Domestic violence programs must be careful about using restrictive criteria in determining acceptance or re-admittance of a victim/survivor. Programs should avoid making decisions based on subjective notions about who is a “worthy” or “unworthy” victim and need to be aware of using of dominant cultural norms as factors in admission/re-admission decisions.

In programs where the focus has moved away from safety and self-determination and into

judgmental views of victims, the following persons may be deemed as an “unworthy victim”:

- waits “too long” to report a violent incident
- fails to actively work towards ending the relationship when the program feels she/he should or returns to the abuser
- does not use the legal system to address the domestic violence in their lives
- continues to have contact with the abuser after leaving
- appears angry, hostile or does not have a warm, friendly personality
- is not “cooperative” or “appreciative” of services
- uses drugs or alcohol
- has difficulty controlling their children
- doesn’t follow rules or stick to a regular schedule
- has ideas, which are not “feminine”
- has been diagnosed with a mental illness or currently takes medication
- is sexually provocative
- has a disability
- is physically unattractive
- is a person of color
- is HIV positive
- is lesbian, gay, bi-sexual or trans-gendered

Refusal to provide or re-admit to services should ONLY be based on breach of confidentiality or violation of health/safety standards of the facility. If for those reasons a victim/survivor is not going to be accepted or re-admitted or will have services discontinued, an appropriate and specific referral plan should be used. This plan should be based on the community resources and services available.

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 needs to be in place as part of the re-admittance process.

The denial of services to a victim/survivor may contribute to serious injury or death and should not occur often. A program’s primary responsibility is to provide safety to **any** victim/survivor who needs it.

- ❑1. Program assesses each victim/survivor for shelter in the context of problems, which may compound their shelter stay (drug/alcohol problems, problems during prior stays, etc.), but does not use a “deny housing” list prior to individual assessment.
- ❑2. Determinations regarding acceptance or re-admittance is not based on whether or not a victim/survivor leaves or stays with the abuser or is deemed a “worthy” client.
- ❑3. Refusal to provide services only occurs in cases of breach of confidentiality or violation of the program’s health/safety standards.

GENERAL SERVICES

This section pertains to those services that might be generally provided by domestic violence programs. The following are broad guidelines to follow in the provision of services to victim/survivors and their children.

- 1. In order to provide information and direct crisis intervention assistance to victim/survivors, the program maintains, directly or via contract, a twenty-four hour, seven day per week telephone hot-line which includes a TTY line and both numbers are listed wherever hotline numbers are publicized.
- 2. The program makes crisis admissions on a twenty-four hour basis, 365 days per year on the basis of a telephone assessment, without first meeting any victim/survivor face to face.
- 3. Information and referrals are provided to all victim/survivors to assist them in securing needed information, resources and direct assistance. This information is freely given at any point of contact with a victim/survivor and does not require that a victim/survivor meet certain criteria, such as a face-to-face meeting, to receive such information.
- 4. Advocacy provided includes monitoring and coordination of community resources.
- 5. The program has a written policy regarding acceptance into the shelter, length of stay, extended stay and/or future re-entry including a provision which prohibits the use of “deny housing” lists and requires record keeping practices which facilitate careful screening of victim/survivors who may require re-assessment of their situations prior to future stays. Such records include documentation regarding factors necessitating reassessment, and any conditions the victim/survivor must meet.
- 6. Shelters/safe homes make referrals to other needed services and/or shelter/safe homes programs when:
 - a. A shelter/safe home is occupied at capacity;
 - b. An inappropriate referral has been made to their program;
 - c. Victim/survivor has a compounding problem, which needs to be addressed by another service provider before shelter/safe home services can be offered.
- 7. The program has written plans of coordinated transportation and makes reasonable attempts to ensure access to services; contracts with any private transportation

- companies include confidentiality agreements.
- 8. If the program is a shelter or safe home, it conducts intake interviews within 24 hours of entrance.
 - 9. If the program is a shelter or safe home, it has a written needs assessment and service plan completed within three to seven days of entrance and involves the victim/survivors as the primary planner of their own goals and objectives. This plan may address the following areas:
 - a. Health/medical needs;
 - b. Housing;
 - c. Available social services;
 - d. Legal options;
 - e. Financial assistance and options;
 - f. Job training, employment, and education;
 - g. If the resident is a child, an assessment of the child's needs as well as child abuse and neglect issues.
 - 10. Victim/survivors are not mandated to participate in services, nor suffer any negative impact on their ability to be sheltered if they choose not to participate in individual or group counseling/therapy.
 - 11. Each active victim/survivor file contains:
 - a. Intake assessment information;
 - b. Individual domestic violence history;
 - c. Needs assessment;
 - d. Any service plan that has been developed;
 - e. Services provided;
 - f. Progress notes;
 - g. Referrals given;

