

Promising Practices

Standards for Ohio's Domestic Violence Programs

OHIO DOMESTIC VIOLENCE NETWORK

2015

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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 in providing the best services possible for people who are battered and their children.

It is the intent of this document to provide guidance for programs. While these standards will apply to 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 these standards. It is the intent of this document to provide guidance for programs. If funding is being received to provide services for survivors of domestic violence, agencies will work to adopt and implement best practice standards. The movement to end violence against women is over 40 years old, and there has been much research undertaken in those years that should be informing our work. The Ohio Domestic Violence Network exists to provide guidance and technical support as you work towards adopting these standards.

While ODVN and its member programs believe programs should strive to meet these standards, we issue them with the hope that funders will recognize that some programs may need additional resources to meet them. Regardless of resources, we hope that a program does not stray too far from the philosophical tenets put forward in this document.

Members of the Promising Practices Committee are:

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Ohio Domestic Violence Network 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. It can include verbal, emotional, physical, sexual, financial, and/or spiritual abuse. According to newly released data from the Centers for Disease Control and Prevention, over one-third of women report being victimized at some point in their lives by current or former an intimate partner with nearly seven million US women having been victimized on an annual basis (Black, et.al., 2010). This same study indicated that nearly 10 percent of men are victimized by an intimate partner as well (Black, et.al, 2010). The vast majority of heterosexual domestic violence is committed by male partners against female partners; domestic violence occurs in gay & lesbian relationships in comparable rates to the heterosexual population. Women make up 84% of spouse abuse victims and 86% of victims of abuse at the hands of a boyfriend or girlfriend and about three-fourths of the persons who commit family violence are males (U.S. Department of Justice, 2005).

At this point in history, the vast majority 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 domestic violence. By using this language we are attempting to be more inclusive toward all victims of domestic violence, but should in no way obscure the fact that domestic violence is overwhelmingly perpetrated by men towards women. 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 foundation of our movement, some sections of this document will not follow this pronoun pattern exclusively.

In addition, this document refers to those accessing services using many terms, including victim, survivor, and person experiencing domestic violence. Survivors who utilize services should be referred to as program participants or survivors rather than patients or clients. All people approaching the program have been victimized by an abusive partner, and it is important to acknowledge the victimization while also celebrating their strengths and survival strategies in an intolerable situation. Often the term "survivor" feels more comfortable and respectful to individuals participating in the program, and helps staff members view program participants through a lens of strength, empowerment, respect, and hope for the future.

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. The work to bring an end to domestic violence 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 not only in our families, but also schools, communities and society. ODVN asserts that people who batter are responsible for their abusive behavior and that communities have an obligation to hold people who batter accountable. Community safety is contingent upon a zero-tolerance standard on 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 apply to all of the advocacy work that ODVN undertakes, and ODVN believes all domestic violence programs should follow these principles in their mission to provide services that are appropriate, respectful, and empowering to survivors and their children.

1. We promote safety, well-being, and justice for all battered persons while respecting all 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 people who batter--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.
6. We are committed to providing comprehensive survivor-centered advocacy across systems of care.

PURPOSE OF THE STANDARDS

Since the early 1970's, the domestic violence movement has been actively working in Ohio to develop greater awareness about the violence directed at survivors and their 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, standards and guidance 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 survivors. Furthermore, program standards need to take into account the unique characteristics of programs that work with survivors and their children.

STANDARDS FOR DOMESTIC VIOLENCE PROGRAMS:

- Encourage the highest level of ethical practice and accountability to survivors
- Establish the minimum level of responsibility, service and competency 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, sexual and emotional safety of 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 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 continuously strive to meet them by taking steps to ensure our intentions are to practice in this manner.**

The Ohio Domestic Violence Network is available to serve as technical assistance advisors in the implementation of these standards and provide any additional support needed.

GOALS OF SERVICES AND NEEDS OF PROGRAM PARTICIPANTS

The primary goal of service delivery, intervention and treatment in domestic violence programs is to ensure the safety of domestic violence survivors and their children while increasing batterer accountability for their abusive behavior. Survivors and their children's needs may include but are not limited to:

- Immediate crisis assistance including safety planning, regardless of where the survivor is physically located
- Individual and systems advocacy
- Protection and physical safety
- Basic material provisions such as housing, food, or clothing
- Referral to community resources providing necessary assistance, such as medical and dental care, emergency care, reproductive and sexual health services, mental health and substance abuse services, financial resources, and childcare. (Note that this is not an exhaustive list, as survivors and their children have individual and unique needs)
- Case management
- Emotional support and counseling

- Support groups and peer support
- Legal services and/or advocacy

CORE VALUES OF DOMESTIC VIOLENCE SERVICES

EMPOWERMENT: THE BASIS OF SERVICES

Empowerment is the capacity to influence the forces which affect one's life for one's own benefit. Programs should provide services to survivors with the goal of empowering persons who are battered and their children. Staff needs to understand how violence against women 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 survivors or their partners. Advocates also need to understand and affirm the importance of a survivor's right to self-determination and making choices for themselves and their children.

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

Survivors should never be mandated or required to participate in or receive certain services in order to have access to the program. All services and programming must be available on a voluntary basis. This is a requirement of federal funders for recipients of Violence Against Women Act (VAWA) and Family Violence Prevention Services Act (FVPSA), which applies to virtually all domestic violence programs.

Empowerment in Case Planning

In the spirit of empowerment, all programs should recognize survivors as the primary planners of their own goals and objectives and provide information only to further their understanding of available options. Additionally, during the case planning process, advocates should be identifying advocacy needs and strategies with the survivor.

Empowerment in Program Development

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

To accomplish these goals:

- Programs should encourage survivors to take part in program development and decision-making either by serving as volunteers or committee members or by being elected to the policy-making body after they are no longer actively using program services.
- Survivors should have input in developing and revising program guidelines/procedures (i.e. shelter rules, house meeting formats, how chores are assigned).

PROVIDE SERVICES USING A TRAUMA-INFORMED APPROACH

A trauma-informed approach is one that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practices or programming. Trauma-informed care moves us from asking the question “What is wrong with you?” to “What happened to you?” Being trauma-informed allows advocates to understand and respond appropriately and with sensitivity to the behaviors, attitudes and emotional needs of survivors of abuse.

Not all survivors will experience violence the same way and not all will cope with it in the same way. Our work with survivors needs to be individualized and flexible so that we can provide the best possible advocacy.