- h. Any releases of information the obtained;
 - i. Other relevant documents such as medical and police reports or photographs of injuries, if obtained.
 - j. Units of service, as defined by the program.
12. All services provided to victim/survivors are documented via progress notes and include individual contacts and group sessions. At minimum, documentation includes:
- a. Referrals and activities conducted by the victim/survivor or staff in fulfillment of the service plan;
 - b. Other information deemed appropriate for ensuring comprehensive and continuous service;
13. Sheltered victim/survivors are given reasonable notice of visitors coming into the shelter, such as funders, legislators, board members, vendors, and maintenance workers.
14. Residents are given an opportunity to retreat to a safe and confidential location during the visit, and their choosing to leave has no impact on their shelter status.
15. Shelters permitting visitors secure their written commitment to protect the confidentiality of all shelter residents.
16. The program ensures access to supportive services to assist victim/survivors in addressing alcohol and drug issues if they are present.
17. The program ensures access to supportive services to assist victim/survivors in addressing mental health issues if they are present.
18. The program has taken all available and affordable steps to make victims from diverse cultures feel welcome in their shelters
- a. Decor and/or pictures adorning program walls reflect a variety of cultures;
 - b. Food is available that meet the dietary needs and restrictions of victim/survivors from diverse cultures;
 - c. Sundry items are available that meet the needs of victim/survivors from diverse cultures.

- ❑ d. Information is available to victim/survivors participating in the program about multi-cultural issues to facilitate a cooperative shelter environment among families from diverse cultures.

- 19. Based upon staff availability and opportunity, the program provides monitoring/consultative services to local batterer intervention programs in conjunction with program staff.

Individual and Group Support Issues for Adults and Children

It is paramount that individual and group supportive services accessed by adult victim/survivors and their children is firmly grounded in the philosophy of empowerment, with the advocate providing information and support to assist victim/survivors in determining their own course of action. The advocate should work to aid victim/survivors to recognize and utilize their own strengths and provide information about domestic violence and available resources. The focus of individual and group support is not to “fix” victim/survivors but rather to help them overcome barriers to safety, decrease isolation inherent in battering relationships, and increase their understanding of domestic violence as an issue with personal as well as institutional aspects.

Advocates should relate as equals to victim/survivors, not as experts. Victim/survivors are seen to have their own “expertise” about their experience and to have a peer relationship with the advocate with each having equitable power.

- 1. Individual and group support is strength-based; that is, focused on the strengths that the victim/survivor has developed in coping with the abuse.
- 2. Coping skills used by victim/survivors are viewed as adaptive behaviors, not as individual psychopathology.
- 3. Safety planning is an integral, documented, on-going part of all counseling/support contacts. Further, counseling/support services acknowledge the practical barriers to victim/survivors attaining safety.
- 3. Services are provided with an understanding of family violence as a social problem with physical, psychological and social consequences.
- 4. Staff who provide group or individual counseling or support observe the ethical guidelines of the American Association of Counseling and Development (AACD), or the National Association of Social Workers (NASW), and/or any other ethical guidelines prescribed by profession or license of the staff member providing services.
- 5. Individual and group counseling/support services are provided in a manner, which demonstrates sensitivity and respect for diverse cultural traditions, values, and lifestyles.

- 6. Programs provide qualified language interpreters for individual and group sessions, within their means.
- 7. Programs provide childcare for support groups as their resources allow.

LABELS AND DIAGNOSIS

Victim/survivors who utilize services should be referred to as program participants or victim/survivors rather than patients. They should not be thought of as victims, except as victims of a crime requiring redress. Often the language victim/survivor feels more comfortable and respectful to victim/survivors participating in the program.

As when working with any survivor, the program should focus on safety concerns first and then empowerment. Educating case management staff about domestic violence and enlisting their assistance in securing a safe environment for the victim/survivor is critical.

People who fall under a variety of DSM IV-TR 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 in fact be worsened if a mental health problem impacts their ability to perceive, understand, or act on signals of danger.

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, 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.

Symptoms of numbing, depression, anxiety, paranoia and substance abuse are often the result of living through emotional, physical and sexual abuse. These problems can be consequences of the abuse, not a 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 that must use diagnosis are encouraged to become familiar with PTSD and to watch for mis-diagnosis of mental illness created by a failure to identify trauma reactions.

- 1. Program provides training for all staff on PTSD and on distinguishing trauma reactions from traditional mental health symptoms.
- 2. Programming which labels victim/survivors and their coping strategies as evidence of mental illness/personality disorder, co-dependency, or addictive behavioral patterns is avoided. (These approaches obscure the creative ways survivors have coped, pathologize common victimization responses and often mis-identify them as

disorders.)

- 3. Program avoids the use of any diagnostic language in victim/survivor records except when required by funders.
- 4. Individual and group support services avoid the use of diagnosis except when required by funders and only by staff with appropriate training and license to do so, as specified in the Ohio Revised Code.
- 5. Program staff and volunteers acknowledge that victim/survivors may have mental illness in addition to their experience of domestic violence and do not automatically assume victim/survivors with mental illness are not reliable in their account of victimization.

CO-DEPENDENCY

The addictions treatment system is a service arena in which misinformation and inappropriate interventions have had particularly harmful consequences for victim/survivors.

Originally, the addictions model was developed to describe the characteristics of alcohol and other drug dependency. Increasingly, however, an addictions framework is being used to explain a multitude of behaviors: compulsive gambling, overeating, excessive shopping, indiscriminate sexual activity, and most recently, domestic violence.

Misapplication of the addictions model to the problem of domestic violence typically leads to an inaccurate definition of battering as either a symptom of alcohol/drug addiction or an addiction itself. Using an addiction framework results in interventions based on several false assumptions: that alcohol use causes abusers to batter; that battered victims are “co-dependent” and thus play a role in causing abuse; and that addicted victim/survivors must get sober before they can address issues related to their victimization. Such interventions not only fail to end violence for individual victim/survivors but direct inappropriate time and attention away from appropriate community responses to domestic violence. This, in turn, creates serious risks for all victim/survivors.

Furthermore, the addiction model fails to distinguish between socialized “feminine” behavior and illness. For example, consider a battered woman who does more care taking than her partner. Are we looking at a co-dependent woman or are we looking at a woman socialized to disregard her own needs, care for others, and take responsibility for her partner’s behavior? Further, if the woman is battered, we may label and pathologize behaviors, which have enabled her to avoid being killed. Finally, by labeling these behaviors, we further stigmatize battered women.

Often in the name of co-dependency treatment, victims of abuse are encouraged to “stand up for themselves, be assertive, and set limits” with abusive partners. While these are ultimately good goals, they can be extremely risky for the victim/survivor until adequate safety measures are in place.

For all these reasons, the codependency model should be avoided and replaced by a domestic violence analysis, which acknowledges that victims may be out of touch with their own needs, but which skillfully helps them manage their safety before they make demands on the batterer. Such an analysis also focuses on the strategic nature of even the most compliant behavior in victims and helps them see that the behavior had some purpose while they were trying to survive in the relationships and can be replaced with a more self-centered focus once they are safe.

- 1. Program uses the model developed by the Domestic Violence Movement, which acknowledges real barriers to victim safety and avoids co-dependency related programming.
- 2. Program and staff understands that alcohol and drug abuse do not cause domestic violence and share this information with victim/survivors and the community.
- 3. Program never refuses shelter services to victim/survivors based solely on current or past history of abuse of substances; if services are refused related to abuse of substances, a safety plan is made with the victim/survivor and appropriate referrals are made by the program.

MARITAL COUNSELING

The Domestic Violence Movement 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 family systems counseling deviate from this focus and jeopardizes victim safety in a variety of ways. Often they encourage the abuser to blame the victim/survivor by examining the victim’s “role” in the batterer’s problem. By seeing the couple together, the therapist may erroneously suggest that the victim/survivor is also responsible for the abuser’s behavior. Also, because the therapy process involves disclosure, the victim/survivor has two choices: stay silent about the abuse or disclose it to the therapist and risk retribution by the batterer. Many victim/survivors report being beaten for telling a marriage/relationship counselor about the abuse. Also, similar to mediation, marriage/relationship counseling can be used by the batterer to further intimidate, stalk or even assault the victim. As a result, marriage/relationship counseling is viewed as unsafe for the victim as well as for the therapist.

Marriage 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.

- 1. Due to the nature of domestic violence centering on power and control issues, domestic violence programs should educate victim/survivors participating in the program about the risks – emotional, physical, and practical – of participating in marital or family therapy while the abuse and its aftermath are current or recent.
- 2. Program educates the community whenever it can about the danger associated with relationship/marriage counseling with an abusive partner.
- 3. Program does not employ the modality of marriage, couples, or family counseling with the batterer as long as any form of physical, sexual or emotional abuse continues. There must have been a cessation of the abuse for at least a year.
- 4. If the abusive partner is participating in a Batterer’s Intervention Program (BIP), the marital counselor has a release of information to have continuing contact with the BIP facilitators to monitor ongoing progress.

MEDIATION

Once domestic violence has occurred, issues in that relationship should never be mediated. Through abuse, a victim/survivor may come to see satisfying the abuser’s needs as necessary for survival. (This dynamic is similar to the “Stockholm Syndrome” which often occurs between hostages and their captors.) Unable to identify and promote their own needs, victim/survivors may then work with both the mediator and the abuser to ensure that the abuser’s desires are met to their own disadvantage and long-term harm to themselves and their children.

Second, mediation assumes that the two people trying to settle a conflict can each negotiate on an equal footing and that each person involved must compromise and take responsibility for reaching a solution. Mediating issues with a violent partner may imply that both the victim/survivor and the batterer are responsible for the violence and must each alter their behavior to end it, thus reinforcing the victim/survivor’s sense of guilt.

Finally, contact during mediation can also be used by the batterer as an opportunity to further intimidate, stalk or even assault the victim. As a result, mediation is viewed as unsafe for the victim as well as for the mediator. Finally, because domestic violence involves coercive

power and control, few batterers can fully participate in mediation and compromise once they realize they cannot control the process.

- 1. Program educates victim/survivors about the danger associated with mediation with an abusive partner.
- 2. Program educates the community whenever it can about the danger associated with mediation with an abusive partner.
- 3. Program does not employ either mediation with the batterer as long as any form of physical, sexual or emotional abuse continues.

TREATMENT/INTERVENTION WITH WOMEN WHO RESORT TO VIOLENCE

Programs providing these types of services should acknowledge:

- The vast differences in power between men and women in our society;
- The distinction between self-defense and the more obscure phenomenon of dual battering;
- The significant resources they will need to commit to conducting primary aggressor assessments prior to beginning intervention.