To accomplish these goals:

- Programs should ensure that all staff and volunteers are trained on traumatic stress and trauma-informed approaches.
- Organizations should use a trauma-informed approach in all of its services, practices, policies and procedures.
- Organizations understand the impact working with trauma survivors has on staff and recognizes vicarious trauma that advocates often experience and provides support and structure to care for staff needs.

ODVN has extensive resources, training, and technical assistance to assist in the implementation of a trauma-informed approach in domestic violence programs. See ODVN’s manual “Trauma-Informed Care: Best Practices and Protocols for Ohio’s Domestic Violence Programs at www.odvn.org for more information.

Resources:

Ferencik, S., & Ramirez-Hammond, R. (2013). *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs* (2 ed.). Columbus: Ohio Department of Health. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

POWER AND CONTROL/COERCIVE CONTROL ANALYSIS OF THE DYNAMICS OF DOMESTIC VIOLENCE

Advocates understand that domestic violence is rooted in the batterer’s sense of entitlement to have power and control over their partner. Therefore, we hold perpetrators accountable for the violence in the relationship and not the survivor. To empower survivors programs need to reinforce this through the work that they do with survivors, how they set up the program, and the respect that program staff show to survivors in daily interactions. It is also a responsibility of the program to convey this understanding in the work that they do with other systems on behalf of survivors and their children.

Resources:

Domestic Abuse Intervention Programs. *Power and Control Wheel*, in Duluth Minnesota <http://www.theduluthmodel.org/training/wheels.html>

The National Center on Domestic and Sexual Violence. *Wheels Adapted from the Power and Control Model*, http://www.ncdsv.org/publications_wheel.html

Stark, Evan. (2007) *Coercive Control: How Men Entrap Women in Personal Lives*. Oxford University Press.

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 survivors are not responsible for their abuse, but rather are victims of the abusive behavior of another person. Therefore, we focus our interventions on safety and restoring well-being 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 survivors, we know that survivors often call on many systems to get safe and heal from abuse. Law enforcement, courts, 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 survivor safety and batterer accountability can only be accomplished when these many systems operate from a strategy informed by coordinated knowledge, assumptions, perspectives, and protocols. We have found that communities which best coordinate their efforts through risk assessment teams have the greatest success in responding to domestic violence and reducing the number of domestic violence homicides.

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 survivors and their children achieve real safety.

To accomplish these goals:

- Per funding requirements, that programs identify and meet at least quarterly with community partners
- An outcome of meetings should be increased accountability to survivors and their children throughout the systems
- Partnerships should encourage flexible creative solutions to responding to the unique and individual needs of survivors and their children

PROTECTING CONFIDENTIALITY

Confidentiality is of the utmost importance when working with survivors of domestic violence, as it is central to safety. Protecting the confidentiality of information about the survivor and their children must occur not only even beyond their primary involvement in the program, including keeping information confidential when working on task forces and when subpoenaed to testify at court. In addition, many funding agencies expect and require victim confidentiality as a condition of granting monies. For more information on confidentiality requirements please see the attached documents from the National Network to End Domestic Violence (NNEDV) Technology and Confidentiality Resources Toolkit, available at <http://tools.nnedv.org//>

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

To accomplish these goals:

- Programs take steps to ensure all records, electronic and written, are secure and not accessible to outsiders
- Programs have strong policies and procedures concerning releases of information, responding to warrants and subpoenas, retention and destruction of records and how to work collaboratively with local partners
- As part of safety planning advocates discuss information and options with survivors related to technology devices (cell phones, computers, tablets) and social networking

Resources:

National Network to End Domestic Violence. Technology and Confidentiality Resources Toolkit. Available online at <http://tools.nnedv.org//>

Field, J. K., Goelman, D., Hart, B., Lee, R., Murphy, S., Tolhurst, K., et al. (2007). *Confidentiality: An Advocate's Guide* (ed.). Duluth: Battered Women's Justice Project. Available at: http://www.bwjp.org/files/bwjp/articles/Confidentiality_Advocates_Guide.pdf

A quick summary for domestic violence of the March 2010 HMIS final regulations. (n.d.). Retrieved May 27, 2014, from http://www.ncdsv.org/images/NNEDV_HMISummaryDVAdvocatesFinalRegs_3-2010.pdf

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. This document will provide an outline of the best practice standards and is designed to be used in conjunction with the Promising Practices checklist survey monkey. This system is designed 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 survivors of domestic violence. The expectation of the self-evaluation is not that programs meet all the best practice standards but that they are identifying the areas for improvement.

Staff at Ohio Domestic Violence Network is available at any time to provide technical assistance to programs that want to improve their program services or implement changes that will bring them in line with the following standards. ODVN will use the information provided by programs to provide targeted technical assistance to individual programs as well as general technical assistance to all programs.

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/BOARD OF DIRECTORS

The governing body/Board of Directors 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. These duties include but are not limited to the following:

- Developing, updating and maintaining program mission statement and vision statement
- Developing, updating and maintaining written by-laws for the Governing Body/Board of Directors
- Developing, updating and maintaining personnel policies
- Reviewing program financial information at least quarterly as well as approving the yearly fiscal audit
- Providing the Executive Director with yearly performance evaluation

The Governing Body/Board of Directors should reflect the cultural make-up of the county or counties that the program serves. This practice ensures that all voices in the community are represented. Additionally, the Governing Body/Board of Directors should have at least one member who is a survivor of domestic violence. This information does not have to be made public to the larger body but should be known by the Executive Director.

For those programs located within larger parent agencies, it is recommended that a program specific advisory board be created to meet the needs of the program and to report to the larger agency Board of Directors.

Each Board member will receive an orientation to the agency to learn about the agency's mission and vision statements, agency programming, the agency's financial structure including the latest financial report and a basic training on the dynamics of domestic violence. The orientation will also include what is expected of them as a board member.

Resources: Handbook for Nonprofits: An Operational Resource for board members of charitable organizations (2009) Ohio Attorney General's Office. Available online at <http://www.creativeoptionc.com/templates/GN002.pdf>

FISCAL AND DATA MANAGEMENT OF THE PROGRAM

To remain viable, domestic violence programs must responsibly manage both fiscal information and data pertaining to 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/Board of Directors 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.

- The organization practices standards of internal control to ensure adequate financial checks and balances
- The organization follows generally accepted nonprofit accounting principles
- The organization maintains a financial accounting system, which includes a current budget reflecting anticipated expenses and revenues.

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.