One misconception about domestic violence is that some couples are mutually violent and, if a woman fights back, she deserves to be held equally accountable. This mistaken belief sometimes leads to women being arrested and prosecuted, particularly in places with preferred arrest policies that do not involve identification of a primary aggressor. These views are still common in our culture even though our statutes acknowledge the legal right to defend oneself.

In actuality, women are rarely the aggressors. Women may fight back to express anger and to defend themselves; they may even throw the first punch. But in most cases of serious assault, women are the victims. And while the abuser's aim is to terrorize his victim, the woman who retaliates rarely inspires terror in her male partner. Generally, unlike the abuse from a primary aggressor, violence committed from battered women is aimed to protect themselves and get their abuse to stop, not to gain power and control over their partner. In any case, the abused woman is entitled to protection and help, whether she strikes back or not.

Programs that provide intervention programs for victims of domestic violence who have resorted to violence should focus their intervention on the development of strategies to increase victim safety. While the appropriate focus with a primary aggressor should be his use of power and control tactics, this focus will do little to stop violent behavior in a non-primary aggressor. If her violence is really connected to her own victimization issues, intervention should focus there so that the victim will no longer have the need to resort to violence in response to feeling unsafe.

- 1. Program uses primary aggressor tool to identify and distinguish self-defense and resorting to violence as different from primary aggression.
- 2. In treating female offenders, staff demonstrates a thorough understanding of the critical distinction between self-defense and the more obscure phenomenon of "dual battering" and has access to an adequate primary aggressor assessment tool.
- 3. The primary focus of intervention is on increasing of victim/survivor safety and understanding of domestic violence victimization.

- ❑ 4. The advocate takes no action or makes no collateral contacts which might jeopardize the female offenders legal defense, i.e. the advocate does not confer with the prosecutor without first discussing this with the defense attorney.

Children's Programming

Often domestic violence programs develop programming that addresses the needs of children who have experienced domestic violence in their homes. This programming is an important part of addressing the needs of families who experience domestic violence and should be a priority of programs, if funding allows. The following are some standards that can be used to evaluate children's programming.

- ❑ 1. The program has a written procedure to address children's needs through the shelter or community resources.
- ❑ 2. The staff, victim/survivor and volunteers use only non-violent discipline and provide information and supportive services to enable parents to employ non-violent discipline.
- ❑ 3. The program encourages the use of non-violent toys, media, and games for children.
- ❑ 4. Written policies exist and are posted regarding the care and supervision of child residents and given to all victim/survivors participating in the program and staff.
- ❑ 5. As resources allow, there are separate play areas for children provided.
- ❑ 6. There are written policies and procedures regarding the reporting of child abuse, and such policies are explained to adult victim/survivors upon intake.
- ❑ 7. The shelter/safe home has a written procedure for addressing children's educational needs. Any written agreements are kept in the child's file.
- ❑ 8. Staff providing services to children receives criminal background checks in compliance with Ohio Revised Code 2151.86 (A) (1).

Individual and Group Support Issues Specific to Children

There are specific issues that must be addressed separately when providing services to children in domestic violence programs. Programs should adhere to the following guidelines as much as they are able:

- ❑ 1. Initial counseling/support with children focuses on the immediate crisis, the impact of violence, separation from home, personal safety, and any abuse and neglect issues.
- ❑ 2. Programs providing services to children conduct separate intakes with permission of the parent for each child served and maintain separate files on each child, cross-referenced with the parent in the program.
- ❑ 3. Programs providing individual or group therapy to children do so only after receiving written permission from custodial parents to provide services, specifying which children will receive services. Although programs may provide crisis based services up to 6 sessions or 30 days of service, whichever occurs first, without parental permission (per Ohio Revised Code 5122.04) every effort is made to secure parental permission as soon as possible.
- ❑ 4. Acknowledging the loss of control the child has already experienced, children's support services remain as non-directive and non-intrusive as possible.
- ❑ 5. In providing assistance in parenting, programs offer strength-based counseling/support, which is, counseling focused on the parent's strengths.
- ❑ 6. Parenting services do not assume that the victim/survivor does not have parenting skills but rather address how domestic violence has affected the victim/survivor as a parent and her relationship with her children.

GUIDELINES FOR WORKING WITH DIVERSE POPULATIONS

In the area of domestic violence, different groups of victim/survivors may have different needs and face different challenges. In addressing these needs and challenges, this document may use the language *she* as it refers to victim/survivors and *he* as it refers to batterers as a reflection that many of these issues have important gender dimensions.

All programs should develop appropriate practices and policies for differing cultures, ethnic backgrounds, and sexual orientations, which take into account different cultural norms in various cultures. The appropriate policies and practices should be determined by the population in question.

One crucial practice is the orientation of new staff to understanding and respecting diverse communities. The organization must be firm in its own commitment to the issue in order to

leverage the cooperation of new staff and volunteers to look at these issues, which can be difficult and painful.

Programs should ensure diverse representation among Board, staff and volunteers through the development and implementation of an affirmative action plan. Outreach programs should include under represented populations as resources allow.

Cultural competency inherently requires the helper to understand the ways in which they have inherited social and institutional privileges as well as they ways in which they have experienced oppression. Once the helper has examined their own position in the current culture and has developed knowledge about various cultural norms in diverse communities, they are more effective in working with victims from diverse populations.

- 1. Program provides experiential cultural diversity training in addition to knowledge and skill building training about specific populations.
- 2. Program has an active staff committee addressing diversity and accessibility issues internal to the agency.
- 3. Program empowers staff members from marginalized communities to attend internal and external caucus meetings as part of their work duties on agency time.
- 4. Within resources, program conducts culturally specific outreach and services.

The following is a sampling of information about selected communities that are marginalized in our current culture.

Victim/Survivors with Disabilities

Programs should be responsive to victim/survivors who may have physical, sensory, or cognitive impairments. While the experience of domestic violence may be similar for persons with and without impairments, persons with disabilities are more vulnerable to experiencing victimization and face more barriers to seeking services with domestic violence programs. It is estimated that almost twenty percent of the U.S. population has a disability that affects their activities of daily living.

While this document is unable to address the variety of disabilities and barriers disabled victim/survivors may face, we have tried to include some standards that domestic violence programs may want to follow to increase accessibility for victim/survivors with disabilities. For a more complete self-evaluation of shelter accessibility, please refer to “Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide” published in 2003 by the Washing Coalition Against Domestic Violence.

The following guidelines should be in place for programs/shelters to decrease barriers to

victim/survivors with disabilities:

- 1. Shelter/program has a working relationship with groups that serve persons with disabilities;
- 2. Program staff are trained in the dynamics of abuse and how domestic violence may be experienced by persons with disabilities;
- 3. Program staff are aware of services in the community which are accessible to persons with disabilities, including transportation services;
- 4. Physical location of the program has an accessible entrance which is clearly marked;
- 5. Physical location of the program has parking available for persons who are disabled;
- 6. Screening and intake process includes questions about accommodations needed (i.e., plan for personal care attendants, specialized foods, or interpreters).
- 7. Shelter has one accessible bedroom and bathroom, or has plans for providing such as the need arises;
- 8. Shelter communal areas are accessible.

Women who are Deaf or Hard of Hearing

Programs need to be responsive to the needs of victim/survivors who are deaf or hard of hearing in their community. All domestic violence agencies should acquire telecommunication devices for the deaf (TTY) machines if they are not already in place. These allow deaf and hard of hearing victim/survivors and hearing program workers to communicate on help-lines for crisis counseling, referrals, admittance to shelters and connections to other agency programs.

TTY machines works better then relay services in which a worker receives messages via a regular phone line. Relay services can make mistakes in relaying messages and do not afford deaf and hard of hearing victims with confidentiality; a TTY machine ensures complete confidentiality and accuracy. The TTY machine should be equipped with a printer to provide an accurate record of conversations.

Programs should seek out training materials about the deaf community. There are significant cultural norms which, when not observed, discredit a domestic violence agency seeking to help deaf/hard of hearing victims. Some key informational points, which illustrate the need to become better informed, are:

- Being deaf or hard of hearing is not viewed as a disability by many deaf and hard of

hearing persons who live in the Deaf community. References to being hearing “impaired” are also offensive, as they make the hearing world the point of reference.

- Deaf and hard of hearing people communicate through a variety of languages and means, including American Sign Language (ASL), Pigeon Signed English (PSE), lip reading, and others. It is important to understand what language and means of communication the victim/survivor uses.
- The Deaf community is just that: a community. Because of oppression from hearing people, like any marginalized, small community, there may be mistrust of hearing people. When programs can acknowledge this and take every action possible to facilitate communication (on hotlines, at community events via translators, in brochures, etc.), trust can be rebuilt.

In addition, programs can take the following steps to ensure that deaf or hard of hearing victim/survivors’ needs will be met:

- ❑ 1. Staff members are trained in basic American Sign Language (ASL) and have a general knowledge and sensitivity towards the Deaf experience and culture.
- ❑ 2. On-call, certified interpreters trained in domestic violence issues should be used to facilitate communication between deaf, hard of hearing, and hearing people in the interest of communication with staff, outside agencies or individuals, or in support groups. This is a requirement of the Americans with Disabilities Act (ADA); programs should check these regulations to get detailed information about the level of their responsibility to provide interpreters.
- ❑ 3. Brochures explaining services can be developed and distributed within the deaf community and to social service agencies. It is important to note that American Sign Language (ASL) is a separate language. It will not be adequate to write a brochure in spoken English style. Programs should have certified ASL translators review any written materials targeted for deaf and hard of hearing victim/survivors.
- ❑ 4. Shelters and domestic violence programs can use consultants to assist them in reaching out to the Deaf community. Such consultants must be well respected in the Deaf community and knowledgeable about domestic violence.

Service to Battered Lesbians

No community is exempt from domestic violence, and the lesbian community is no exception. However, due to social stigmatization, lesbians may face greater isolation and be more hesitant to contact domestic violence agencies. In addition to the kinds of abuse other victim/survivors encounter, battered lesbians may fear being “outed” by their abusers, thereby jeopardizing their jobs, family support network, housing and child custody. In most communities, it remains legal to fire or evict people based upon their sexual orientation, and there are many prominent cases of loss of child custody based solely upon sexual orientation. These realities create additional barriers for gay/lesbian/bi-sexual and trans-gendered domestic violence victims.