Survivor Data Management and Record Keeping

In dealing with survivors, how records are kept is crucial. Advocates need to carefully document the reported abuse and efforts made by survivors to find help as the domestic violence program may be the only place that has the full history of abuse and safety planning behaviors. If the program is also a licensed mental health provider, then the diagnosis, if one has been given, should also be documented. Similarly, advocates should not record their own subjective opinions about a survivor's behavior and are encouraged to record only factual information related to the survivor and the goals of their service plan.

Advocates are cautioned against documenting data that does not directly pertain to the survivor's service plan, such as rule violations or the safety plan.

Domestic violence programs that receive federal funding from Violence Against Women Act (VAWA) are exempted from participating in the Homeless Management Information System (HMIS) or participating in any third party shared data systems. Domestic violence programs are to keep comparable databases that collect this information and report it in aggregated form with no personal identifying information. 42 U.S.C. §§11383 and 13952(b)(2).

Personal identifying information is defined in 42 U.S.C. §11383 to include:

A first and last name, a home or other physical address, contact information, as Social Security number and any other information including date of birth, racial or ethnic background or religious affiliation, which, in combination with any other non-personally identifying information would serve to identify any individual.

Resources:

National Network to End Domestic Violence. Technology and Confidentiality Resources Toolkit. Available online at <http://tools.nnedv.org/>

Field, J. K., Goelman, D., Hart, B., Lee, R., Murphy, S., Tolhurst, K., et al. (2007). *Confidentiality: An Advocate's Guide*. Duluth: Battered Women's Justice Project. Available at: http://www.bwjp.org/files/bwjp/articles/Confidentiality_Advocates_Guide.pdf

A quick summary for domestic violence of the March 2010 HMIS final regulations. (n.d.). Retrieved May 27, 2014, from http://www.ncdsv.org/images/NNEDV_HMISSummaryDVAdvocatesFinalRegs_3-2010.pdf

PERSONNEL MANAGEMENT

Management of personnel in domestic violence agencies often encompasses supervision of staff, interns and volunteers. It is the responsibility of the Executive Director of the agency as well as any management staff to appropriately recruit, train, and supervise staff, volunteers, and interns 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. Personnel policies should include, but not be limited to the following information:

- Policies regarding work performance evaluation procedures
- Policies regarding disciplinary action/termination procedures
- Policy regarding workplace violence
- Policy regarding reflective supervision, including support for vicarious trauma (i.e. Employee Assistance Program)
- Policies stating compliance with a drug free workplace, nondiscrimination statement, Equal Employment Opportunity statement

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. Specific records that should be in each personnel file are listed in the accompanying checklist.

STAFF AND VOLUNTEER TRAINING / ORIENTATION AND DEVELOPMENT

It is important that staff and volunteers receive training to provide advocacy with and for 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 survivors and their children face related to domestic violence.

At minimum all staff and volunteers should have statewide background check. Effective November 14, 2007, House Bill 190 requires all Ohio teachers, non-licensed school employees, and school bus and van drivers to receive both a BCI and FBI criminal background check. This is best practice for mentors and tutors working with children. It is recommended that programs use this standard when hiring staff or volunteers who will have contact with children.

New Staff Training & Development

At the onset of employment, new full or part-time staff members who provide direct services to survivors receive a minimum of forty (40) hours of training/orientation. Training can involve both didactic and experiential learning opportunities. Ohio Domestic Violence Network offers a variety of trainings throughout the year to support advocates and programs.

Advocates who will be working with children should receive additional training on topics specific to children exposed to domestic violence.

Trainings are listed in the accompanying checklist.

On-Going Staff Training & Development

After the first year of employment each employee should receive an additional sixteen (16) hours of training/continuing education annually provided by the agency or an external source.

In addition the training hours, each staff member should be encouraged and permitted to attend ODVN statewide taskforce and/or caucus meetings quarterly to continue networking and increasing their knowledge and resources.

Intern/Volunteer Program

Volunteers can be an invaluable part of any program. To build a strong, thriving volunteer program the agency must make a commitment to recruiting, training and developing those who want to volunteer.

Volunteers should go through the same processes as someone that the agency is going to hire. This includes but is not limited to:

- Interview to determine their interest and suitability to the program
- Written job description for volunteer positions with a designated supervisor who they report to
- Written policies and procedures for supervision and termination
- Volunteers or interns who will be interacting with survivors and their children directly receive at minimum 16 hours of training

CORE SERVICES

Domestic violence programs provide services to survivors and their children with a unique philosophy and understanding of the dynamics of violence that has occurred in their lives. Unlike traditional social service agencies, domestic violence programs operate from a philosophy of empowerment (see Core Values of Domestic Violence

ODVN' manual *Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs* has developed trauma-informed protocols for providing several core services mentioned below (answering the crisis line, intake paperwork, exit interviews, safety planning, facilitating support groups, and providing parenting support. Chapter 4 is dedicated to guidance on these services. The manual is available for download at www.odvn.org.

Crisis Line/Hotline

In order to provide information and direct crisis intervention assistance to survivors, the program maintains, directly or via contract, a 24 hour 7 day a week telephone crisis/hotline. The hotline is answered promptly and by a live person who identifies the program by name.

The crisis line/hot line is accessible for all survivors, including those who are limited English speakers or are Deaf/Hard of Hearing. Access is provided by telephone interpretation or video relay.

Information and referrals are provided to all survivors to assist them in securing needed information, resources or direct assistance. All information is freely given to the survivor at any point in the contact and does not require that the survivor meet any criteria, such as a face to face meeting, having to provide demographic or identifying information about themselves or their families, or having to leave their partner.

All survivors are given information on safety planning

All survivors are treated with respect and dignity.

All survivors are advised at the end of the call, as well as anytime during the call, that they can always call back and speak to any advocate regarding their situation. Programs can keep a written/electronic record of crisis calls so that a survivor who is calling back does not have to repeat all of their information and advocates can easily access. Survivors are given the option to provide identifying information or they can be recorded as anonymous.

Resource:

Answering Hotline Calls Protocols in chapter 4 of *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, second edition. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

Advocacy

Advocacy is a core service of domestic violence program because we advocate for and with survivors in all systems that they encounter. We do this both for individuals and for all survivors collectively.

In our role as an advocate we are a sounding board, a comforter, a cheerleader and an unconditional supporter.

As advocates we understand that we cannot fix everything for a survivor and that we are often called upon to bear witness and walk through the difficult times with the survivor and their children.

Victim-Defined Advocacy

Advocates and survivors are partners in the work with the survivor leading the way. The decisions that are being made and the changes that result from those decisions are going to impact the survivor's life; therefore we recognize that they should be the ultimate decision-maker in what happens to them.