To begin removing barriers to lesbians receiving services, programs need to explicitly state that lesbian battering exists. The commitment to serve lesbians must then be reflected in their mission and philosophy statements.

The commitment to welcome lesbians is rooted so firmly in the philosophy of the battered women’s movement that there can be no debate. We are committed to respond to the needs of **any** woman who is being battered.

In lesbian relationships, the abuser is not always the person who is bigger in size or appears more dominant. The victim/survivor is the person who is living in fear and changing her behavior because of this fear. Often the woman who is battered will take the blame or say that she has the problem with violence.

The following are standards for domestic violence programs to follow when serving lesbian or bisexual women who are battered:

- 1. Staff and volunteers are trained to understand that violence in lesbian relationships is as serious and potentially dangerous as heterosexual violence.
- 2. Lesbian and bi-sexual victim/survivors are directly told they are welcome in the shelter and will receive support services from staff to address any homophobia they encounter.
- 3. Staff and volunteers are trained to be aware of available resources for victims within the local gay/lesbian community.
- 4. The shelter environment includes posters, magazines, and reference materials which include people of all sexual orientations.
- 5. The program provides for special safety needs of women abused by women. For example, lesbians are not necessarily safe under “no male” policies and additional screening may be necessary to ensure that lesbian perpetrators do not enter the

shelter/safe home.

- 6. Intake and other forms are gender neutral.
- 7. Language used in hotline calls and intake interviews is neutral so as not to assume the batterer is male.
- 8. The shelter is a safe place for lesbians to work as staff or volunteers.
- 9. Homophobia is addressed in staff and volunteer training.
- 10. Statements prohibiting discrimination in agency policies include discrimination based upon sexual orientation.
- 11. The program is prepared for the consequences of serving lesbians and having lesbians on staff and has prepared its spokesperson(s) accordingly.

Women of Color

While women of color come from many diverse, rich and distinct cultures and communities, they are grouped here for the purpose of helping programs acknowledge and address racism, a common experience among women of color.

What is most pressing is for domestic violence programs to understand the severity of racism in our country, how victim/survivors of color are affected, and to address this as a barrier in their safety. One powerful tool is the provision of culturally specific programming. This gives victim/survivors the opportunity to know that service providers understand the issue on some level, and in the cases of culturally specific support groups, gives victim/survivors the chance to process this difficult situation with women facing similar barriers.

The battered women's movement has become increasingly focused on court outreach and related services. What we have sometimes failed to acknowledge, as a field, is that the criminal justice system is largely operated by white males and begins with law enforcement contact. These two facts have significant ramifications for our victim/survivors of color. Regarding the police, some victim/survivors of color associate the arrival of police in their neighborhoods with an increase in danger for themselves and their loved ones. While police response is changing, many victim/survivors have prior experience, which makes them less likely to call the police for help. Similarly, for the woman of color, it may be difficult to turn her batterer into a justice system largely operated by white males whose track record around racism is improving but still problematic.

Some promising practice standards to follow when working with women of color include:

- 1. The program trains staff about racism and the role it plays in keeping battered women

of color from getting and staying safe.

- 2. Victim/survivors who enter the program are directly told they are welcome in the shelter and will receive support services from staff to address any racism they encounter.
- 3. The shelter environment includes posters, magazines, and reference materials which include a variety of women of color.
- 4. Racism by staff and volunteers is addressed by the program in training and continuing education.
- 5. The program ensures that staff is knowledgeable about available resources within local communities of color, seeks referrals from agencies serving such communities, and encourages victims/survivors to seek assistance from these outside resources as appropriate.
- 6. The program offers culturally specific outreach services, as resources become available.
- 7. The program offers culturally specific support groups, as resources become available.
- 8. The program does not require that legal remedies be used to obtain or continue services;
- 9. The program is a safe place for women of color to work as staff or volunteers;
- 10. Staff and volunteers who are women of color are encouraged to attend ODVN's Women of Color Caucus to receive continuing training and support.

Immigrant Women

It is important that programs acknowledge that immigrant women are a diverse group. Some may have lived in the United States for two weeks, while others may have lived here twenty years. Their reasons for coming to the United States vary. Women may be visiting family or seeking better economic conditions, or they may be refugees fleeing persecution.

If a woman is undocumented, a conditional resident, or here on a visa, her abuser may use the threat of deportation as a means of controlling her. He may threaten to harm her family in her country of origin. In leaving him, she may be leaving the only community she knows. She may fear poverty, losing her children, or living in an unfamiliar culture knowing little or no English.

Programs need to commit to explore and dismantle the stereotypes staff and volunteers may

have about immigrant women. There also needs to be focused outreach efforts to access agencies that serve immigrant communities. These agencies can help programs find translators and peer support for women involved with the domestic violence shelter/program.

In multi cultural communities, shelter/programs should have multilingual staff and volunteers. At the very least, translators trained in domestic violence dynamics should be made available (using the woman's children or other relatives as translators may place them in danger). Programs may use Ameritech's Language Line service, which offers confidential translators for over 20 languages in an effort to make hotline services available to women who do not speak English fluently.

- 1. Staff and volunteers are educated about the specific needs of immigrant women through ongoing trainings.
- 2. Staff and volunteers are trained to understand differences in immigration status and which attorneys in their area understand domestic violence dynamics and will be best able to help her.
- 3. Staff and volunteers are trained to be careful about recording information about her status that may compromise her in any subsequent immigration proceedings and to never call the Immigration and Naturalization Service themselves to verify her status.
- 4. If the program is based in a multi-lingual community, it has multi-lingual staff and volunteers.
- 5. Programs in multi-national communities have informational brochures with several languages, which explain how to access safety.
- 6. Interpreters are oriented to domestic violence dynamics, and family members are not used for translation services.
- 7. Programs do not require victim/survivors to apply for public assistance when doing so may jeopardize their ability to stay in the U.S.
- 8. Programs are familiar with Ameritech's Language Line and consider using this service to access translators via their hotlines 24 hours a day, if resources allow.
- 9. Programs conduct culturally specific outreach services, as resources become available.

Services to Older Women

Elderly women entering domestic violence programs have similarities to other victim/survivors but do have some specific needs that programs need to address. Programs

should develop resources and procedures, which address the needs of older women.

- 1. Programs staff are familiar with dynamics of domestic violence in later life.
- 2. If the victim/survivor receives minor medical care at home, the program/shelter allows this service to continue within the shelter. The program may screen potential in-home service providers, and these providers are required to sign a confidentiality agreement.
- 3. Program has forms and literature available in larger type to accommodate visually-impaired victim/survivors.
- 4. Program staff receives ageism training and information about abuse of older women of different backgrounds is available in cultural competency trainings.
- 5. Staff are knowledgeable about legal issues affecting older people such as elder abuse reporting laws, powers of attorney, guardianships, Medicare appeals and housing rights.
- 6. The program reviews forms, procedures, and policies to identify obstacles for older women. For example, service eligibility includes women battered by their children.
- 7. The program works in coordination with the local aging agency, adult protective services and other organizations for seniors.
- 8. Victim/survivors are provided resource information on Medicare/Medicaid and other health insurance programs, social security, senior housing, specialized transportation, legal assistance, retirement income rights, adult protective services/guardianship issues, pension information for widowed and divorced women, and work opportunities for older persons such as Displace Homemakers and Title V.

Women of Faith

Religious faith is an important strength for some victim/survivors of domestic violence. Domestic violence service providers have tended to sometimes dismiss victims' religious views as obstacles to their leaving their abusers. In keeping with the principles of empowerment, service providers need to respect the varying religious values and beliefs of the women they serve and see faith beliefs as a strength to be utilized when service planning.

Programs should educate staff and volunteers about the values and beliefs of religious victims. For example, many religious women do not consider divorce to be an option. Programs need to appreciate and respect the meaning of religion in many victim/survivors' lives.

- 1. Program staff and volunteers are trained to examine their own beliefs about issues

such as the role of women, religion, and domestic violence and to affirm the survivor's experience and beliefs.

- 2. Program staff and volunteers are aware of supportive clergy in the local community.
- 3. Interventions should be strength-based, with religious faith viewed as a strength and resource for the victim/survivor.
- 4. Program is able to accommodate specific dietary needs of a victim/survivor's religious faith.

COMMUNITY EDUCATION/CONSULTATION/TRAINING

Domestic violence programs should be actively involved in educating individuals, community organizations, and service providers concerning domestic violence dynamics and the need for social change.

- 1. The program conducts community education, consultation, and training in a manner that supports the following concepts:
 - a. Domestic violence is the responsibility of the perpetrator and the message is given that abuse is never the victim/survivor's fault;
 - b. Victim/survivors do not under any circumstance deserve to be abused;
 - c. Victim/survivors come from all socio-economic levels, races, religions and sexual orientations;
 - d. No person is predisposed to become a battered woman;
 - e. Domestic violence is not an illness, alcohol or drug abuse, or as a result of "dysfunctional" relationship issues;
 - f. Safety for victim/survivors and their children is the primary focus of intervention;
 - g. Victim/survivors need to make their own choices and be respected for their choices, which might include the decision not to leave the batterer at the current time, assist with prosecution of the batterer, or call the police;
 - h. The measurement of "success" for domestic violence programming should be based on the providing safety options for victim/survivors and ending the violence;
 - i. Once intervention needs have been met and adequate funding for services established, a community's focus should be prevention services.

- 2. Programs should take the responsibility to include information about the contra-indicated intervention strategies of marital counseling and mediation in staff and volunteer training and community education efforts.

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Kidsrights	At-Risk Resources	Childswork/Childsplay
800-892-KIDS	645 New York Avenue	P.O. Box 61586
10100 Park Center Dr.	Huntington, NY 11743-4207	King of Prussia, PA 19406
Charlotte, NC 28210	800-99-YOUTH	

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Information is Power: A Sourcebook for Victims of Domestic Violence
Themis: A Manual for Legal Advocates
When Fear Has No Voice: A Manual For Child Advocates

ODVN SERVICES

The Ohio Domestic Violence Network offers the following services to domestic violence programs:

The Ohio Domestic Violence Network (ODVN) believes that ending violence against women and children requires connection with organizations and individuals to create a clear vision and collective voice for social and systemic change. ODVN's purpose is to support and strengthen Ohio's response to domestic violence through training, public awareness, and technical assistance and to promote social change through the implementation of public policy.