Advocates provide information and resources to survivors to help them accomplish the goals that they have set for themselves.

Resources:

Davies, Jill. (2010) *Advocacy Beyond Leaving: Helping Battered Women in Contact With Current or Former Partners*. Futures Without Violence. Available at http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide%281%29.pdf

Davies, J. M., & Lyon, E. (2014). *Domestic Violence Advocacy: Complex lives/Difficult Choices (second edition)*. Thousand Oaks, Calif.: Sage Publications.

Individual Advocacy

When advocates work on the behalf of one individual survivor then we are performing individual advocacy.

Individual advocacy should always be done with full authority from the survivor to advocate on their behalf. This includes getting releases of information, being clear with the survivor what you are planning on sharing, who you will be sharing the information with, and what outcome you hope to obtain on the survivor's behalf.

Systems Advocacy

When an advocate works on the behalf of survivors inside of a particular system (legal, hospital, child welfare, TANF, etc.) to make changes that will benefit all survivors then we are performing systems advocacy.

Because in system advocacy we are not discussing a single case but rather a collection of cases we don't need to have permission from each survivor. To ensure confidentiality, especially in small communities, we do not share individually identifying information.

Shelter

Shelter can be a challenging and confusing environment for everyone. Survivors are dealing with trauma from the abuse, the uncertainty of leaving their homes, and the emotional needs of their children. As advocates, we should make the experience as welcoming as possible.

It is important that advocates understand that the shelter is there for survivors and therefore belongs to survivors. This concept may be difficult to understand from a traditional social service model, but with an understanding of the history of the movement and the principles of empowerment, programs should be using the empowerment model as a guide to inform our work.

Traditionally shelter has been thought of as a 30 day maximum stay. This has allowed some programs to access emergency shelter money in their counties. Due to reductions in affordable housing, employment opportunities and other necessary social services that survivors often need to access, domestic violence programs have reported that most survivors are staying in shelter much longer, not only due to safety concerns but also to access the needed community resources so that they do not have to return to their abuser. For this reason, programs should use the 30 day stay as guideline, not as a strict rule. Ability to stay at the shelter longer should be evaluated on a case by case basis and extensions should be given. If the program is finding that the average stay is longer than 30 days, a program should consider extending the standard limit so that survivors are not caused undue stress by thinking that they have to secure a job, housing and childcare in 30 days, which is currently an impossible standard to meet.

Programs receiving VAWA and/or FVPSA funding cannot mandate participation in shelter programming as a condition of staying in the shelter or receiving services.

Shelter Rules

In keeping with the philosophy of empowerment and support, it is important that shelter programs review the rules they have established for shelter life to make sure that these rules are not oppressive and allow for self-determination for the survivor. It is important that there are some rules for shelter living to create and maintain a safe environment for all program participants. Yet it is also extremely important that shelters intentionally avoid recreating the power dynamics present in abusive relationships through rules and expectations. For example, these dynamics are recreated when the shelter staff takes on the role of “parent or teacher” by attempting to teach, guide, or tell survivors what to do. This leaves the survivor in the familiar position of “child or student,” which does not support empowerment and the survivor regaining control over her own life. Shelters should be on guard against setting rules that are solely geared toward facilitating smooth operation of the shelter. The role of shelter rules is to provide safety for all residents.

Shelters should have as few rules as possible and only those truly needed for safety. This leaves room for flexibility in dealing with different situations and allows for equitable solutions.

Shelter rules are stated in the positive, empowering way to help survivors understand their role and responsibilities while in the shelter.

Below are some guidelines relating to shelter rules:

- Shelters should never mandate involvement with the justice system (i.e. police, or protection orders) or any other system as a requirement to be admitted to shelter or to stay in shelter.
- Rules or guidelines should be in place to make it easier for survivors to live comfortably in a communal environment, not for the purpose of making the shelter easier for the staff to manage.
- Rules should be reviewed annually by staff and survivors who have used the program to ensure that there are no oppressive or unnecessary limitations.

Resources:

Fairley, K. (2011). *How the Earth Didn't Fly Into the Sun: Missouri's project to reduce rules in domestic violence shelters*. Harrisburg: National Resource Center on Domestic Violence. Available at: http://www.vawnet.org/Assoc_Files_VAWnet/NRCDV_ShelterRules.pdf

Washington State Coalition Against Domestic Violence. *Shelter Rules Toolkit*—includes videos, resources, and multiple short articles on experiences related to reducing shelter rules. Available at: http://wscadv2.org/files/shelter_rules_toolkit.html

Intake/Entry to Program

Intake paperwork should be completed within 24-72 hours of a survivor's arrival at the shelter.

Upon entering the shelter the staff should collect only the necessary information (name, children's names, emergency contact numbers, and information on abuser) and allow the survivor to get settled before more extensive paperwork needs to be done. Providing the survivors with options on when to do the necessary paperwork reinforces an environment of empowerment.

Intake paperwork should be completed in a private space. The survivor should be provided with an opportunity to do paperwork without the presence of any children so that details and information can be freely shared without concern for what the children or others may hear, but if the survivor feels uncomfortable leaving her children, her decisions should be respected and conversations should be done in a sensitive way.

Intake should be completed using the principles of trauma-informed care. (See Trauma Informed Care manual for more information).

Intake forms should be translated into common languages spoken in your area. Enlarged fonts should be used for those with low vision/visual impairments. Interpreters should be used at the intake process to ensure that all information is clearly understood and safety planning is facilitated.

Resource:

Conducting Intakes Protocols in chapter 4 of *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, second edition. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

Case Planning/Management

All case planning or management should be done using the principles of victim-defined advocacy.

Case plan goals, objectives and activities should be broken into small steps so that a survivor can have a sense of accomplishment and success. Also, due to trauma reactions, not all survivors are going to be able to remember multiple steps to complete a goal.

Advocates need to be supportive throughout the process and working with survivors to identify strategies for advocacy.

Documentation

Because of the nature of domestic violence, advocates must be aware of the fact that abusers and their attorneys will make attempts to get our documentation. In the best interest of protecting the survivor and their children, we should keep our documentation to a minimum.

All programs should have written policies stating who gets to document in the file, how documentation is to be completed and how documentation is stored.

All programs should have a policy on the retention and destruction of records.

All programs should have a written policy on responding to subpoenas and warrants. Programs should have an attorney on record who will respond to subpoenas with a motion to quash.

The file belongs to the survivor and as such she/he can request to see their file at any time and should not have to put in a 30 day request to see their documentation.

Resources:

Field, J. K., Goelman, D., Hart, B., Lee, R., Murphy, S., Tolhurst, K., et al. (2007). *Confidentiality: An Advocate's Guide* (ed.). Duluth: Battered Women's Justice Project. Available at: http://www.bwjp.org/files/bwjp/articles/Confidentiality_Advocates_Guide.pdf

Model Protocol: On Record Keeping when Working with Battered Women. (2007, June 1).. Retrieved June 14, 2014, from http://wscadv2.org/docs/protocol_record-keeping.pdf

Safety Planning

Safety planning is essential to the work that we do with survivors. Safety planning is a process where an advocate and a survivor work together to come up with strategies to reduce a survivor's individualized risks and create strategies to increase safety. Safety planning is an ongoing activity that takes place with every survivor regardless of their situation—if we meet them face to face or on the phone, if the survivor is in contact with their partner or not, and regardless of whether a person is considering leaving or staying with their partner.

Safety planning is joint effort between the survivor and the advocate. Using principles of victim-defined advocacy, we acknowledge that the survivor is the expert on her/his life and partner. As advocates we bring the knowledge of different systems, how they work, what survivors can expect and community resources.

Safety planning is a conversation that we have with survivors and not a piece of paper we fill out. Safety planning is flexible, fluid, and will change as the batterer increases or decreases risk.

Because safety planning is so critical to what we do with survivors, advocates should create an open environment where survivors can share information about their partner, discuss plans to see abuser or discuss any contact they have had with the abuser and what was said and how they are feeling about the interaction. This information helps advocates think through safety concerns, batterer generated risks and life generated risk factors.

Resources:

Safety Planning (focusing on emotional safety planning) Protocols in chapter 4 of *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, second edition. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

Davies, Jill. (2010) *Advocacy Beyond Leaving: Helping Battered Women in Contact With Current or Former Partners*. Futures Without Violence. Available at http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide%281%29.pdf

Davies, J. M., & Lyon, E. (2014). *Domestic Violence Advocacy: Complex lives/Difficult Choices (second edition)*. Thousand Oaks, Calif.: Sage Publications.

Legal Advocacy

Legal advocates provide an invaluable service to survivors in that they are well informed about the way the court system functions in their county and can help a survivor navigate the system.

Legal advocates should provide safety planning and referrals to additional services that a survivor may need.

Legal advocates also do system advocacy work to ensure law enforcement and the court systems understand the dynamics of domestic violence, how that impacts the survivor and how to best respond in the constraints of the legal system.

Legal advocates who work for the domestic violence program have a different function from advocates who work in the victim witness or assistance program. Victim witness programs are typically county based and located within the prosecutor's office so those advocates have a different view and focus of the case. Also, these advocates may have different confidentiality standards regarding what they share with prosecution and law enforcement. Domestic violence program legal advocates are concerned only with the best interest of the survivor, not the prosecution of the case.

Resource:

National Center on Domestic Violence, Trauma and Mental Health. Trauma-Informed Legal Advocacy (TILA) Project. Available at: <http://www.nationalcenterdvtraumamh.org/trainingta/trauma-informed-legal-advocacy-tila-project/>

Support Groups

One of the main goals of domestic violence programming is to decrease isolation of survivors and help them connect to others in healthy ways, which facilitates healing. One of the most effective ways to do this is by helping survivors connect with others who have had similar experiences of abuse. While support groups will not be helpful for everyone, having the opportunity for survivors to share their experiences with others who understand them can be incredibly helpful and facilitate healing.

Participating in support groups is voluntary for both funding and ethical reasons. Domestic violence programs are not permitted to mandate survivors to participate in services, and it is important to recognize and acknowledge that not all survivors will be benefitted by the group setting.

It is paramount that 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 focus of group support is not to “fix” survivors. Support groups have many goals, such as helping survivors identify and overcome barriers to safety, decreasing isolation present in virtually all battering relationships, and increasing their understanding of domestic violence as an issue with personal as well as institutional aspects. In addition, support groups can help survivors identify the ways in which their experiences with abuse has impacted them and their lives, what helps survivors cope and survive, and provide hope for tomorrow, while validating the very real impact of domestic violence and trauma on their lives.

The advocate should work to aid survivors to recognize and utilize their own strengths and provide information about domestic violence and available resources

Resources:

Facilitating Trauma-Informed Support Groups Protocols in chapter 4 of *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, second edition. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

HEALTH, SAFETY AND SECURITY OF THE PROGRAM

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

Each program should develop, maintain and update written policies and procedures that should include but not be limited to:

- Response to trespassers and intruders
- Response to bomb threats, suspicious packages, and other threats of attacks against the building, staff or survivor
- Universal precautions for the handling and cleanup of body fluids and blood
- Universal precautions for addressing communicable diseases and bed bugs
- Evacuation procedures for natural disasters or threats (tornados, fires, etc.)
- Storage and destruction of resident medications
- Storage, retention and destruction of written documentation and electronic records

Secure, comfortable and safe living environment is provided to all survivors should include but not be limited to:

- Proper heat, ventilation and cleanliness throughout the facility
- Physical facility is secured externally with windows and doors locked and monitored against intrusion
- Provision of nutritional meals or foods for individual preparation which meet USDA standards
- Separate living and sleeping areas
- Access to adequate and weather appropriate clothing that is kept in a clean and sanitary area
- Safe, clean and adequate play space for children, internal and external
- Access to unmonitored communication on telephone, TTY or other communication device for those who are Deaf/hard of hearing
- Access to unmonitored living and personal space such as bedroom and bathroom
- If the agency provides access to the internet for survivor use, privacy and parental controls are in place
- Information on how to disable location applications on cell phones and cars and other technology safety information is shared with all survivors and staff.

Resources:

National Center on Domestic Violence, Trauma and Mental Health. Model Medication Policy for Domestic Violence Shelters. Available at: <http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Model-Medication-Policy-for-DV-Shelters.pdf>

Washington State Coalition Against Domestic Violence: Building Dignity: Design Strategies for Domestic Violence Shelters. Available at: <http://buildingdignity.wscadv.org/>

RIGHTS OF SURVIVORS PARTICIPATING IN THE PROGRAM

While providing services, it is important to remember that program staff advocate *for* and *with* survivors. 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 abuse and battering women and children experience in our society. Therefore, as equals and partners in our efforts, survivors have basic rights while participating in domestic violence programs.