Statewide Toll-Free Information Line: 1-800-934-9840

Twenty-four hours a day, victims of domestic violence are able to access their local domestic violence hot-line numbers via ODVN's toll-free (800) telephone number. The information line provides up-to-date information on statewide meetings, conferences, and legislative updates. The statewide information line number has been disseminated through brochures, public service announcements, and the media. In a typical year, ODVN receives over 3,700 calls on the information line.

Printed Materials for Victims

ODVN has produced two different printed resources for domestic violence victims in Ohio. *Information Is Power: A Sourcebook for Victims of Domestic Violence*, is the first-ever statewide sourcebook of its kind. Produced with assistance from regional and statewide experts, this book provides information on general domestic violence issues, safety planning strategies, options for ending violent relationships, and Ohio's civil and criminal laws. ODVN also created a wallet-sized safety plan card. The card lists vital safety planning information in a form that is easy to distribute as well as conceal. Each year, over 20,000 safety plan cards are distributed throughout Ohio.

Information Display Unit

ODVN has a portable display unit that can be used to disseminate information about domestic violence and advocacy for special events such as domestic violence awareness month, health fairs, and other victim advocacy conferences.

Resource Center/Clearinghouse

ODVN's reference collection is a link with the latest information on public policy, program development, and domestic violence research. Information in the Resource Center may be accessed via ODVN's information line. Most requests can be filled within five to ten working days; however, popular new videos and materials may have waiting lists.

This comprehensive reference collection includes popular videos and an extensive library of printed material on such topics as:

- General Domestic Violence
- Specific Populations
- Batterer's Intervention
- Law Enforcement
- Children and Domestic Violence
- Teen Dating Violence
- Public Service Announcements
- Religious Community Response

All videos and books may be borrowed, at no cost, from the ODVN library for up to two weeks for your viewing and reading pleasure. Materials must be returned to ODVN via insured mail.

ODVN also has articles, newsletters, training curricula, domestic violence protocols, and various other reference materials, which can be borrowed or reproduced for your convenience, on such topics as:

- Specific Populations
- Dating Violence
- Legal System
- Family Law
- Law Enforcement Response

In addition, ODVN offers informational packets on the following topics:

- Clergy and Spirituality
- Coordinated Community Response
- Law Enforcement Response
- Healthcare and the Medical Response
- Other specialized topics as requested.

These packets are compiled by ODVN staff using the over 1,100 resources in the agency's

clearinghouse, and requests can typically be filled within a week, depending on the amount of research involved.

Network News

ODVN's regular newsletter connects readers to a wide spectrum of current issues, events, and resources in the field of domestic violence throughout Ohio and the United States. Each issue highlights timely topics and includes such regular features as "National News," "Public Policy Update," and "Upcoming Conferences."

Public Policy

ODVN strives to positively affect public policy, thereby creating social change to eradicate domestic violence. ODVN provides information and education necessary to advocate for legislative and systems reform in domestic violence and other related issues. ODVN works to ensure that the voice of battered women and their children is heard in the Ohio General Assembly and in the United States Congress.

Technical Assistance

ODVN offers on-site and telephone consultations to domestic violence service providers and allied professionals. Our staff can provide technical assistance on such issues as:

- Program Planning and Development
- Evaluation and Outcome Measures
- Total Quality Improvement Techniques
- Volunteer Coordination
- Board of Trustee Training and Development
- Budgeting and Management Information Systems
- Grant and Proposal Writing
- Cultural Diversity
- Best Practices Standards
- Literature Searches and Research

ODVN staff members have extensive knowledge in the above areas and over thirty-five years of combined practical experience. In addition, ODVN assists communities in developing coordinated community responses to domestic violence and sponsors issue-specific networking opportunities, such as regional legal advocacy caucuses and a statewide Women of Color Caucus.

Training

In response to a Training Needs Survey, ODVN has designed a variety of training programs that can be conducted regionally or in individual communities. Topics include:

- Domestic Violence Advocacy Fundamentals
- Justice System Advocacy
- Developing and Facilitating a Domestic Violence Support Group
- Forging Justice, Cultural Competence
- Developing or Enhancing a Coordinated Community Response
- Improving the Medical Response to Domestic Violence
- Effective Law Enforcement Response to Domestic Violence
- Domestic Violence in the Workplace
- Board of Trustee Training and Development

In addition, ODVN staff is available to do a variety of training on other topics related to domestic violence and are able to customize training to the audience. Please contact ODVN for additional details.

Publications

ODVN offers the following original publications, please contact ODVN for pricing information:

- Information is Power: A Sourcebook for Victims of Domestic Violence*
- Themis: A Manual for Legal Advocates*
- When Fear Has No Voice: A Manual For Child Advocates*
- Violent No More: Intervention Against Women Abuse in Ohio*, by Barbara Hart, J.D. in conjunction with ODVN and the Ohio Department of Human Services
- Pocket-sized Safety Plan Cards
- ODVN brochures

- Domestic Violence Trust Talk* by the Ohio State Medical Association and
- The Ohio Model Protocol* by the Legal Aid Society of Cincinnati in conjunction with the Ohio Department of Human Services.

ODVN continually revises, updates, and creates new publications. Contact the agency for a current list of available publications and their costs.