- The program has written policies on domestic violence survivor rights that include, but are not limited to, non-discrimination in the provision of services on the basis of age, race, creed, sexual orientation, gender identity, ethnicity, national origin, marital status, socio-economic status, STD/HIV status, employment status in a sex industry, immigration status, physical or cognitive ability, and religious/spiritual beliefs or membership.
- A copy of the written statement of Survivor Rights is posted in clear view in all facilities. (see example at <http://www.aardvarc.org/dv/billrights.shtml>)
- Minor male children should be allowed to remain in the shelter 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 safety and her child.
- 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 survivor information not authorized in writing by the survivor and allowing the release of material not authorized by the survivor only upon the Order of a Judge.

ACCEPTANCE/READMITTANCE CRITERIA

Decisions about discontinuing service should not be based on survivors’ personalities, mental health status, substance abuse history, 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 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
- has used force in relationship or has been arrested

- has a felony conviction
- 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" or "feminist"
- has been diagnosed with a mental illness or currently takes medication for a mental health issue
- is sexually provocative, has worked or is currently working in the sex industry
- has a disability
- is physically unattractive
- is a person of color
- is non-English speaking or has limited English proficiency
- is HIV positive or has an STI
- is lesbian, gay, bisexual or transgender

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 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.

Survivors who have been denied services or have had services discontinued should be re-assessed each time they ask to re-enter the program. 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 survivor may contribute to serious injury or death and should not occur often. **A program's primary responsibility is to provide safety to any survivor who needs it.**

WORKING WITH MARGINALIZED/UNDERSERVED POPULATIONS

In the area of domestic violence, different groups of 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 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 responding to differing cultures, ethnic backgrounds, sexual orientations and gender identities, 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, challenging and sometimes painful. ODVN has many opportunities for additional training on cultural diversity, as well as several caucuses and task forces relating to advocacy with marginalized populations listed below.

Programs should ensure diverse representation among Board, staff and volunteers through the development and implementation of a cultural diversity plan. Outreach programs developed to engage under represented or underserved populations should include input from the communities the program wants to reach.

Cultural competency inherently requires the advocate to understand the ways in which they have inherited social and institutional privileges as well as the ways in which they have experienced oppression. Once the advocate 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.

Becoming culturally competent is a lifelong journey both for individual advocates as well as for programs. Part of providing trauma-informed services is to respond in a way that is supportive and understanding of the individual survivor.

To support advocates in their journey of becoming culturally competent, the following policies and procedures should be put in place:

- Provide experiential cultural diversity training in addition to knowledge and skill building training about specific populations
- Provide ongoing trainings about different cultures and how they are impacted by domestic violence
- Encourage staff to attend and actively participate in ODVN caucuses or taskforces on specific communities, such as Abilities Taskforce or the Immigration Taskforce. For women of color advocates, they are encouraged and supported to attend and actively participate in the Women of Color Caucus.

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

Survivors with Disabilities

Programs should be responsive to 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 survivors may face, we have tried to include some standards that domestic violence programs may want to follow to increase accessibility for 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 2004 by the Washington Coalition Against Domestic Violence.

As part of best practices programs should have the following guidelines as it relates to survivors with disabilities:

- Facility is fully accessible with clearly marked entrances, bedroom, bathrooms and communal spaces
- Program staff is fully aware of resources and/or community agencies for people with disabilities
- Facility has ample parking space for people with disabilities
- Program staff is encouraged to attend and participate in ODVN’s Abilities Task Force. Participation in the taskforce will increase staff member’s understanding and knowledge of different types of disabilities, how to effectively safety plan and resources available to the disability community.

For more information on working with individuals with disabilities, contact ODVN for information about the Abilities Task Force, which provides opportunities for meeting, training, networking, and a better understanding of how to best serve survivors who have a disability.

Resources:

Washington State Coalition Against Domestic Violence (2004). *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide*. Available at: http://wscadv2.org/docs/Disability_self_assessment.pdf

Wisconsin’s Violence Against Women with Disabilities and Deaf Women Project. (2011) *Creating Safety By Asking What Makes People Vulnerable?*

Available at: http://www.endabusewi.org/sites/default/files/resources/Creating_Safety_Vulnerable.pdf

Survivors Experiencing Mental Health Challenges or Psychiatric Disabilities

Program participants often approach us in a time of crisis when a traumatic event has recently occurred. A trauma-informed approach recognizes that many behaviors and responses expressed by trauma survivors are directly linked to their traumatic experiences. Many common responses to trauma (such as depression, avoidance, anxiety, hyperarousal, cognition and memory problems, challenges with emotional regulation and self-soothing, mood swings, and sleep problems) are symptoms found in diagnostic manuals. Many women who have been diagnosed with a mental health disorder were not asked about their relationships or trauma histories, and were diagnosed due to symptoms that could very well be trauma reactions. The connection between psychiatric disability, substance abuse, and trauma is strong, so it is very important to view our work through a trauma-informed lens.

Everyone deserves our high quality services, regardless of mental health condition. Individuals with a psychiatric disability or a mental health diagnosis are vulnerable to abuse and domestic violence. Their needs for safety are no less significant than those who aren't experiencing these challenges. In fact, a survivor with mental health challenges that impact their ability to perceive, understand, or act on signals of danger might be at increased risk.

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 survivors experience Post Traumatic Stress Disorder (PTSD) – a logical, predictable set of symptoms connected with serious trauma.

Children who are exposed to serious violence can also develop trauma symptoms. Programs that are licensed to diagnose mental health disorders are encouraged to become familiar with the role trauma plays in the lives of survivors and be familiar with emerging approaches and treatments that assist in healing from traumatic experiences. Clinicians should be familiar with trauma-related disorders and to watch for inaccurate diagnosis of a mental disorder which often occurs due to the failure to identify traumatic experiences and the impact of trauma.

As part of best practices programs should have the following guidelines as it relates to survivors with mental health issues:

- Program provides training for all staff on trauma and on distinguishing trauma reactions from traditional mental health symptoms.
- Program avoids the use of any diagnostic language in survivor records except when required by funders. These records should be kept separate from the survivor's shelter file.
- Programs share information about trauma with survivors, so that their reactions and responses can be normalized, and instead of feeling "crazy," survivors can be validated rather than further stigmatized.
- Program staff and volunteers acknowledge that survivors may have a psychiatric disability and also experience abuse. Advocates do not automatically assume survivors with mental health challenges are not reliable in their account of victimization.

Resources:

National Center on Domestic Violence, Trauma and Mental Health. Resources for Advocates. Available at: <http://www.nationalcenterdvtraumamh.org/publications-products/resource-for-advocates/>

Ferencik, S., & Ramirez-Hammond, R. (2013). *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs* (2 ed.). Columbus: Ohio Department of Health. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

Survivors with Substance Abuse Issues

The addictions treatment system is a service arena in which misinformation and inappropriate interventions have had particularly harmful consequences for 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 survivors must get sober before they can address issues related to their victimization. Such interventions not only fail to end violence for individual survivors but direct inappropriate time and attention away from appropriate community responses to domestic violence. This, in turn, creates serious risks for all 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 survivors.

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 survivor until adequate safety measures are in place. Conversely, survivors who are encouraged to attend support groups for co-dependency issues sometimes find themselves in the position of being encouraged to “make no changes to their personal situation for at least a year.” This request can obstruct a survivor’s desire or attempt to seek safety.

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 survivors 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.

As part of best practices programs should have the following guidelines as it relates to survivors with substance abuse issues:

- Program never refuses shelter services to 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 survivor and appropriate referrals are made by the program.
- Program and staff make appropriate referrals for an assessment of chemical dependency if a survivor is found to be using while receiving residential shelter services and that use poses a significant risk to her or others in the shelter.
- Program will understand that all reasonable accommodations should be made to help survivors not have to choose between safety and sobriety.
- Program and staff understands that alcohol and drug abuse do not cause domestic violence but can increase risk for a higher level of violence and share this information with survivors and the community.

Resources:

Edmund, D. and Bland, P. *Real Tools: Responding to Multi-Abuse Trauma – A Tool Kit to Help Advocates and Community Partners Better Serve People With Multiple Issues.* Available at

<http://www.nationalcenterdvtraumamh.org/publications-products/real-tools-responding-to-multi-abuse-trauma-a-toolkit/>

Survivors who are Deaf or Hard of Hearing

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

Programs should be aware that while TTY machines are older technology, it may be the technology that is accessible to some survivors, especially in rural or poorer counties. A TTY machine ensures complete confidentiality and accuracy. If the program is using a TTY machine it should be equipped with a printer to provide an accurate record of conversations.

Other forms of communication that Deaf/hard of hearing survivors may use include telephone or video relay, text messaging or email. Text messages and emails may not be a secure way to communicate with a survivor as it can be hacked or if a keystroke program has been put on their computer, the abuser would have access to read everything the survivor has shared. It is important that programs are aware of this and share the information with survivors.

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 survivor uses. The ability to read lips is rare and often inaccurate, find another method to communicate with survivor to ensure that your message is clearly understood, such as having an interpreter.
- 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 survivors’ needs will be met:

- 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.

- 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 survivors.

For more information on working with individuals who are Deaf or hard of hearing, contact ODVN for information about the Abilities Task Force, which provides opportunities for meeting, training, networking, and a better understanding of how to best serve survivors who have a disability.

Survivors who are Lesbian, Gay, Bisexual, Transgender, Queer or Intersex (LGBTQI)

No community is exempt from domestic violence, and the LGBTQI community is no exception. However, due to social stigmatization, LGBTQI survivors may face greater isolation and be more hesitant to contact domestic violence agencies. In addition to the kinds of abuse other survivors encounter, battered LGBTQI survivors 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/or gender identity, and there are many prominent cases of loss of child custody based solely upon sexual orientation. These realities create additional barriers for gay/lesbian/bisexual and transgendered domestic violence victims.

To begin removing barriers to LGBTQI survivors receiving services, programs need to explicitly state that same sex and transgender battering exists. The commitment to serve the LGBTQI community must then be reflected in their mission and philosophy statements.

The commitment to welcome LGBTQI survivors 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** person who is being battered.

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

The following are standards for domestic violence programs to follow when serving LGBTQI survivors:

- LGBTQI survivors are directly told they are welcome in the shelter and will receive support services from staff to address any homophobia or gender discrimination they encounter.
- 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.
- Language used in hotline calls and intake interviews is neutral so as not to assume the gender of survivor or batterer. Individuals are allowed to self-identify how they identify and what their preferred gender pronouns are
- Statements prohibiting discrimination in agency policies include discrimination based upon sexual orientation and gender identity.

For more information on working with individuals who are members of the LGBTQI community, contact ODNV about the LGBTQI Task Force, which provides opportunities for meeting, training, networking, and a better understanding of how to best serve survivors from this community.

Survivors 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 survivors of color are affected, and to address this as a barrier in their safety planning. One powerful tool is the provision of culturally specific programming. This gives survivors the opportunity to know that service providers understand the issue on some level, and in the cases of culturally specific support groups, gives 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 survivors of color. Regarding the police, some 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 survivors have prior negative experiences with the justice system, 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:

- The program trains staff about racism and the role it plays in keeping battered women of color from getting and staying safe.
- The shelter environment includes posters, magazines, and reference materials which include a variety of women of color
- The program ensures that staff is knowledgeable about available resources within local communities of color, seeks referrals from agencies serving such communities, and encourages survivors to seek assistance from these outside resources as appropriate
- The program is a safe place for women of color to work as staff or volunteers

ODNV facilitates the women of color caucus, which provides advocates of color opportunities for meeting, training, and networking. Contact ODNV for more information.

Immigrant Survivors

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 in this country without documentation, 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 interpreters and peer support for women involved with the domestic violence shelter/program.

In multicultural communities, programs should have multilingual staff and volunteers. At the very least, interpreters trained in domestic violence dynamics should be made available (using the woman's children or other relatives as interpreters may place them in danger). Programs may use AT&T Language Line, which offers confidential interpreters for over 20 languages in an effort to make hotline services available to women who do not speak English fluently. Programs may also use In Every Language interpretation services, which offers interpreters trained in domestic violence and over 150 languages. To be in compliance with federal funders, programs need to have a written Limited English Plan (LEP) in place for how they will access interpreters.

Some promising practices standards for working with immigrant women include:

- Staff and volunteers are trained to understand differences in immigration status, special visas that are available and which attorneys in their area understand domestic violence dynamics and will be best able to help the survivor
- 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 United States Customs and Immigration Services (USCIS) themselves to verify her status
- Programs in multi-national communities have informational brochures with several languages, which explain the dynamics of domestic violence, legal options, and how to access safety
- Interpreters are oriented to domestic violence dynamics, and family members are not used for interpretation services

Services to Older Women

Older women, those who are 50 years and older, entering domestic violence programs have similarities to other 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.

Some promising practice standards for working with older women include:

- If the 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.
- Staff is knowledgeable about legal issues affecting older people such as elder abuse reporting laws, powers of attorney, guardianships, Medicare appeals and housing rights
- The program works in coordination with the local aging agency, adult protective services and other organizations for seniors.

- The program works to provide separate space from children for older survivors. Many older survivors are not used to living daily with children so a separate space can help to provide some relief and quiet space to process their trauma and heal.

Survivors of Faith

Religious faith is an important strength for some survivors of domestic violence. Domestic violence service providers have tended to sometimes dismiss survivors' 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.

Some promising practices standards for working with women of faith include:

- Interventions should be strength-based, with religious faith viewed as a strength and resource for the survivor
- Program accommodates survivor's religious rituals, for herself and her children (for example, quiet space is made available for prayer time)
- Program staff and volunteers are aware of supportive clergy in the local community.

Working with Teens and Young People

Unlike adult domestic violence, teen relationship violence rarely occurs within the context of people who are sharing a household, sharing finances, and have children together. However, these types of circumstances must be assessed for as a young teen mother may be involved with a teen batterer who is also the father of her child/children they may be cohabiting, and sharing finances. Teens and young people, who are homeless or have run away from home, may also be involved relationships with older adults who can provide them with shelter, food, clothing and money often in exchange for sex. Just as with adult domestic violence, assessment is critical to determining the needs of a specific survivor.

In addition to the circumstances surrounding teen relationship violence it is also important to remember that teens are not mini-adults. Developmentally, teens are challenged to differentiate themselves from their parents, to become independent, and to grow into fully functioning adults. Additionally, current studies regarding brain development indicate that human beings' full cognitive capacities are not achieved until late adolescence (22 – 25 years of age). It is important to keep in mind that the brain of a teen is not fully developed and their cognitive processes are not the same as adults. This is not to say that teens typically make poor choices due to an undeveloped brain. In fact, teens make choices for themselves every day, some good and some not so good-just like adults. It is our job as adults to provide teens with guidance, mentoring, and resources that empower good choice making. It is not our job as adults to judge the decisions of teens as patently poor because they did not seek adult input prior to making a particular choice. Part of the developmental challenge of being a teen is for adults to allow them to make decisions for themselves. When the outcomes of those decisions are poor, it is our job to help teens understand the consequences both internal and external.

Some promising practices standards for working with teens or young people include:

- Staff should be aware of community programming and resources that work with and engage the youth population, including those programs that receive runaway homeless youth funding for transitional housing, outreach and shelter

- Program staff and volunteers are aware of the developmental stages of young people and structure their interventions to be developmentally appropriate
- Program has a relationship with juvenile court and is the referral source for teens who require this level of protection from an intimate partner
- Program staff and/or volunteers are provide community education on healthy relationships in schools and other agencies that are youth serving.

CHILDREN'S PROGRAMMING

Children are often exposed to or witness the violence that is occurring in the home. Children may also be direct targets of the violence. As stated earlier, domestic violence is a traumatic event and each child in a family will respond differently. As domestic violence advocates, it is important that we recognize the emotional and behavioral signs of trauma in children and provide support and information to survivors in their parenting.

To support a survivor's parenting the following promising practices standard includes

- Program staff and volunteers are all trained in the way domestic violence impacts children
- Intakes, legal paperwork and other adult discussion are not had when children are present, if at all possible
- If children are present during an intake, completion of paperwork or other adult discussions, the advocate explains that details about what happened at are going to be discussed and then checks in with the child or teen about their feelings and offer support and comfort.
- Program staff have an understanding in how children's behaviors can become worse before it comes better when a survivor leaves
- The program has spaces that are set aside for children based on age/developmental levels, such as a teen room or children's room
- Program staff provide information and support to survivors to use non-violent discipline techniques

Resources that staff should be aware of on the impact that domestic violence has on children include:

Providing Parenting Support Protocols in chapter 4 of *Trauma Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs*, second edition. Available at <http://www.odvn.org/images/stories/FinalTICManual.pdf>

Cunningham A. and Baker, L. (2007) *Little Eyes, Little Ears: How Violence Against a Mother Shapes Children As They Grow*. Available at <http://www.phac-aspc.gc.ca/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf>

Bancroft, L. (2004). *When Dad Hurts Mom: Helping Your Children Heal from the Wounds of Witnessing Abuse*. New York: The Berkeley Publishing Group.

The National Child Traumatic Stress Network. *Domestic Violence and Children: Questions and Answers for Domestic Violence Project Advocates*. Available at: <http://www.nctsn.org/products/domestic-violence-and-children-questions-and-answers-domestic-violence-project-advocates>

Often domestic violence programs develop programming that addresses the needs of children who have been exposed to 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

- 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
- The shelter has a written procedure for addressing children's educational needs. Any written agreements are kept in the child's file.

- Program staff acknowledges the loss of control the child has already experienced; children's support services remain as non-directive and non-intrusive as possible.
- Program staff are aware of protective factors for children and acknowledge the while children are resilient they need support to fully recover from traumatic events
 - Some protective factors for children are:
 - Access to positive social supports (religious organizations, clubs, sports, group activities, teachers, coaches, mentors, day care providers, domestic violence advocates and others)
 - Competence at doing something that attracts the praise and admiration of adults and peers
 - Feelings of self esteem
 - Religious affiliations or spiritual beliefs that give meaning to life

COMPANION ANIMAL PROGRAM

It is estimated today that approximately 70% of American households have at least one pet; of which 98% consider their pets to be companions or members of the family. Research has documented the connection between partner abuse and animal abuse in the home. Too often, animals become a pawn in the power and control tactics of batterers leading to more trauma and injury.

All programs that work with survivors of domestic violence/sexual assault should be trained to recognize and respond appropriately to needs of survivors with companion or livestock animals in their care as part of safety planning.

Each community should have a program that includes access to safe shelter, medical care and basic needs for animals, and all providers should have a process for accessing these resources.

Ideally, companion animals should have access to shelter at the local DV shelter. Barring the best practice there should be safe 24/7 accessibility to alternative sheltering, as well as medical care and basic needs. Typical community partners might include local Humane Society, DV Crisis Line Provider, DV Shelter, other providers, Veterinarians, Boarding and trained fostering families.

Resources:

Ohio Domestic Violence Network. *Domestic Violence and Animal Issues Section on Website*, including "Saf-T Program for Sheltering Survivors and Animals Together" Allie Phillips, J.D. and "In Harms Way" and "Guide to Pet Support" Leslie Ashworth and ODVN.

Available at: http://www.odvn.org/index.php?option=com_content&view=article&id=371&Itemid=308